



# Your 2022 Prescription Drug List

## Essential 4-Tier

Effective May 1, 2022



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, All Savers, Golden Rule, Neighborhood Health 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	<b>\$ Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	<b>\$\$ Mid-range cost</b> 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	<b>\$\$\$ Highest-cost</b> 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.

<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>NF</b>	<b>Non-Formulary</b> 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.
<b>PA</b>	<b>Prior Authorization</b> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>SP</b>	<b>Specialty Medication</b> —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.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —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 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.

## 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
AGONEAZE	NF	
ANODYNE LPT	NF	
apap-caff-dihydrocodeine oral capsule	NF	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	NF	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	NF	QL
DILAUDID ORAL	4	
DUROLANE	NF	
EHA	NF	
endocet	1	
ESGIC	4	QL
EUFLEXXA	NF	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NF	PA, ST, QL
FIORICET	4	QL
GELSYN-3	NF	
GEN7T	NF	
HYALGAN	NF	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	NF	PA, ST, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	

Drug Name	Drug Tier	Requirements & Limits
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 er	NF	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	NF	PA, ST, QL
LIDO BDK	NF	
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lidocaine-prilocaine external kit	NF	
LIDOCANNA	NF	
LIDODERM	NF	PA, QL
LIDOPRIL	NF	
LIDOPRIL XR	NF	
LIDO-PRILO CAINE PACK	NF	
LIVIXIL PAK	NF	
LORTAB	4	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	NF	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	NF	QL
OXYCODONE HCL ER	NF	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	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
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	NF	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 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
OXYCONTIN	NF	PA, ST, QL
PERCOCET	NF	
premium lidocaine	2	QL
PRILO PATCH	NF	
PRILO PATCH II	NF	
PRILOLID	NF	
PRIOVIX	NF	
PRIOVIX LITE	NF	
PRIOVIX LITE PLUS	NF	
PRIOVIX PLUS	NF	
PRIOVIX ULTRALITE	NF	
PRIOVIX ULTRALITE PLUS	NF	
PRIZOTRAL-II	NF	
PROLATE	NF	
QDOLO	NF	PA, QL
RELADOR PAK	NF	
RELADOR PAK PLUS	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG	NF	
ROXICODONE ORAL TABLET 5 MG	NF	QL
SUBSYS	NF	PA, QL
SUPARTZ FX	NF	
tramadol hcl er (biphasic)	NF	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	QL
tramadol hcl er oral tablet extended release 24 hour	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
TREZIX	NF	QL
TRILURON	NF	
ULTRAM	NF	
VEXATROL	NF	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CATAFLAM	NF	
CELEBREX	NF	QL
celecoxib oral	2	QL
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	NF	
diclofenac sodium external solution	NF	
diclofenac sodium oral	1	
DICLOFONO	NF	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
ENOVARX-DICLOFENAC SODIUM	NF	
etodolac	1	
etodolac er	1	
ibuprofen oral suspension 100 mg/5ml	NF	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL	NF	PA
INDOCIN RECTAL	3	PA
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	NF	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	NF	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
ketorolac tromethamine oral	1	
LODINE	NF	
meloxicam oral capsule	NF	QL
meloxicam oral tablet	1	
MOBIC	NF	
nabumetone oral	1	
NAPRELAN	NF	
NAPROSYN ORAL SUSPENSION	NF	PA
NAPROSYN ORAL TABLET	NF	
naproxen oral suspension	NF	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	NF	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	NF	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	NF	
RELAFEN	NF	
RELAFEN DS	NF	
SPRIX	NF	ST, QL
TIVORBEX	NF	
VALCOPREP-100	NF	
VENNGEL ONE	NF	
VIVLODEX	NF	QL
ZIPSOR	NF	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
APO-VARENICLINE	NF	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	NF	PA, QL
varenicline tartrate	3	PA, H
ZUBSOLV	2	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	NF	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	NF	
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	NF	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	NF	PA
DIFICID	4	QL
DIFICID ORAL TABLET	4	QL
DORYX	NF	
DORYX MPC	NF	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	NF	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	NF	
KEFLEX	4	
levofloxacin oral	1	
LYMEPAK	NF	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	PA
minocycline hcl er oral tablet extended release 24 hour	NF	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	NF	
MINOLIRA	NF	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	NF	
mupirocin calcium	3	QL
mupirocin external	1	QL
NUVESSA	NF	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SOLODYN	NF	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	NF	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	

Drug Name	Drug Tier	Requirements & Limits
XENLETA ORAL	4	
XEPI	3	QL
XIMINO	NF	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	NF	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT	NF	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	NF	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
DIASTAT ACUDIAL	4	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	NF	PA, ST
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
KEPPRA ORAL	NF	PA, ST
KEPPRA XR	NF	PA, ST
LAMICTAL	NF	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	PA, ST
LAMICTAL XR ORAL KIT	NF	PA, ST
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	PA
lamotrigine er	NF	PA
lamotrigine oral kit	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	NF	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	NF	PA, ST
oxcarbazepine	1	
OXTELLAR XR	NF	ST
QUDEXY XR	NF	ST
roweepra	1	
SPRITAM	NF	ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	NF	
TEGRETOL-XR	NF	
TOPAMAX	NF	PA, ST
TOPAMAX SPRINKLE	NF	PA, ST
topiramate er	NF	ST
topiramate oral	1	
TRILEPTAL	NF	PA, ST
TROKENDI XR	NF	ST
VALTOCO	3	PA, QL
VIMPAT ORAL SOLUTION	3	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI	NF	PA

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	NF	PA, ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	NF	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	NF	
donepezil hcl oral tablet dispersible	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide	1	
CYMBALTA	NF	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
EFFEXOR XR	NF	
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	NF	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	QL

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Drug Name	Drug Tier	Requirements & Limits
FORFIVO XL	NF	QL
LEXAPRO	NF	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	NF	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	3	
paroxetine hcl oral tablet	1	
PAXIL CR	NF	QL
PAXIL ORAL SUSPENSION	4	
PAXIL ORAL TABLET	NF	
PRISTIQ	NF	QL
PROZAC	NF	
REMERON	NF	
REMERON SOLTAB	NF	
SERTRALINE HCL ORAL CAPSULE	NF	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	NF	QL
VIIBRYD	4	QL
VIIBRYD STARTER PACK	4	
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT	NF	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	NF	PA
DICLEGIS	NF	PA
doxylamine-pyridoxine	NF	PA
GIMOTI	NF	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	NF	
ondansetron hcl oral	1	
ondansetron odt	1	

Drug Name	Drug Tier	Requirements & Limits
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	NF	
ZOFRAN	NF	
ZUPLENZ	NF	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	NF	
CRESEMBA ORAL	3	
DIFLUCAN	NF	
EXTINA	4	ST
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	NF	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	NF	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	NF	
colchicine oral tablet	NF	
COLCRYS	NF	
febuxostat	4	ST, QL
GLOPERBA	4	PA

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Drug Name	Drug Tier	Requirements & Limits
MITIGARE	2	
ULORIC	NF	ST, QL
ZYLOPRIM	4	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	3	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
AMERGE	NF	QL
eletriptan hydrobromide	3	QL
EMGALITY	3	PA, ST, QL
EMGALITY (300 MG DOSE)	3	PA, ST, QL
IMITREX ORAL	NF	QL
IMITREX STATDOSE REFILL	NF	QL
IMITREX STATDOSE SYSTEM	NF	QL
IMITREX SUBCUTANEOUS	NF	QL
MAXALT	NF	QL
MAXALT-MLT	NF	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	NF	QL
RELPAK	NF	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	3	PA, ST, QL
ZEMBRACE SYMTOUCH	NF	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	NF	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
zolmitriptan solution 5 mg nasal	NF	ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	ST, QL
ZOMIG NASAL SOLUTION 5 MG	2	ST, QL
ZOMIG ORAL	NF	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
ARIMIDEX	NF	
bexarotene	NF	SP
CALQUENCE	3	PA, QL, SP
capecitabine	2	QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA	3	PA, QL, SP
FEMARA	NF	
fluorouracil external solution	1	
GAVRETO	NF	PA, QL, SP
IBRANCE	3	PA, QL, SP
IDHIFA	3	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	H-PA
LYNPARZA	3	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP
ORGOVYX	4	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK	3	PA, QL, SP
SOLTAMOX	NF	
STIVARGA	3	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
UKONIQ	NF	PA, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XELODA	NF	QL, SP
ZEJULA	3	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	
hydroxychloroquine sulfate oral tablet 200 mg	1	
KRINTAFEL	1	QL

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Drug Name	Drug Tier	Requirements & Limits
MALARONE	4	
permethrin external	1	
PLAQUENIL	NF	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
APOKYN	NF	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	4	PA, QL, SP
KYNMOBI TITRATION KIT	4	PA, SP
MIRAPEX ER	NF	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	NF	
ropinirole hcl	1	
ropinirole hcl er	NF	
RYTARY	NF	
SINEMET	4	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	NF	
ZONTIVITY	4	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	NF	QL
ABILIFY MYCITE	NF	PA, QL
ABILIFY MYCITE MAINTENANCE KIT	NF	PA, QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 5 MG	NF	PA, QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 30 MG	NF	PA, QL
aripiprazole oral solution	4	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	NF	QL
asenapine maleate	NF	QL
GEODON ORAL	NF	QL
LATUDA	NF	QL

