

Your 2020 Prescription Drug List

Access 3-Tier



Effective September 1, 2020

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



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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your ID card at any time to check your medication coverage and lower-cost options.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information.

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Reading your PDL (continued)

Drug list information.

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

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

Lower-cost options are available and covered.

H **Health Care Reform Preventive**

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

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

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

PA **Prior Authorization (sometimes referred to as precertification)³**

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

QL **Quantity Limits**

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

RS **Refill and Save Program⁴**

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

SP **Specialty Medication**

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

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

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

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

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

Reading your PDL (continued)

Coverage details.

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

Diabetes: Blood Glucose Monitoring; Insulin; Non-Insulin

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

Diabetes: Continuous Glucose Monitors, Sensors

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

Endocrine: Growth Hormone

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

Infertility

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

This is not a covered benefit for Neighborhood Health Plan.

Medications for Sexual Dysfunction

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

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	1	
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	3	QL
DILAUDID ORAL	3	
DVORAH	E	
endocet	1	
ESGIC	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	3	PA, ST, QL
lidocaine external ointment	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	

Drug Name	Drug Tier	Requirements & Limits
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	1	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NORCO	3	
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	E	PA, QL
premium lidocaine	1	QL
PRIMLEV ORAL TABLET 10-300 MG	E	
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
ROXICODONE ORAL TABLET 5 MG	3	
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	1	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	QL

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

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl oral tablet 50 mg	1	
TREZIX	1	
TYLENOL WITH CODEINE #3	3	
ULTRAM	3	
VANATOL LQ	2	
VANATOL S	2	
vicodin hp oral tablet 10-300 mg	1	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOHYDRO ER	3	PA, QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation

celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	

Drug Name	Drug Tier	Requirements & Limits
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
NAPROSYN ORAL SUSPENSION	3	
naproxen dr	1	
naproxen oral	1	
naproxen sodium er	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	3	
RELAFEN DS	E	
SPRIX	3	
VIVLODEX	E	QL
ZIPSOR	3	

Anti-Addiction / Substance Abuse Treatment Agents

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

Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	
CENTANY AT	3	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	
DIFICID	3	QL
DORYX MPC	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline hyclate oral tablet delayed release	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl er oral tablet extended release 24 hour	E	
minocycline hcl oral	1	
MINOLIRA	E	
mondoxyne nl	1	
morgidox oral	1	
mupirocin calcium	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
okebo	1	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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

Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
enoxaparin sodium	1	
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	3	ST
KEPPRA XR	3	ST
LAMICTAL	3	ST
LAMICTAL ODT ORAL KIT	3	ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	ST
LAMICTAL STARTER	3	ST
LAMICTAL XR	3	ST
lamotrigine er	1	ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	ST
levetiracetam er	1	

Drug Name	Drug Tier	Requirements & Limits
levetiracetam oral	1	
NAYZILAM SPRAY 5 MG	3	PA, QL
NEURONTIN	3	ST
oxcarbazepine	1	
OXTELLAR XR	E	ST
QUDEXY XR	3	ST
roweepra	1	
roweepra xr	1	
SPRITAM	3	ST
subvenite	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	ST
TOPAMAX SPRINKLE	3	ST
topiramate er	1	ST
topiramate oral	1	
TRILEPTAL	3	ST
TROKENDI XR	E	ST
VALTOCO	3	PA
VIMPAT ORAL	2	PA
ZONEGRAN	3	ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL

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

Drug Name	Drug Tier	Requirements & Limits
bupropion hcl oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	1	
escitalopram oxalate	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	3	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL CR	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	QL
VIIBRYD	2	QL

Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	2	
doxylamine-pyridoxine	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI (180 MG DOSE)	2	
ZOFRAN	3	
ZUPLENZ	3	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	

Drug Name	Drug Tier	Requirements & Limits
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
ketodan external foam	1	
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	1	QL
GLOPERBA	3	PA
MITIGARE	2	
ZYLOPRIM	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, QL
AMERGE	3	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
naratriptan hcl	1	
ONZETRA XSAIL	3	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	