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
PERSERIS	NF	
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	NF	
risperidone	1	
SAPHRIS	NF	QL
SEROQUEL	NF	
SEROQUEL XR	NF	QL
VRAYLAR	NF	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	NF	QL
ZYPREXA ZYDIS	NF	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	NF	ST, QL
BARACLUDE ORAL SOLUTION	3	SP
BARACLUDE ORAL TABLET	NF	SP
CIMDUO	2	QL
DESCOVY	NF	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	NF	ST, QL
efavirenz-lamivudine-tenofovir	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
entecavir	3	SP
EPCLUSA ORAL PACKET	2	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL PACKET	3	QL
HARVONI ORAL TABLET	3	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL TABLET	3	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	NF	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	NF	QL
TEMIXYS	NF	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
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
VEMLIDY	NF	ST, SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	QL

Drug Name	Drug Tier	Requirements & Limits
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL
ZEPATIER	3	PA, QL, SP
ZOVIRAX ORAL	4	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	NF	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	NF	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	
XANAX XR	NF	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	NF	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ALTOPREV	NF		dilt-xr	1	
amiodarone hcl oral	1		DIOVAN	NF	
amlodipine besylate oral	1		DIOVAN HCT	NF	
amlodipine besylate-benazepril hcl	1		doxazosin mesylate oral	1	
amlodipine besylate-valsartan	2		EDARBI	3	
atenolol oral	1		EDARBYCLOR	3	
atenolol-chlorthalidone	1		enalapril maleate oral solution	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA	enalapril maleate oral tablet	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL	EPANED	4	PA
AVALIDE	NF		EXFORGE	NF	
AVAPRO	NF		EZALLOR SPRINKLE	3	PA
benazepril hcl oral	1		ezetimibe	2	
benazepril-hydrochlorothiazide	1		ezetimibe-simvastatin	NF	
BENICAR	NF		fenofibrate oral capsule 150 mg, 50 mg	NF	
BENICAR HCT	NF		fenofibrate oral tablet 120 mg, 40 mg, 48 mg	NF	
BETAPACE	NF		fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
BIDIL	2		FENOGLIDE	NF	
bisoprolol fumarate oral	1		flecainide acetate	1	
bisoprolol-hydrochlorothiazide	1		FLOLIPID	4	PA
BYSTOLIC	NF		furosemide oral	1	
CALAN SR	4		gemfibrozil oral	1	
CARDIZEM	NF		guanfacine hcl	1	
CARDIZEM CD	NF		HEMANGEOL	NF	
CARDIZEM LA	NF		hydralazine hcl oral	1	
CARDURA	4		hydrochlorothiazide oral	1	
CAROSPIR	4	PA	HYZAAR	NF	
cartia xt	2		icosapent ethyl	NF	PA
carvedilol	1		INDERAL LA	NF	
chlorthalidone	1		irbesartan	1	
clonidine hcl oral	1		irbesartan-hydrochlorothiazide	1	
colesevelam hcl	NF		isosorbide mononitrate	1	
COREG	NF		isosorbide mononitrate er	1	
CORGARD	4		KAPSPARGO SPRINKLE	4	
CORLANOR	3	PA, QL	labetalol hcl oral	1	
COZAAR	NF		LASIX	4	
CRESTOR	NF	QL	LIPITOR	NF	QL
diltiazem hcl er	1		LIPOFEN	NF	
diltiazem hcl er coated beads	2		lisinopril oral	1	
diltiazem hcl oral	1				

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lisinopril-hydrochlorothiazide	1		NITROMIST	4	QL
LOPID	4		NITROSTAT	4	
LOPRESSOR	4		NITRO-TIME	3	
losartan potassium oral	1		NORVASC	NF	
losartan potassium-hctz	1		olmesartan medoxomil oral	2	
LOTENSIN	4		olmesartan medoxomil-hctz	2	
LOTENSIN HCT	4		omega-3-acid ethyl esters	2	
LOTREL	NF		PACERONE ORAL TABLET 100 MG, 400 MG	3	
lovastatin oral	1	H	PACERONE ORAL TABLET 200 MG	4	
LOVAZA	NF		PRALUENT	NF	PA, ST, QL
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 XL	NF	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		propranolol hcl er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		propranolol hcl oral	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF		QBRELIS	4	PA
MICARDIS	NF		quinapril hcl	1	
MINIPRESS	4		ramipril	1	
MULTAQ	NF	PA	RANEXA	NF	
nadolol oral	1		ranolazine er	2	
nebivolol hcl	NF		REPATHA	2	PA, ST, QL
NEXLETOL	2	PA, ST, QL	REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL	REPATHA SURECLICK	2	PA, ST, QL
niacin (antihyperlipidemic)	NF		rosuvastatin calcium	2	QL
niacin er (antihyperlipidemic)	3		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
niacor	NF		simvastatin oral tablet 80 mg	1	
NIASPAN	NF		sotalol hcl oral	1	
nifedipine er	1		SOTYLIZE	4	PA
nifedipine er osmotic release	1		spironolactone oral	1	
nifedipine oral	1		TEKTURNA	NF	
NITRO-BID	2		TEKTURNA HCT	NF	
NITRO-DUR	3		telmisartan	2	
nitroglycerin sublingual	1		TENORETIC 100	NF	
nitroglycerin transdermal	1		TENORETIC 50	NF	
nitroglycerin translingual	NF	QL	TENORMIN	NF	
NITROLINGUAL	NF	QL	THALITONE	NF	
			TOPROL XL	NF	
			torsemide	1	

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triamterene-hctz	1		dextroamphetamine sulfate oral tablet	NF	
TRICOR	NF		FOCALIN	NF	
valsartan	2		FOCALIN XR	NF	QL
valsartan-hydrochlorothiazide	1		guanfacine hcl er	2	QL
VASCEPA	NF	PA	INTUNIV	NF	QL
VASOTEC	NF		JORNAY PM	NF	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3		METHYLIN	NF	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		methylphenidate hcl er (cd)	2	QL
verapamil hcl er oral tablet extended release	1		methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
verapamil hcl oral	1		methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
VERELAN	4		methylphenidate hcl er (xr)	NF	QL
VERELAN PM	4		methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	QL
VERQUVO	NF	PA, QL	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	NF	QL
VYTORIN	NF		methylphenidate hcl er oral tablet extended release 24 hour	NF	QL
WELCHOL	2		methylphenidate hcl oral solution	1	
ZESTORETIC	NF		methylphenidate hcl oral tablet	1	
ZESTRIL	NF		methylphenidate hcl oral tablet chewable	3	
ZETIA	NF		MYDAYIS	NF	QL
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		PROCENTRA	NF	
ZIAC ORAL TABLET 5-6.25 MG	4		QUILLICHEW ER	NF	QL
ZOCOR	NF		QUILLIVANT XR	NF	QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>			relexxii	NF	QL
ADDERALL	NF		RITALIN	NF	
ADDERALL XR	2	QL	RITALIN LA	NF	QL
ADHANSIA XR	NF	QL	STRATTERA	NF	QL
amphetamine-dextroamphetamine	1		VYVANSE	NF	QL
amphetamine-dextroamphetamine er	NF	QL	ZENZEDI	NF	
APTENSIO XR	NF	QL	<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
atomoxetine hcl	4	QL	AMPYRA	NF	PA, QL, SP
CONCERTA	2	QL	AUBAGIO	4	PA, QL, SP
DEXEDRINE	NF	QL	AVONEX PEN	3	PA, QL, SP
dexmethylphenidate hcl	1		AVONEX PREFILLED	3	PA, QL, SP
dexmethylphenidate hcl er	3	QL			
dextroamphetamine sulfate er	3	QL			
dextroamphetamine sulfate oral solution	1				

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BAFIERTAM	3	PA, QL, SP	DENTAGEL	4	
BETASERON	3	PA, QL, SP	FLUORIDEX	3	
COPAXONE	NF	PA, QL, SP	FLUORIDEX ENHANCED WHITENING	3	
dalfampridine er	3	PA, QL, SP	lidocaine hcl mouth/throat	1	
EXTAVIA	NF	PA, ST, QL, SP	lidocaine viscous hcl	1	
GILENYA	4	PA, QL, SP	NAFRINSE DAILY/NEUTRAL	2	
glatiramer acetate	3	PA, QL, SP	NAFRINSE WEEKLY	4	
glatopa	3	PA, QL, SP	PERIDEX	4	
KESIMPTA	3	PA, QL, SP	periogard	1	
MAVENCLAD	4	PA, ST, QL, SP	PREVIDENT 5000 BOOSTER PLUS	3	
MAYZENT	4	PA, QL, SP	PREVIDENT 5000 DRY MOUTH	4	
PLEGRIDY INTRAMUSCULAR	4	PA, QL	PREVIDENT 5000 ORTHO DEFENSE	3	
PLEGRIDY STARTER PACK	4	PA, QL, SP	PREVIDENT 5000 PLUS	4	
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP	PREVIDENT DENTAL	4	
REBIF	NF	PA, QL, SP	PREVIDENT MOUTH/THROAT	3	
REBIF REBIDOSE	NF	PA, QL, SP	sf	1	
REBIF REBIDOSE TITRATION PACK	NF	PA, QL, SP	sf 5000 plus	1	
REBIF TITRATION PACK	NF	PA, QL, SP	sodium fluoride 5000 plus	1	
<b>Central Nervous System Agents - Miscellaneous</b>			sodium fluoride 5000 ppm	1	
AUSTEDO	3	PA, QL, SP	sodium fluoride dental	1	
EXSERVAN	NF	PA, SP	sodium fluoride mouth/throat	1	
LYRICA	NF	PA, ST, QL	<b>Dermatological Agents - Drugs for Skin Conditions</b>		
LYRICA CR	NF	ST, QL	ABSORICA	NF	PA
NUDEXTA	2	PA, QL	accutane	NF	
pregabalin er	NF	ST, QL	ACZONE	NF	QL
pregabalin oral capsule	2	QL	ADVANCED ALLERGY COLLECTION	NF	
pregabalin oral solution	NF	QL	ALA SCALP	4	
RILUTEK	NF	SP	ala-cort external cream 1 %	NF	
riluzole	1	SP	ala-cort external cream 2.5 %	1	
TIGLUTIK	4	PA	ALDARA	4	QL
ZEPOSIA	4	PA, QL, SP	ALTRENO	NF	PA, QL
ZEPOSIA 7-DAY STARTER PACK	4	PA, QL, SP	amnestem	NF	
ZEPOSIA STARTER KIT	4	PA, QL, SP	AMZEEQ	NF	PA, QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>			ATRALIN	NF	PA, QL
cavarest	1		AVAR CLEANSER	4	
chlorhexidine gluconate mouth/throat	1		AVAR LS CLEANSER	NF	
CLINPRO 5000	3		AVAR-E EMOLLIENT	NF	
DENTA 5000 PLUS	4		AVAR-E GREEN	NF	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVAR-E LS	NF		clindamycin phosphate gel 1 % external	3	QL
AVITA	NF	PA, QL	clobetasol propionate external cream	2	QL
azelaic acid external	3		clobetasol propionate external foam	NF	QL
betamethasone dipropionate aug external cream	1		clobetasol propionate external gel	2	QL
betamethasone dipropionate aug external gel	1		clobetasol propionate external liquid	1	QL
betamethasone dipropionate aug external lotion	3		clobetasol propionate external lotion	NF	QL
betamethasone dipropionate aug external ointment	3		clobetasol propionate external ointment	2	QL
betamethasone dipropionate external cream	2		clobetasol propionate external shampoo	NF	QL
betamethasone dipropionate external lotion	1		clobetasol propionate external solution	1	QL
betamethasone dipropionate external ointment	2		CLOBEX	NF	QL
bp 10-1	NF		CLOBEX SPRAY	NF	QL
calcipotriene-betameth diprop external ointment	NF	QL	clodan external shampoo	NF	QL
calcipotriene-betameth diprop external suspension	NF	QL	clotrimazole-betamethasone external cream	1	QL
calcitriol external	1	QL	clotrimazole-betamethasone external lotion	1	
CAPEX	2		dapsone external gel 5 %	NF	QL
CARAC	NF		DAPSONE EXTERNAL GEL 7.5 %	NF	QL
claravis	2		DERMA-SMOOTH/FS BODY	4	QL
CLENIA PLUS	NF		DERMA-SMOOTH/FS SCALP	4	
CLEOCIN-T	NF		DESONATE	NF	ST, QL
clindacin etz external swab	1		desonide external cream	3	QL
clindacin-p	1		desonide external gel	NF	ST, QL
CLINDAGEL	NF	QL	desonide external lotion	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	desonide external ointment	3	QL
clindamycin phosphate external foam	3		DESOWEN	3	QL
clindamycin phosphate external lotion	3		desrx	NF	ST, QL
clindamycin phosphate external solution	1	QL	DIPROLENE	4	
clindamycin phosphate external swab	1		DIPROLENE AF	4	
clindamycin phosphate gel 1 % external	NF	(generic for Clindagel), QL	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA, ST, QL, SP
			DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, ST, QL, SP
			EFUDEX	4	
			ENSTILAR	4	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EUCRISA	3	ST, QL	METROLOTION	4	
EVOCLIN	NF		metronidazole external cream	1	
FINACEA	4		metronidazole external gel 0.75 %	1	
fluocinolone acetonide body	3	QL	metronidazole external gel 1 %	NF	
fluocinolone acetonide external cream	3	QL	metronidazole external lotion	1	
fluocinolone acetonide external ointment	2	QL	MIRVASO	4	PA, QL
fluocinolone acetonide external solution	3	QL	mometasone furoate external	1	
fluocinolone acetonide scalp	3		myorisan	NF	
fluocinonide external cream 0.05 %	1		neuac external gel	3	QL
fluocinonide external cream 0.1 %	NF	QL	NORITATE	NF	
fluocinonide external gel	1		OLUX	NF	QL
fluocinonide external ointment	1		PICATO EXTERNAL GEL 0.015 %, 0.05 %	NF	QL
fluocinonide external solution	1		PLEXION	NF	
FLUOROPLEX	4		PLEXION CLEANSER	NF	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF		PLEXION CLEANSING CLOTH	NF	
fluorouracil external cream 5 %	1		RETIN-A	NF	PA, QL
hydrocortisone external cream 1 %	NF		RHOFADE	4	PA, QL
hydrocortisone external cream 2.5 %	1		rosadan external cream	1	
hydrocortisone external lotion 2.5 %	1		rosadan external gel	1	
hydrocortisone external ointment 1 %, 2.5 %	1		SERNIVO	NF	QL
imiquimod external cream 3.75 %	NF	QL	SOOLANTRA	4	QL
imiquimod external cream 5 %	1	QL	sss 10-5	1	
IMIQUIMOD PUMP	NF	QL	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
IMPEKLO	NF	QL	sulfacetamide sodium-sulfur external cream 9.8-4.8 %	NF	
IMPOYZ	NF	QL	sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	NF	
isotretinoin capsule 10 mg oral	2	(Amneal)	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
isotretinoin capsule 20 mg oral	2	(Amneal)	sulfacetamide sodium-sulfur external lotion 10-5 %	1	
isotretinoin capsule 30 mg oral	2	(Amneal)	sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	NF	
isotretinoin capsule 40 mg oral	2	(Amneal)	sulfacetamide sodium-sulfur external pad 10-4 %	1	
isotretinoin oral capsule 25 mg, 35 mg	NF	PA	sulfacetamide sodium-sulfur external pad 9.8-4.8 %	NF	
ivermectin external cream	NF	QL	sulfacetamide sodium-sulfur external suspension 10-5 %	1	
KENALOG EXTERNAL	NF	QL			
KLISYRI	4	ST, QL			
METROCREAM	4				
METROGEL	NF				