Drug Name	Drug Tier	Requirements & Limits
sumatriptan succinate refill	1	
sumatriptan succinate subcutaneous	1	
ZEMBRACE SYMTOUCH	3	

Antineoplastics - Drugs for Cancer

anastrozole oral	1	
bexarotene	E	SP
capecitabine	E	SP
ERLEADA	2	PA, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, SP
SOLTAMOX	3	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	SP
ZEJULA	2	QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	QL

Drug Name	Drug Tier	Requirements & Limits
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	
INBRIJA	3	PA, QL, SP
MIRAPEX	3	
NOURIANZ ORAL TABLET	3	QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	E	
SINEMET	3	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE	E	QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
LATUDA	2	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
risperidone	1	
SAPHRIS	3	QL
ziprasidone hcl	1	QL

Drug Name	Drug Tier	Requirements & Limits
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL, SP
BARACLUDE ORAL SOLUTION	2	SP
CIMDUO	2	QL, SP
DESCOVY	E	ST, QL, SP
DOVATO	2	QL, SP
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL, SP
HARVONI	2	PA, QL, SP, ST
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	QL, SP
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
ODEFSEY	3	QL, SP
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	1	SP
SITAVIG	E	
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL, SP
SYMFI	2	QL, SP
SYMFI LO	2	QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TEMIXYS	E	QL, SP
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	SP
TRIUMEQ	2	QL, SP
TRUVADA	3	H-PA, QL, SP
valacyclovir hcl oral	1	
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	3	

Anxiolytics - Drugs for Anxiety

alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	3	

Drug Name	Drug Tier	Requirements & Limits
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	3	
ALDACTONE	3	
aliskiren fumarate	1	
ALTACE	3	
ALTOPREV	3	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
CALAN SR	3	

Drug Name	Drug Tier	Requirements & Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	E	
CARDURA	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	3	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral	1	
EPANED	3	
EZALLOR SPRINKLE	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FLOLIPID	3	
furosemide oral	1	

Drug Name	Drug Tier	Requirements & Limits
gemfibrozil oral	1	
GONITRO	3	
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	
lovastatin	1	H
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MINIPRESS	3	
minitran	1	

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Drug Name	Drug Tier	Requirements & Limits
MULTAQ	3	PA
nadolol oral	1	
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
NIASPAN	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITROMIST	3	
NITROSTAT	3	
nitro-time	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	2	PA, ST, QL
PRAVACHOL	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	
propranolol hcl er	1	
propranolol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
QBRELIS	3	
quinapril hcl	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA, ST, QL
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	1	QL
ADHANSIA XR	3	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	3	PA, QL
atomoxetine hcl	1	QL
CONCERTA	1	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	1	PA, QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA
FOCALIN	3	PA
guanfacine hcl er	1	QL
JORNAY PM	3	PA
metadate er	1	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	1	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral	1	PA
MYDAYIS	2	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
QUILLIVANT XR	3	PA, QL
relexxii	E	PA, QL
RITALIN	3	PA
VYVANSE	2	PA, QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	E	PA
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA ORAL CAPSULE	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA	3	QL
LYRICA CR	2	QL
NUDEXTA	2	PA
pregabalin oral	1	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA

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Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ACZONE EXTERNAL GEL 5 %	1	
ACZONE EXTERNAL GEL 7.5 %	2	
ALA SCALP	3	