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Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external suspension 8-4 %	NF	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	NF	
sulfamez wash	1	
SUMADAN WASH	NF	
SUMAXIN	NF	
SYNALAR	NF	QL
TACLONEX	NF	QL
tazarotene external cream	NF	PA, QL
TAZORAC	NF	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
tretinoin external cream	3	PA, QL
tretinoin external gel 0.01 %	NF	PA, QL
tretinoin external gel 0.05 %	NF	PA, QL
tretinoin gel 0.025 % external	NF	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 %	NF	
triamcinolone in absorbase	NF	
TRIANEX	NF	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
tritocin	NF	
VANOS	NF	QL
VECTICAL	NF	QL
VERDESO	NF	QL
WYNZORA	NF	QL
zenatane	NF	
ZILXI	NF	PA, ST, QL
ZYCLARA	NF	QL
ZYCLARA PUMP	NF	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK COMPACT 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)
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	NF	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	NF	
CONTOUR MONITOR KIT W/DEVICE	NF	
CONTOUR NEXT BLOOD GLUCOSE METER	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CVS GLUCOSE METER TEST STRIPS	NF	QL	KROGER TEST	NF	QL
D-CARE BLOOD GLUCOSE	NF	QL	MICRODOT TEST	NF	QL
D-CARE GLUCOMETER	NF		MINILINK REAL-TIME TRANSMITTER	NF	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL	MM EASY TOUCH GLUCOSE METER	NF	
DEXCOM G5 MOBILE TRANSMITTER	3	PA	NEUTEK 2TEK TEST	NF	QL
DEXCOM G6 SENSOR	3	PA, QL	NOVOFINE AUTOCOVER PEN NEEDLE	2	
DEXCOM RECEIVER KIT DEVICE	3	PA, QL	NOVOFINE PEN NEEDLE	2	
EASY TOUCH TEST	NF	QL	NOVOFINE PLUS PEN NEEDLE	2	
EASYMAX 15 TEST	NF	QL	NOVOTWIST	2	
EASYMAX NG BLOOD GLUCOSE	NF		ONETOUCH DELICA PLUS LANCETS	1	
EASYMAX V BLOOD GLUCOSE	NF		ONETOUCH ULTRA 2 KIT W/DEVICE	NF	
ENLITE GLUCOSE SENSOR	3	PA	ONETOUCH ULTRA MINI KIT W/DEVICE	NF	
EQ BLOOD GLUCOSE TEST	NF	QL	ONETOUCH ULTRA TEST STRIPS	1	QL
EXACTECH R-S-G TEST	NF	QL	ONETOUCH ULTRALINK	NF	
EXACTECH TEST	NF	QL	ONETOUCH ULTRASOFT LANCETS	1	
FORTISCARE G1 TEST STRIP	NF	QL	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	NF	
FORTISCARE T1 GLUCOSE SYSTEM	NF		ONETOUCH VERIO IQ SYSTEM	NF	
FORTISCARE TEST	NF	QL	ONETOUCH VERIO KIT W/DEVICE	NF	
FREESTYLE LIBRE 14 DAY READER	3	PA	ONETOUCH VERIO REFLECT	NF	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA	ONETOUCH VERIO SYNC SYSTEM	NF	
FREESTYLE LIBRE 2 READER	3	PA	ONETOUCH VERIO TEST STRIPS	1	QL
FREESTYLE LIBRE 2 SENSOR	3	PA	OPTIUM BLOOD GLUCOSE MONITOR	NF	
FREESTYLE LIBRE READER	3	PA, QL	OPTIUM GLUCOSE MONITOR SYSTEM	NF	
FREESTYLE LIBRE SENSOR SYSTEM	3	PA	OPTIUM TEST	NF	QL
FREESTYLE PRECISION NEO SYSTEM	NF		OPTIUMEZ TEST	NF	QL
FREESTYLE PRECISION NEO TEST	NF	QL	PARADIGM REAL-TIME TRANSMITTER	NF	
GUARDIAN LINK 3 TRANSMITTER	NF		PRECISION LINK	NF	
GUARDIAN REAL-TIME REPLACE PED	3	PA	PRECISION PCX	NF	QL
GUARDIAN SENSOR (3)	3	PA	PRECISION PCX PLUS TEST	NF	QL
IN TOUCH	1		PRECISION POINT OF CARE TEST	NF	QL
INSULIN PEN NEEDLES	2		PRECISION QID MONITOR	NF	
KROGER BLOOD GLUCOSE KIT	NF		PRECISION QID TEST	NF	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PRECISION SOF-TACT MONITOR	NF		HUMALOG	2	QL
PRECISION SOF-TACT TEST	NF	QL	HUMALOG KWIKPEN	2	QL
PRECISION XTRA	NF		HUMALOG MIX 50/50 KWIKPEN	2	QL
PRECISION XTRA BLOOD GLUCOSE	NF	QL	HUMALOG MIX 50/50 VIAL	2	QL
PRECISION XTRA MONITOR	NF		HUMALOG MIX 75/25 KWIKPEN	2	QL
PREMIUM BLOOD GLUCOSE TEST	NF	QL	HUMALOG MIX 75/25 VIAL	2	QL
QUINTET AC BLOOD GLUCOSE	NF		HUMALOG U-100 JUNIOR KWIKPEN	2	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL	HUMULIN 70/30 KWIKPEN	2	QL
QUINTET BLOOD GLUCOSE SYSTEM	NF		HUMULIN 70/30 VIAL	2	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL	HUMULIN N KWIKPEN	2	QL
RELION BLOOD GLUCOSE TEST	NF	QL	HUMULIN N VIAL	2	QL
RELION TRUE MET AIR GLUC METER	NF		HUMULIN R U-500 KWIKPEN	2	QL
RELION TRUE METRIX TEST STRIPS	NF	QL	HUMULIN R U-500 VIAL	2	QL
RELION ULTIMA GLUCOSE SYSTEM	NF		HUMULIN R VIAL	2	QL
RELION ULTIMA TEST	NF	QL	INSULIN ASPART	NF	ST, QL
SURESTEP PRO LINEARITY	1		INSULIN ASPART FLEXPEN	NF	ST, QL
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL	INSULIN ASPART PENFILL	NF	ST, QL
TRUE METRIX AIR GLUCOSE METER	NF		INSULIN LISPRO	NF	QL
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL	INSULIN LISPRO (1 UNIT DIAL)	NF	QL
TRUE METRIX GO GLUCOSE METER	NF		INSULIN LISPRO JUNIOR KWIKPEN	NF	QL
TRUE METRIX METER KIT	NF		INSULIN LISPRO PROT & LISPRO	NF	QL
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL	LANTUS SOLOSTAR	2	QL
TRUETRACK BLOOD GLUCOSE DEVICE	NF		LANTUS U-100 VIAL	2	QL
TRUETRACK TEST	NF	QL	LEVEMIR U-100 FLEXTOUCH	NF	QL
ULTIMA	NF		LEVEMIR U-100 VIAL	NF	ST, QL
UNISTRIPI1 GENERIC	NF	QL	LYUMJEV KWIKPEN	2	QL
<b>Diabetes - Insulin</b>			LYUMJEV VIAL	2	QL
ADMELOG	NF	QL	NOVOLIN 70/30 FLEXPEN	NF	ST, QL
ADMELOG SOLOSTAR	NF	QL	NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
AFREZZA	NF	PA, QL	NOVOLIN 70/30 RELION	NF	ST, QL
BASAGLAR KWIKPEN	NF	QL	NOVOLIN 70/30 VIAL	NF	ST, QL
			NOVOLIN N FLEXPEN	NF	ST, QL
			NOVOLIN N FLEXPEN RELION	NF	ST, QL
			NOVOLIN N RELION	NF	ST, QL
			NOVOLIN N VIAL	NF	ST, QL
			NOVOLIN R FLEXPEN	NF	ST, QL
			NOVOLIN R FLEXPEN RELION	NF	ST, QL
			NOVOLIN R RELION	NF	ST, QL
			NOVOLIN R VIAL	NF	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
NOVOLOG FLEXPEN	NF	ST, QL
NOVOLOG FLEXPEN RELION	NF	ST, QL
NOVOLOG PENFILL	NF	ST, QL
NOVOLOG RELION	NF	ST, QL
NOVOLOG U-100 VIAL	NF	ST, QL
SEMGLEE	NF	QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
TRESIBA	NF	QL
TRESIBA FLEXTOUCH	NF	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	NF	QL
ADLYXIN	NF	PA, ST, QL
ADLYXIN STARTER PACK	NF	PA, ST, QL
ALOGLIPTIN BENZOATE	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL
AMARYL	NF	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA, ST, QL
BYETTA 10 MCG PEN	3	PA, ST, QL
BYETTA 5 MCG PEN	3	PA, ST, QL
FARXIGA	NF	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg	2	(Fresenius), QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	NF	(Eli Lilly), QL
GLUCOTROL XL	4	
GLUMETZA	NF	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	NF	QL
GVOKE HYPOPEN 2-PACK	NF	QL
GVOKE PFS	NF	QL

Drug Name	Drug Tier	Requirements & Limits
JANUVIA	NF	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	3	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	NF	
RYBELSUS	3	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	NF	QL
SYMLINPEN 60	NF	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	3	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, QL
ZEGALOGUE	2	QL
<b>Drugs for Blood Disorders</b>		
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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HEMOFIL M	3	SP	ERGOCAL	3	
HUMATE-P	3	SP	ergocalciferol oral capsule	1	
JIVI	4	PA, SP	FLORIVA PLUS	3	
KOATE	3	SP	folic acid injection	NF	
KOATE-DVI	3	SP	folic acid oral tablet 1 mg	1	
KOGENATE FS	3	SP	klor-con	1	
KOVALTRY	3	SP	klor-con 10	1	
MULPLETA	3	PA, QL, SP	klor-con m10	1	
NEULASTA	4		klor-con m15	3	
NOVOEIGHT	3	SP	klor-con m20	1	
NUWIQ	3	SP	K-TAB	3	
RECOMBINATE	3	SP	LOKELMA	3	PA, QL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP	multi-vitamin/fluoride	1	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3		multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
TAVALISSE	4	PA, QL, SP	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
WILATE	3		multivitamin/fluoride tablet chewable 0.5 mg oral	1	
ZARXIO	3		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
ZIEXTENZO	4	SP	multivitamin/fluoride tablet chewable 1 mg oral	1	
<b>Drugs for Sexual Dysfunction</b>			MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
ADDYI	4	PA, QL	NASCOBAL	4	
CIALIS	NF	QL	POLY-VI-FLOR	3	
IMVEXXY MAINTENANCE PACK	2	QL	potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
IMVEXXY STARTER PACK	2	QL	potassium chloride crys er oral tablet extended release 15 meq	3	
INTRAROSA	NF	PA, QL	potassium chloride er	1	
OSPHEA	3	PA, QL	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2		potassium citrate er	1	
STENDRA	4	PA	PRENA1 PEARL	3	
tadalafil oral tablet 10 mg, 20 mg	2		QUFLORA GUMMIES	NF	
tadalafil oral tablet 2.5 mg, 5 mg	2	ST	QUFLORA PEDIATRIC	3	
VIAGRA	NF		UROCIT-K 10	4	
VYLEESI	4	PA, QL	UROCIT-K 15	4	
<b>Electrolytes / Vitamins</b>			UROCIT-K 5	4	
cyanocobalamin injection solution 1000 mcg/ml	1				
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3				
DRISDOL	4				

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Drug Name	Drug Tier	Requirements & Limits
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL	3	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	NF	QL
ACIPHEX SPRINKLE	NF	QL
CARAFATE	NF	
CYTOTEC	4	
DEXILANT	NF	QL
FIRST-OMEPRAZOLE	3	PA
GIALAX	NF	
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	NF	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL	NF	
PYLERA	NF	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVVID	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	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	NF	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	NF	PA, ST, QL
URSO 250	NF	
URSO FORTE	NF	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	NF	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	4	PA, QL
XIFAXAN	NF	PA, QL
ZELNORM	3	PA, ST, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	PA, SP
CREON	2	
CUPRIMINE	NF	SP
DEPEN TITRATABS	3	SP
ENDARI	4	PA, QL
nitisinone	NF	PA, SP
NITYR	NF	PA, SP
ORFADIN	3	PA, SP
PANCREAZE	NF	ST

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
penicillamine oral capsule	NF	SP	ashlyna	3	
penicillamine oral tablet	2	SP	aubra	1	H
PERTZYE	4	ST	aubra eq	1	H
STRENSIQ	3	PA, QL, SP	aurovela 1.5/30	2	
SYPRINE	NF	PA, SP	aurovela 1/20	2	
TEGSEDI	3	PA, QL, SP	aurovela 24 fe	3	
trientine hcl	4	PA, SP	aurovela fe 1.5/30	1	H
VIOKACE	4	ST	aurovela fe 1/20	1	H
ZENPEP	2		aviane	1	H
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>			AYGESTIN	4	
AURYXIA	3		ayuna	1	H
DITROPAN XL	NF		azurette	2	
GELNIQUE	NF		balziva	2	
oxybutynin chloride er	2		BEYAZ	NF	
oxybutynin chloride oral	1		BIJUVA	3	
phenazo oral tablet 200 mg	1		blisovi 24 fe	3	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		blisovi fe 1.5/30	1	H
PYRIDIUM	3		blisovi fe 1/20	1	H
THIOLA	4	SP	briellyn	2	
THIOLA EC	4	SP	camila	1	H
TOVIAZ	NF		camrese	3	
VELPHORO	2		camrese lo	NF	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>			charlotte 24 fe	NF	
alfuzosin hcl er	1		chateal	1	H
finasteride oral tablet 5 mg	1		chateal eq	1	H
FLOMAX	NF		CLIMARA	NF	QL
PROSCAR	NF		CLIMARA PRO	3	QL
tamsulosin hcl	1		cryselle-28	1	H
terazosin hcl	1		cyclafem 1/35	1	H
UROXATRAL	NF		cyred	1	H
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>			cyred eq	1	H
afirmelle	1	H	dasetta 1/35	1	H
ALORA	3	QL	daysee	3	
altavera	1	H	deblitane	1	H
alyacen 1/35	1	H	delyla	1	H
amethia	3		DEPO-PROVERA INTRAMUSCULAR SUSPENSION	4	QL
ANNOVERA	3	QL	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
apri	1	H	DEPO-SUBQ PROVERA 104	2	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2		ESTROGEL	3	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H	etonogestrel-ethinyl estradiol	NF	
DIVIGEL	3		EVAMIST	2	
dotti	NF	QL	falmina	1	H
drosipren-eth estrad-levomefol	NF		fayosim	NF	
drosiprenone-ethinyl estradiol	NF		femynor	1	H
DUAVEE	NF	QL	FIRST-PROGESTERONE VGS	NF	
ELESTRIN	3		gemmily	NF	
elinest	1	H	hailey 1.5/30	2	
eluryng	NF		hailey 24 fe	3	
emoquette	1	H	hailey fe 1.5/30	1	H
enskyce	1	H	hailey fe 1/20	1	H
errin	1	H	heather	1	H
estarylla	1	H	iclevia	2	H
ESTRACE	NF		incassia	1	H
estradiol oral	1		introvale	2	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL	isibloom	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL	jaimiess	3	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL	jasmiel	NF	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL	jencycla	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL	jolessa	2	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL	juleber	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL	june1 1.5/30	2	
estradiol patch twice weekly 0.075 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL	june1 1/20	2	
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	june1 fe 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL	june1 fe 1/20	1	H
estradiol transdermal patch weekly	1	(generic for Climara), QL	june1 fe 24	3	
estradiol vaginal cream	4		kalliga	1	H
estradiol vaginal tablet	2		kariva	2	
ESTRING	2	QL	kurvelo	1	H
			larin 1.5/30	2	
			larin 1/20	2	
			larin 24 fe	3	
			larin fe 1.5/30	1	H
			larin fe 1/20	1	H
			larissia	1	H
			lessina	1	H
			levonorgest-eth est & eth est	NF	
			levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	NF	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	3		mono-lynyah	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	NATAZIA	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	necon 0.5/35 (28)	1	H
levora 0.15/30 (28)	1	H	nikki	NF	
lillow	1	H	nora-be	1	H
LO LOESTRIN FE	NF		norethin ace-eth estrad-fe oral capsule	NF	
LOESTRIN 1.5/30 (21)	NF		norethin ace-eth estrad-fe oral tablet	1	H
LOESTRIN 1/20 (21)	NF		norethin ace-eth estrad-fe oral tablet chewable	NF	
LOESTRIN FE 1.5/30	NF		norethindrone acetate oral	1	
LOESTRIN FE 1/20	NF		norethindrone acet-ethinyl est	2	
lojaimiess	NF		norethindrone oral	1	H
loryna	NF		norgestimate-eth estradiol	1	H
LOSEASONIQUE	NF		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
low-ogestrel	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
lo-zumandimine	NF		norlyda	1	H
lutura	1	H	norlyroc	1	H
lyleq	1	H	nortrel 0.5/35 (28)	1	H
lyllana	NF	QL	nortrel 1/35 (21)	1	H
lyza	1	H	nortrel 1/35 (28)	1	H
marlissa	1	H	NUVARING	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H	nymyo	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H	ocella	NF	
medroxyprogesterone acetate oral	1		orsythia	1	H
MENOSTAR	3	QL	philith	2	
merzee	NF		pimtrea	2	
mibelas 24 fe	NF		pirmella 1/35	1	H
microgestin 1.5/30	2		portia-28	1	H
microgestin 1/20	2		PREMARIN ORAL	NF	
microgestin 24 fe	3		PREMARIN VAGINAL	3	
microgestin fe 1.5/30	1	H	PREMPHASE	3	
microgestin fe 1/20	1	H	PREMPRO	NF	
mili	1	H	previfem	1	H
MINASTRIN 24 FE	NF		PROVERA	4	
MINIVELLE	NF	QL	QUARTETTE	NF	
MIRCETTE	NF		reclipsen	1	H

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Drug Name	Drug Tier	Requirements & Limits
rivelsa	NF	
SAFYRAL	NF	
SEASONIQUE	NF	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
taysofy	NF	
TAYTULLA	NF	
tri femynor	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-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	NF	
VAGIFEM	NF	
vestura	NF	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H

Drug Name	Drug Tier	Requirements & Limits
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zarah	NF	
zumandimine	NF	
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	NF	PA
CORTEF	4	
DECADRON	NF	
DEXABLISS	NF	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
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 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution 15mg/5mL	1	QL
prednisone intensol	1	
prednisone oral	1	
RAYOS	NF	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	NF	

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP	NF	
DDAVP PF	NF	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	NF	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	NF	PA, QL, SP
GENOTROPIN MINIQUICK	NF	PA, QL, SP
HUMATROPE	NF	PA, QL, SP
MYFEMBREE	2	PA, QL
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPRO	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
OMNITROPE	NF	PA, QL, SP
ORIAHNN	4	PA, QL
ORILISSA	2	PA, QL
SOMATULINE DEPOT	NF	SP
STIMATE	NF	
ZOMACTON	NF	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	NF	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL	NF	PA, QL
ANDROGEL PUMP	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 INJECTION	NF	
testosterone cypionate intramuscular	1	
testosterone transdermal	NF	PA, QL