Drug Name	Drug Tier	Requirements & Limits
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	
ALTRENO	3	PA
amnestem	1	
AMZEEQ AER 4%	3	QL
avita	1	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	1	
calcitriol external	1	
CAPEX	2	
CARAC	2	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external	1	
clodan external shampoo	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clotrimazole-betamethasone	1		isotretinoin oral	1	
dapsone external gel 5 %	E		METROCREAM	3	
DERMA-SMOOTH/FS BODY	3		METROLOTION	3	
DERMA-SMOOTH/FS SCALP	3		metronidazole external	1	
DESONATE	3		MIRVASO	3	PA
desonide external	1		mometasone furoate external	1	
DESOWEN	3		myorisan	1	
DIPROLENE	3		neuac external gel	1	QL
DIPROLENE AF	3		NORITATE	E	
DUPIXENT	3	PA, ST, QL, SP	PICATO	3	
EFUDEX	3		RHOFADE CREAM 1%	3	PA
ENSTILAR	3		rosadan external cream	1	
EUCRISA	3	ST	rosadan external gel	1	
EVOCLIN	3		SERNIVO	3	
FINACEA EXTERNAL GEL	3		SOOLANTRA CREAM 1%	3	
fluocinolone acetonide body	1		sss 10-5	1	
fluocinolone acetonide external	1		sulfacetamide sodium-sulfur	1	
fluocinolone acetonide scalp	1		sulfamez wash	1	
fluocinonide external	1		SYNALAR	3	
FLUOROPLEX	3		TACLONEX EXTERNAL SUSPENSION	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3		tazarotene external	1	PA
fluorouracil external cream 5 %	1		TAZORAC EXTERNAL CREAM 0.1 %	3	PA
fluorouracil external solution	1		TAZORAC EXTERNAL GEL	2	PA
hydrocortisone external cream 1 %	E		TEMOVATE	3	
hydrocortisone external cream 2.5 %	1		TEXACORT	2	
hydrocortisone external lotion 2.5 %	1		TOLAK	3	
hydrocortisone external ointment 1 %, 2.5 %	1		tretinoin external	1	PA
imiquimod external	1		triamcinolone acetonide external aerosol solution	1	
IMIQUIMOD PUMP	E		triamcinolone acetonide external cream	1	
IMPOYZ	3		triamcinolone acetonide external lotion	1	

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Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
trianex	E	
triderm	1	
TRIDESILON	1	
VERDESO	3	
zenatane	1	
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
INSULIN SYRINGES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
SOFTCLIX	1	

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
AFREZZA	3	
BASAGLAR KWIKPEN	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS SOLUTION	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN ASPART PENFILL	E	ST
INSULIN LISPRO	E	
INSULIN LISPRO (1 UNIT DIAL)	E	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG PENFILL	E	ST
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	E	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
ADLYXIN	3	ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	3	
BAQSIMI	2	
BYDUREON	2	ST, QL
BYDUREON BCISE AUTOINJECTOR	2	ST, QL
BYETTA PEN	2	ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	

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Drug Name	Drug Tier	Requirements & Limits
GLUCAGON EMERGENCY KIT INJECTION KIT	2	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE ORAL TABLET 5-500 MG	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE PFS	2	
INVOKANA	E	ST, QL
JANUVIA	E	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)	E	
metformin hcl er (osm)	E	
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	ST, QL
pioglitazone hcl	1	QL
RIOMET	3	
RYBELSUS	2	ST, QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRULICITY	2	ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	ST, (3 Pak), QL
Drugs for Blood Disorders		
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	3	PA, ST, SP
MULPLETA	2	PA, SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	QL
IMVEXXY	3	QL
INTRAROSA	2	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VYLEESI	3	QL

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

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX SPRINKLE	3	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	2	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release	1	
PROTONIX ORAL PACKET	3	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	2	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	

Drug Name	Drug Tier	Requirements & Limits
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTEGRITY	3	PA, QL
MOVIPREP	2	
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	H
PLENVU	2	
PREPOPIK	2	
SUPREP BOWEL PREP KIT	2	
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	QL
ZELNORM	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
clovique	E	PA, SP
CREON	2	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
ENDARI	3	QL
nitisinone	E	PA, SP
NITYR	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
ORFADIN ORAL CAPSULE 20 MG	E	PA, SP
ORFADIN ORAL SUSPENSION	E	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	1	SP
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	1	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	E	PA, SP
VIOKACE	3	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
TOVIAZ	2	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H