Drug Name	Drug Tier	Requirements & Limits
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	NF	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	NF	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
TIROSINT	NF	
TIROSINT-SOL	NF	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ASTAGRAF XL	NF	
AZASAN	4	
azathioprine oral solution, oral tablet 50 mg	1	
azathioprine oral tablet 75 mg, 100 mg	3	
BERINERT	4	PA, ST, QL, SP
CELLCEPT	NF	
CIMZIA	NF	
CIMZIA PREFILLED KIT	3	PA, QL, SP
CIMZIA STARTER 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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA, ST, QL, SP	ORENCIA CLICKJECT	4	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP	ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP	OTEZLA	3	PA, QL, SP
cyclosporine modified	1		OTREXUP	NF	QL
EMPAVELI	3	PA, QL, SP	PROGRAF ORAL CAPSULE	4	
ENBREL MINI	NF	PA, ST, QL, SP	PROGRAF ORAL PACKET	4	PA
ENBREL SUBCUTANEOUS SOLUTION	NF	PA, ST, QL, SP	RAPAMUNE ORAL SOLUTION	4	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, ST, QL, SP	RAPAMUNE ORAL TABLET	NF	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	PA, ST, QL, SP	RASUVO	2	QL
ENBREL SURECLICK	NF	PA, ST, QL, SP	REDITREX	NF	
ENVARUSUS XR	NF		RINVOQ	3	PA, QL, SP
FIRAZYR	3	PA, QL, SP	RUCONEST	4	PA, QL, SP
gengraf	1		sajazir	NF	PA, QL, SP
HAEGARDA	3	PA, QL, SP	SIMPONI	3	PA, QL, SP
HUMIRA	3	PA, QL, SP	sirolimus oral solution	3	
HUMIRA PEDIATRIC CROHNS START	3	PA, QL, SP	sirolimus oral tablet	1	
HUMIRA PEN	3	PA, QL, SP	SKYRIZI	3	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	3	PA, QL, SP	SKYRIZI (150 MG DOSE)	3	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	3	PA, QL, SP	SKYRIZI PEN	3	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	3	PA, QL, SP	STELARA SUBCUTANEOUS SOLUTION	NF	PA, SP
HUMIRA PEN-PSOR/UEIT STARTER	3	PA, QL, SP	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
icatibant acetate	NF	PA, QL, SP	tacrolimus oral	1	
IMURAN	NF		TAKHZYRO	3	PA, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP	TREMFYA	3	PA, QL, SP
methotrexate oral	1		TREXALL	2	
methotrexate sodium	1		XELJANZ	3	PA, ST, QL, SP
methotrexate sodium (pf)	1		XELJANZ XR	3	PA, ST, QL, SP
mycophenolate mofetil oral	1		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, ST, QL, SP
mycophenolate sodium	3		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, ST, QL, SP
MYFORTIC	NF		XOLAIR	4	PA, QL, SP
NEORAL	NF		<b>Infertility Agents</b>		
OLUMIANT ORAL TABLET	3	PA, QL, SP	chorionic gonadotropin intramuscular	4	
			CRINONE	4	ST
			ENDOMETRIN	2	
			FOLLISTIM AQ	2	

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(Ferring)
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon)
novarel intramuscular solution reconstituted 10000 unit	1	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	
OVIDREL	4	
pregnyl	1	
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	NF	
AZULFIDINE	NF	
AZULFIDINE EN-TABS	NF	
budesonide er	NF	
budesonide oral	2	
CANASA	NF	
CORTIFOAM	2	
DELZICOL	NF	
DIPENTUM	NF	
ENTOCORT EC	NF	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	NF	
mesalamine er oral capsule 0.375 gm	NF	
mesalamine oral	NF	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	NF	
PENTASA	NF	
PROCORT	NF	

Drug Name	Drug Tier	Requirements & Limits
PROCTOFOAM HC	2	
SFROWASA	NF	
sulfasalazine oral	1	
UCERIS ORAL	NF	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	NF	QL
BONIVA	NF	
calcitriol oral	1	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
RAYALDEE	NF	
ROCALTROL	NF	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
TYMLOS	NF	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	NF	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	NF	QL
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-L	NF	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	

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Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE	NF	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	NF	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	NF	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	4	QL
VIGAMOX	NF	
ZYLET	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	NF	QL
BETIMOL	2	QL
bimatoprost ophthalmic	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	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
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	4	
TIMOPTIC-XE	4	
TRAVATAN Z	NF	QL
travoprost (bak free)	NF	QL
VYZULTA	NF	ST, QL
XALATAN	NF	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	NF	PA, QL
CYCLOSPORINE IN KLARITY	NF	PA

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Drug Name	Drug Tier	Requirements & Limits
FLAREX	2	
RESTASIS	NF	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
XIIDRA	NF	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	NF	ST
ciprofloxacin-dexamethasone	NF	ST
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	NF	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	NF	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	NF	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	NF	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	NF	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	(generic for EpiPen), QL
EPIPEN 2-PAK	NF	QL
EPIPEN JR 2-PAK	NF	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
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	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polst er susp	NF	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	

Drug Name	Drug Tier	Requirements & Limits
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	NF	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TUSSICAPS	4	PA, QL
XHANCE	NF	QL
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
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	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NF	(Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ ML) 0.5% INHALATION	NF	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	NF	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ANORO ELLIPTA	3	QL	ipratropium-albuterol	2	
ARCAPTA NEOHALER	3		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NF	QL
ARMONAIR DIGIHALER	NF	QL	montelukast sodium oral packet	2	
ARNUITY ELLIPTA	2	QL	montelukast sodium oral tablet	1	
ASMANEX (120 METERED DOSES)	NF	QL	montelukast sodium oral tablet chewable	1	
ASMANEX (14 METERED DOSES)	NF	QL	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
ASMANEX (30 METERED DOSES)	NF	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
ASMANEX (60 METERED DOSES)	NF	QL	PERFOROMIST	NF	QL
ASMANEX (7 METERED DOSES)	NF	QL	PROAIR DIGIHALER	NF	QL
ASMANEX HFA	NF	QL	PROAIR HFA	NF	QL
ATROVENT HFA	3	QL	PROAIR RESPICLICK	NF	QL
BEVESPI AEROSPHERE	2	QL	PROVENTIL HFA	NF	QL
BREO ELLIPTA	3	QL, RS	PULMICORT FLEXHALER	2	QL
BREZTRI AEROSPHERE	3	QL, RS	PULMICORT SUSPENSION	NF	QL
budesonide inhalation	2	QL	QVAR REDHALER	NF	QL
BUDESONIDE-FORMOTEROL FUMARATE	NF	QL, RS	SEREVENT DISKUS	2	QL
COMBIVENT RESPIMAT	4	QL	SINGULAIR ORAL PACKET	3	
EASIVENT	3		SINGULAIR ORAL TABLET	NF	
EASIVENT MASK LARGE	3		SINGULAIR ORAL TABLET CHEWABLE	NF	
EASIVENT MASK MEDIUM	3		SPIRIVA HANDIHALER	2	QL
EASIVENT MASK SMALL	3		SPIRIVA RESPIMAT	2	QL
FASENRA	NF		STIOLTO	2	QL
FASENRA PEN	4	PA, QL	STRIVERDI RESPIMAT	2	QL
FLEXICHAMBER	3		SYMBICORT	3	QL, RS
FLOVENT DISKUS	2	QL	TRELEGY ELLIPTA	3	QL, RS
FLOVENT HFA	2	QL	VENTOLIN HFA	NF	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	NF	QL, RS	VORTEX VALVED HOLDING CHAMBER	2	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL	wixela inhub	NF	QL, RS
INCRUSE ELLIPTA	NF	QL	XOPENEX HFA	NF	QL
INSPIRACHAMBER/LARGE	3		YUPELRI	4	PA, QL
INSPIRACHAMBER/MEDIUM	3		<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
INSPIRACHAMBER/MOUTHPIECE	3		BETHKIS	NF	PA, QL, SP
INSPIRACHAMBER/SMALL	3		BRONCHITOL	NF	PA, ST, QL, SP
INSPIREASE	3		BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
			KITABIS PAK	NF	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
PULMOZYME	3	PA, QL, SP
TOBI NEBULIZER	NF	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	NF	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NF	PA, QL, SP

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	3	PA, QL, SP
bosentan	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
TRACLEER	3	PA, QL, SP
TYVASO	3	PA, SP
TYVASO REFILL	3	PA, SP
TYVASO STARTER	3	PA, SP

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

AMRIX	NF	
baclofen oral	1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FEXMID	NF	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
SKELAXIN	NF	
SOMA	NF	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	NF	
ZANAFLEX	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
AMBIEN	NF	QL
AMBIEN CR	NF	QL
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
EDLUAR	NF	QL
eszopiclone	2	QL
LUNESTA	NF	QL
modafinil	2	PA, QL
PROVIGIL	NF	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
XYWAV	NF	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	NF	QL
ZOLPIMIST	4	ST, QL

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25 mg . . . . .	9	doxycycline hyclate oral tablet		EDLUAR . . . . .	39
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50 mg . . . . .	9	200 mg, 50 mg, 75 mg . . . . .	11	efavirenz-lamivudine-tenofovir . . . . .	15
diclofenac sodium er. . . . .	9			EFFEXOR XR . . . . .	12