Drug Name	Drug Tier	Requirements & Limits
chateal	1	H
chateal eq	1	H
CLIMARA PRO	2	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	2	
dotti	E	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ESTRACE VAGINAL	1		kariva	1	H
estradiol oral	1		kurvelo	1	H
estradiol patch twice weekly transdermal (generic for Minivelle)	1	QL	larin 1.5/30	1	H
estradiol patch twice weekly transdermal (generic for Vivelle-Dot)	E	QL	larin 1/20	1	H
estradiol transdermal patch weekly (generic for Climara)	1	QL	larin 24 fe	1	H
estradiol vaginal cream	E		larin fe 1.5/30	1	H
estradiol vaginal tablet	1		larin fe 1/20	1	H
ESTRING	2	QL	larissia	1	H
ESTROGEL	3	QL	lessina	1	H
etonogestrel-ethinyl estradiol	E		levonorgest-eth est & eth est	1	
EVAMIST	2		levonorgest-eth estrad 91-day	1	H
falmina	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
fayosim	1		levora 0.15/30 (28)	1	H
femynor	1	H	lillow	1	H
gianvi	1	H	LO LOESTRIN FE	2	
hailey 1.5/30	1	H	LOESTRIN 1.5/30 (21)	3	
hailey 24 fe	1	H	LOESTRIN 1/20 (21)	3	
heather	1	H	LOESTRIN FE 1.5/30	3	
incassia	1	H	LOESTRIN FE 1/20	3	
introvale	1	H	loryna	1	H
isibloom	1	H	LOSEASONIQUE	3	
jasmiel	1	H	low-ogestrel	1	H
jencycla	1	H	lo-zumandimine	1	H
jolessa	1	H	lutera	1	H
juleber	1	H	lyza	1	H
junel 1.5/30	1	H	marlissa	1	H
junel 1/20	1	H	medroxyprogesterone acetate intramuscular suspension	1	QL, H
junel fe 1.5/30	1	H	medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
junel fe 1/20	1	H	medroxyprogesterone acetate oral	1	
junel fe 24	1	H	melodetta 24 fe	1	
kalliga	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MENOSTAR	3	QL	pirmella 1/35	1	H
mibelas 24 fe	1		portia-28	1	H
microgestin 1.5/30	1	H	PREMARIN ORAL	2	
microgestin 1/20	1	H	PREMARIN VAGINAL	3	
microgestin fe 1.5/30	1	H	PREMPHASE	2	
microgestin fe 1/20	1	H	PREMPRO	2	
mili	1	H	previfem	1	H
MIRCETTE	3		progesterone micronized oral	1	
mono-linyah	1	H	PROVERA	3	
NATAZIA	2		reclipsen	1	H
necon 0.5/35 (28)	1	H	rivelsa	1	
nikki	1	H	SEASONIQUE	3	
nora-be	1	H	setlakin	1	H
norethin ace-eth estrad-fe oral tablet	1	H	sharobel	1	H
norethin ace-eth estrad-fe oral tablet chewable	1		simliya	1	H
norethindrone acetate oral	1		simpesse	1	H
norethindrone acet-ethinyl est	1	H	sprintec 28	1	H
norethindrone oral	1	H	sronyx	1	H
norgestimate-eth estradiol	1	H	syeda	1	H
norgestimate-ethinyl estradiol triphasic	1	H	tarina 24 fe	1	H
norlyda	1	H	tarina fe 1/20	1	H
norlyroc	1	H	tarina fe 1/20 eq	1	H
nortrel 0.5/35 (28)	1	H	TAYTULLA	3	
nortrel 1/35 (21)	1	H	tri femynor	1	H
nortrel 1/35 (28)	1	H	tri-estarylla	1	H
NUVARING	1	H	tri-linyah	1	H
ocella	1	H	tri-lo-estarylla	1	H
ogestrel	1	H	tri-lo-mili	1	H
orsythia	1	H	tri-lo-sprintec	1	H
ORTHO MICRONOR	3		tri-mili	1	H
philith	1	H	tri-previfem	1	H
pimtreea	1	H	tri-sprintec	1	H
			tri-vylibra	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-vylibra lo	1	H
tulana	1	H
tydemy	1	
vienva	1	H
vioarele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zarah	1	H
zumandimine	1	H

Hormonal Agents - Oral Steroids

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

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	1	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORLISSA	3	QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP

Hormonal Agents - Testosterone Replacement

ANDRODERM	2	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
NATESTO	E	QL
STRIANT	3	QL
TESTIM	1	QL
TESTOSTERONE CYPIONATE INJECTION	3	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	QL
XYOSTED	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG	2	
NATURE-THROID TABLET 97.5 MG ORAL	3	
NATURE-THROID TABLET 97.5 MG ORAL	2	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	SP
azathioprine oral	1	SP
CIMZIA	2	PA, QL, SP
COSENTYX	3	PA, ST, QL, SP
cyclosporine modified	1	SP

Drug Name	Drug Tier	Requirements & Limits
ENBREL	3	PA, ST, QL, SP
ENVARUSUS XR	E	SP
FIRAZYR	1	PA, QL, SP
gengraf	1	SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	1	SP
OLUMIANT	2	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	E	QL
PROGRAF ORAL PACKET	3	SP
RAPAMUNE ORAL SOLUTION	3	SP
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	1	SP
CRINONE VAGINAL GEL 4 %	3	PA, ST
CRINONE VAGINAL GEL 8 %	3	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
novarel intramuscular solution reconstituted 10000 unit	1	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er	E	
mesalamine oral	E	

Drug Name	Drug Tier	Requirements & Limits
mesalamine rectal	1	
PENTASA	E	
PROCORT	3	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral tablet	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BONIVA ORAL	3	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
TYMLOS	3	SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
ROCALTROL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
ILEVRO	3	

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Drug Name	Drug Tier	Requirements & Limits
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	3	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	

Drug Name	Drug Tier	Requirements & Limits
TOBREX OPHTHALMIC SOLUTION	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	2	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	3	
travoprost (bak free)	1	
VYZULTA	3	ST
XELPROS	3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA
RESTASIS	2	PA
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	PA
XIIDRA	2	PA

Otic Agents - Drugs for Ear Conditions

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

Respiratory - Drugs for Anaphylaxis

AUVI-Q	E	
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EpiPen Jr.)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EpiPen)	1	
SYMJEPI	2	

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

azelastine hcl nasal	1	
benzonatate	1	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er	1	PA
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	3	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	
XHANCE	E	
ZETONNA	3	

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic ProAir HFA)	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Proventil HFA)	3	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	3	
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX	E	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	3	PA
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL

Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
NUCALA AUTOINJECTOR, PREFILLED SYRINGE	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	
PULMICORT FLEXHALER	1	QL
QVAR REDIHALER	E	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	
wixela inhub	E	QL
XOPENEX HFA	3	
YUPELRI	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	1	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
bosentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
TRACLEER 32 MG	2	PA, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TYVASO	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	
ROBAXIN-750	3	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
EDLUAR	3	QL
eszopiclone	1	QL
modafinil	1	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
zolpidem tartrate	1	QL
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ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**khmer (Khmer)**សម្រាប់សេវាភាសាដើមឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានលេខអត្តសញ្ញាណប័ណ្ណអ្នកសម្រាប់អ្នក។

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 yáníłt'ígo, saad bee áka>anída>awo>ígíí, t'áá jíí'k'eh, bee ná'ahóót'í. T'áá shóqdí ninaaltsoos nítł'ízí bee nééhozinígíí bine'déq' t'áá jíí'k'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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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