EFUDEX . . . . .	21	epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	37	ezetimibe . . . . .	17
EHA . . . . .	8	EPIPEN 2-PAK . . . . .	37	ezetimibe-simvastatin . . . . .	17
ELEPSIA XR . . . . .	11	EPIPEN JR 2-PAK . . . . .	37	<b>F</b>	
ELESTRIN . . . . .	30	epitol . . . . .	11	falmina . . . . .	30
eletriptan hydrobromide . . . . .	14	EQ BLOOD GLUCOSE TEST . . . . .	24	FARXIGA . . . . .	26
elinest . . . . .	30	ERGOCAL . . . . .	27	FASENRA . . . . .	38
ELIQUIS . . . . .	11	ergocalciferol oral capsule . . . . .	27, 28	FASENRA PEN . . . . .	38
ELIQUIS DVT/PE STARTER PACK. . .	11	ERIVEDGE . . . . .	14	fayosim . . . . .	30
ELOCTATE . . . . .	26	ERLEADA . . . . .	14	febuxostat . . . . .	13
eluryng . . . . .	30	errin . . . . .	30	FEMARA . . . . .	14
EMGALITY . . . . .	14	erythromycin ophthalmic . . . . .	35	femynor . . . . .	30, 32
EMGALITY (300 MG DOSE) . . . . .	14	escitalopram oxalate oral solution . .	12	fenofibrate oral capsule 150 mg, 50 mg . . . . .	17
emoquette . . . . .	30	escitalopram oxalate oral tablet . . .	12	fenofibrate oral tablet 120 mg, 40 mg, 48 mg . . . . .	17
EMPAVELI . . . . .	34	ESGIC . . . . .	8	fenofibrate oral tablet 145 mg, 160 mg, 54 mg . . . . .	17
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	15	estarylla . . . . .	30	FENOGLIDE . . . . .	17
emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15	ESTRACE . . . . .	30	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr . . . . .	8
enalapril maleate oral solution . . . .	17	estradiol oral . . . . .	30	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	8
enalapril maleate oral tablet . . . . .	17	estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	30	FEXMID . . . . .	39
ENBREL MINI . . . . .	34	estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	30	FINACEA . . . . .	22
ENBREL SUBCUTANEOUS SOLUTION . . . . .	34	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	30	finasteride oral tablet 5 mg . . . . .	29
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . .	34	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	30	FIORICET . . . . .	8
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED . . . . .	34	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	30	FIRAZYR . . . . .	34
ENBREL SURECLICK . . . . .	34	estradiol transdermal patch weekly .	30	FIRST-OMEPRazole . . . . .	28
ENDARI . . . . .	28	estradiol vaginal cream . . . . .	30	FIRST-PROGESTERONE VGS . . . . .	30
endocet . . . . .	8	estradiol vaginal tablet . . . . .	30	FLAGYL . . . . .	11
ENDOMETRIN . . . . .	34	ESTRING . . . . .	30	FLAREX . . . . .	37
ENLITE GLUCOSE SENSOR . . . . .	24	ESTROGEL . . . . .	30	flecainide acetate . . . . .	17
ENOVARX-DICLOFENAC SODIUM . . .	9	eszopiclone . . . . .	39	FLEXICHAMBER . . . . .	38
enoxaparin sodium . . . . .	11	etodolac . . . . .	9	FLOLIPID . . . . .	17
enskyce . . . . .	30	etodolac er . . . . .	9	FLOMAX . . . . .	29
ENSTILAR . . . . .	21	etonogestrel-ethinyl estradiol . . . .	30	FLORIVA PLUS . . . . .	27
entecavir . . . . .	15	EUCRISA . . . . .	22	FLOVENT DISKUS . . . . .	38
ENTOCORT EC . . . . .	35	EUFLEXXA . . . . .	8	FLOVENT HFA . . . . .	38
ENVARUSUS XR . . . . .	34	euthyrox . . . . .	33	fluconazole oral . . . . .	13
EPANED . . . . .	17	EVAMIST . . . . .	30	fluocinolone acetonide body . . . . .	22
EPCLUSA ORAL PACKET . . . . .	15	EVOCLIN . . . . .	22	fluocinolone acetonide external cream . . . . .	22
EPCLUSA ORAL TABLET 200-50 MG . . . . .	15	EXACTECH R-S-G TEST . . . . .	24	fluocinolone acetonide external ointment . . . . .	22
EPCLUSA ORAL TABLET 400-100 MG . . . . .	15	EXACTECH TEST . . . . .	24	fluocinolone acetonide external solution . . . . .	22
epinephrine injection solution auto- injector 0.15 mg/0.15ml . . . . .	37	EXFORGE . . . . .	17	fluocinolone acetonide scalp . . . . .	22
epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	37	EXSERVAN . . . . .	20		
		EXTAVIA . . . . .	20		
		EXTINA . . . . .	13		
		EYSUVIS . . . . .	35		
		EZALLOR SPRINKLE . . . . .	17		







KEPPRA ORAL . . . . .	12	lamotrigine starter kit-orange. . . . .	12	lidocaine external patch 5 % . . . . .	8
KEPPRA XR . . . . .	12	LANTUS SOLOSTAR . . . . .	25	lidocaine hcl mouth/throat . . . . .	20
KESIMPTA . . . . .	20	LANTUS U-100 VIAL . . . . .	25	lidocaine viscous hcl . . . . .	20
ketoconazole external cream . . . . .	13	larin 1/20 . . . . .	30	lidocaine-prilocaine external cream . . . . .	8
ketoconazole external foam . . . . .	13	larin 1.5/30 . . . . .	30	lidocaine-prilocaine external kit . . . . .	8
ketoconazole external shampoo . . . . .	13	larin 24 fe . . . . .	30	LIDOCANNA . . . . .	8
ketodan external foam . . . . .	13	larin fe 1/20 . . . . .	30	LIDODERM . . . . .	8
KETOROLAC TROMETHAMINE NASAL . . . . .	9	larin fe 1.5/30 . . . . .	30	LIDOPRIL . . . . .	8
ketorolac tromethamine ophthalmic . . . . .	35	larissia . . . . .	30	LIDOPRIL XR . . . . .	8
ketorolac tromethamine oral . . . . .	10	LASIX . . . . .	17	lillow . . . . .	31
KITABIS PAK . . . . .	38	LASTACAPT . . . . .	35	LINZESS . . . . .	28
KLARITY-L . . . . .	35	latanoprost ophthalmic . . . . .	36	liothyronine sodium oral . . . . .	33
KLISYRI . . . . .	22	LATUDA . . . . .	15	LIPITOR . . . . .	17
KLONOPIN . . . . .	16	LEDIPASVIR-SOFOSBUVIR . . . . .	16	LIPOFEN . . . . .	17
klor-con . . . . .	27	lessina . . . . .	30	lisinopril oral . . . . .	17
klor-con 10 . . . . .	27	letrozole oral . . . . .	14	lisinopril-hydrochlorothiazide . . . . .	18
klor-con m10 . . . . .	27	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	38	lithium carbonate er . . . . .	16
klor-con m15 . . . . .	27	LEVBIID . . . . .	28	lithium carbonate oral . . . . .	16
klor-con m20 . . . . .	27	LEVEMIR U-100 FLEXTOUCH . . . . .	25	LITHOBID . . . . .	16
KLOXXADO . . . . .	10	LEVEMIR U-100 VIAL . . . . .	25	LIVIXIL PAK . . . . .	8
KOATE . . . . .	27	levetiracetam er . . . . .	12	LO LOESTRIN FE . . . . .	31
KOATE-DVI . . . . .	27	levetiracetam oral . . . . .	12	lo-zumandimine . . . . .	31
KOGENATE FS . . . . .	27	levo-t . . . . .	33	LODINE . . . . .	10
KOMBIGLYZE XR . . . . .	26	levocetirizine dihydrochloride oral solution . . . . .	37	LOESTRIN 1/20 (21) . . . . .	31
KOSELUGO . . . . .	14	levocetirizine dihydrochloride oral tablet . . . . .	37	LOESTRIN 1.5/30 (21) . . . . .	31
KOVALTRY . . . . .	27	levofloxacin oral . . . . .	11	LOESTRIN FE 1/20 . . . . .	31
KRINTAFEL . . . . .	14	levonorgest-eth est & eth est . . . . .	30	LOESTRIN FE 1.5/30 . . . . .	31
KROGER BLOOD GLUCOSE KIT . . . . .	24	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg . . . . .	30	lojaimiess . . . . .	31
KROGER TEST . . . . .	24	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg . . . . .	31	LOKELMA . . . . .	27
kurvelo . . . . .	30	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg . . . . .	31	LOMOTIL . . . . .	28
KYNMOBI . . . . .	15	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	31	LOPID . . . . .	18
KYNMOBI TITRATION KIT . . . . .	15	levora 0.15/30 (28) . . . . .	31	LOPRESSOR . . . . .	18
<b>L</b>		LEVOTHYROXINE SODIUM ORAL CAPSULE . . . . .	33	LOPROX EXTERNAL SHAMPOO . . . . .	13
labetalol hcl oral . . . . .	17	levothyroxine sodium oral tablet . . . . .	33	lorazepam intensol . . . . .	16
LAMICTAL . . . . .	12	levoxyl . . . . .	33	lorazepam oral concentrate 2 mg/ml . . . . .	16
LAMICTAL ODT ORAL TABLET DISPERSIBLE . . . . .	12	LEVSIN ORAL . . . . .	28	lorazepam oral tablet . . . . .	16
LAMICTAL XR ORAL KIT . . . . .	12	LEVSIN/SL . . . . .	28	LOREEV XR . . . . .	16
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR . . . . .	12	LEXAPRO . . . . .	13	LORTAB . . . . .	8
lamotrigine er . . . . .	12	LIALDA . . . . .	35	loryna . . . . .	31
lamotrigine oral kit . . . . .	12	LIDO BDK . . . . .	8	losartan potassium oral . . . . .	18
lamotrigine oral tablet . . . . .	12	LIDO-PRILO CAINE PACK . . . . .	8	losartan potassium-hctz . . . . .	18
lamotrigine oral tablet chewable . . . . .	12	lidocaine external ointment 5 % . . . . .	8	LOSEASONIQUE . . . . .	31
lamotrigine oral tablet dispersible . . . . .	12			LOTEMAX OPHTHALMIC GEL . . . . .	35
lamotrigine starter kit-blue . . . . .	12			LOTEMAX OPHTHALMIC OINTMENT . . . . .	35
lamotrigine starter kit-green . . . . .	12			LOTEMAX OPHTHALMIC SUSPENSION . . . . .	36
				LOTEMAX SM . . . . .	36



LOTENSIN . . . . .	18	meloxicam oral tablet . . . . .	10	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	18
LOTENSIN HCT . . . . .	18	MENOSTAR . . . . .	31	METROCREAM . . . . .	22
loteprednol etabonate ophthalmic gel . . . . .	36	mercaptapurine oral . . . . .	14	METROGEL . . . . .	22
loteprednol etabonate ophthalmic suspension . . . . .	36	merzee . . . . .	31	METROLOTION . . . . .	22
LOTREL . . . . .	18	mesalamine er oral capsule 0.375 gm . . . . .	35	metronidazole external cream . . . . .	22
lovastatin oral . . . . .	18	mesalamine oral . . . . .	35	metronidazole external gel 0.75 % . . . . .	22
LOVAZA . . . . .	18	mesalamine rectal enema . . . . .	35	metronidazole external gel 1 % . . . . .	22
LOVENOX . . . . .	11	mesalamine rectal suppository . . . . .	35	metronidazole external lotion . . . . .	22
low-ogestrel . . . . .	31	metaxalone . . . . .	39	metronidazole oral . . . . .	11
LUMIGAN . . . . .	36	metformin hcl er . . . . .	26	metronidazole vaginal . . . . .	11
LUNESTA . . . . .	39	metformin hcl er (mod) . . . . .	26	mibelas 24 fe . . . . .	31
lutea . . . . .	31	metformin hcl er (osm) . . . . .	26	MICARDIS . . . . .	18
lyleq . . . . .	31	metformin hcl oral solution . . . . .	26	MICRODOT TEST . . . . .	24
lyllana . . . . .	31	metformin hcl oral tablet . . . . .	26	microgestin 1/20 . . . . .	31
LYMEPAK . . . . .	11	methimazole oral . . . . .	33	microgestin 1.5/30 . . . . .	31
LYNPARZA . . . . .	14	methocarbamol oral . . . . .	39	microgestin 24 fe . . . . .	31
LYRICA . . . . .	20	methotrexate oral . . . . .	34	microgestin fe 1/20 . . . . .	31
LYRICA CR . . . . .	20	methotrexate sodium . . . . .	34	microgestin fe 1.5/30 . . . . .	31
LYUMJEV KWIKPEN . . . . .	25	methotrexate sodium (pf) . . . . .	34	mili . . . . .	31
LYUMJEV VIAL . . . . .	25	METHYLIN . . . . .	19	MILLIPRED . . . . .	32
lyza . . . . .	31	methylphenidate hcl er (cd) . . . . .	19	MINASTRIN 24 FE . . . . .	31
<b>M</b>		methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	19	MINILINK REAL-TIME TRANSMITTER . . . . .	24
MALARONE . . . . .	15	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	19	MINIPRESS . . . . .	18
marlissa . . . . .	31	methylphenidate hcl er (xr) . . . . .	19	MINIVELLE . . . . .	30, 31
matzim la . . . . .	18	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg . . . . .	19	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	11
MAVENCLAD . . . . .	20	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	19	minocycline hcl er oral tablet extended release 24 hour . . . . .	11
MAVYRET ORAL TABLET . . . . .	16	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	19	minocycline hcl oral capsule . . . . .	11
MAXALT . . . . .	14	methylphenidate hcl oral solution . . . . .	19	minocycline hcl oral tablet . . . . .	11
MAXALT-MLT . . . . .	14	methylphenidate hcl oral tablet . . . . .	19	MINOLIRA . . . . .	11
MAXITROL . . . . .	36	methylphenidate hcl oral tablet chewable . . . . .	19	MIRAPEX ER . . . . .	15
MAXZIDE . . . . .	18	methylprednisolone oral . . . . .	32	MIRCETTE . . . . .	31
MAXZIDE-25 . . . . .	18	metoclopramide hcl oral solution . . . . .	13	mirtazapine oral . . . . .	13
MAYZENT . . . . .	20, 34	metoclopramide hcl oral tablet . . . . .	13	MIRVASO . . . . .	22
MAYZENT STARTER PACK . . . . .	34	metoclopramide hcl oral tablet dispersible . . . . .	13	misoprostol oral . . . . .	28
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	18	MITIGARE . . . . .	14
MEDROL ORAL TABLET 2 MG . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	18	MM EASY TOUCH GLUCOSE METER . . . . .	24
MEDROL ORAL TABLET 32 MG . . . . .	32	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	18	MOBIC . . . . .	10
MEDROL ORAL TABLET THERAPY PACK . . . . .	32			modafinil . . . . .	39
medroxyprogesterone acetate intramuscular suspension . . . . .	31			mometasone furoate external . . . . .	22
medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	31			mondoxyne nl oral capsule 100 mg . . . . .	11
medroxyprogesterone acetate oral . . . . .	31			mondoxyne nl oral capsule 75 mg . . . . .	11
meloxicam oral capsule . . . . .	10			mono-lynyah . . . . .	31
				montelukast sodium oral packet . . . . .	38
				montelukast sodium oral tablet . . . . .	38



montelukast sodium oral tablet chewable . . . . .	38
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml. . . . .	8
morphine sulfate er oral capsule extended release 24 hour. . . . .	8
morphine sulfate er oral tablet extended release. . . . .	8
morphine sulfate oral . . . . .	8
morphine sulfate rectal . . . . .	8
MOTEGRITY . . . . .	28
MOVIPREP . . . . .	28
MOXEZA . . . . .	36
moxifloxacin hcl (2x day). . . . .	36
moxifloxacin hcl ophthalmic solution. . . . .	36
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE . . . . .	36
MS CONTIN . . . . .	8
MULPLETA . . . . .	27
MULTAQ . . . . .	18
multi-vitamin/fluoride . . . . .	27
multivitamin/fluoride tablet chewable 0.25 mg oral (rx). . . . .	27
multivitamin/fluoride tablet chewable 0.5 mg oral . . . . .	27
multivitamin/fluoride tablet chewable 1 mg oral . . . . .	27
mupirocin calcium . . . . .	11
mupirocin external. . . . .	11
mycophenolate mofetil oral . . . . .	34
mycophenolate sodium . . . . .	34
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MYFEMBREE . . . . .	33
MYFORTIC . . . . .	34
myorisan . . . . .	22

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nabumetone oral . . . . .	10
nadolol oral . . . . .	18
NAFRINSE DAILY/NEUTRAL . . . . .	20
NAFRINSE WEEKLY . . . . .	20
NALOCET . . . . .	8
naloxone hcl injection . . . . .	10
naltrexone hcl oral . . . . .	10
NAPRELAN . . . . .	10
NAPROSYN ORAL SUSPENSION. . . . .	10
NAPROSYN ORAL TABLET . . . . .	10
naproxen oral suspension . . . . .	10

naproxen oral tablet . . . . .	10
naproxen oral tablet delayed release . . . . .	10
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	10
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	10
naproxen sodium oral tablet 275 mg, 550 mg. . . . .	10
naratriptan hcl . . . . .	14
NARCAN . . . . .	10
NASCOBAL . . . . .	27
NATAZIA . . . . .	31
NATESTO . . . . .	33
NATURE-THROID . . . . .	33
NAYZILAM . . . . .	12
nebivolol hcl . . . . .	18
necon 0.5/35 (28) . . . . .	31
neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	36
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	36
neomycin-polymyxin-hc otic. . . . .	37
NEORAL . . . . .	34
NESINA . . . . .	26
neuac external gel . . . . .	22
NEULASTA . . . . .	27
NEURONTIN . . . . .	12
NEUTEK 2TEK TEST . . . . .	24
NEVANAC . . . . .	36
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niacin er (antihyperlipidemic) . . . . .	18
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nitisinone . . . . .	28
NITRO-BID . . . . .	18
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NITRO-TIME . . . . .	18
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NORDITROPIN FLEXPEN . . . . .	33
norethin ace-eth estrad-fe oral capsule . . . . .	31
norethin ace-eth estrad-fe oral tablet . . . . .	31
norethin ace-eth estrad-fe oral tablet chewable . . . . .	31
norethindrone acet-ethinyl est . . . . .	31
norethindrone acetate oral . . . . .	31
norethindrone oral . . . . .	31
norgestimate-eth estradiol . . . . .	31
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg. . . . .	31
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg. . . . .	31
NORITATE . . . . .	22
norlyda . . . . .	31
norlyroc . . . . .	31
nortrel 0.5/35 (28) . . . . .	31
nortrel 1/35 (21) . . . . .	31
nortrel 1/35 (28) . . . . .	31
nortriptyline hcl oral . . . . .	13
NORVASC . . . . .	18
NORVIR ORAL PACKET . . . . .	16
NORVIR ORAL SOLUTION . . . . .	16
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NOVOLIN N RELION . . . . .	25
NOVOLIN N VIAL . . . . .	25
NOVOLIN R FLEXPEN . . . . .	25
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# Nondiscrimination notice and access to communication services

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If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:**     [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:**       Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**     <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:**     Toll-free **1-800-368-1019**, **1-800-537-7697 (TDD)**

**Mail:**       U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

# 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。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

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.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

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

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

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

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

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

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

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, 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 ដើម្បីមានលេខស័ព្ទស្តាប់ចំណុចសំរាប់អ្នក។

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'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 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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