



Your 2021 Prescription Drug List

Access 3-Tier

Effective Jan. 1, 2021



**United
Healthcare®**

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2021 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.

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.

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.

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.



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 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. A mix of brand name and generic 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.

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 Program ⁴ —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 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. 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.

Questions

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	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	
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

Drug Name	Drug Tier	Requirements & Limits
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
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	

See page 7 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
VANATOL S	2	
vicodin hp oral tablet 10-300 mg	1	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOHYDRO ER	E	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 %	E	
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	
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	

Drug Name	Drug Tier	Requirements & Limits
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
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

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	

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Drug Name	Drug Tier	Requirements & Limits
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	
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	
mondoxynone 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	

Drug Name	Drug Tier	Requirements & Limits
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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	
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
lamotrigine starter kit-blue	1	

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Drug Name	Drug Tier	Requirements & Limits
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM SPRAY 5 MG	3	PA
NEURONTIN	3	ST
oxcarbazepine	1	
OXTELLAR XR	E	ST
QUDEXY XR	3	ST
roweepra	1	
roweepra xr	1	
SPRITAM	3	ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	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
XCOPRI PAK	3	PA
XCOPRI TABLET	3	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	

Drug Name	Drug Tier	Requirements & Limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
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
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements & Limits
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	
VARUBI (180 MG DOSE)	2	
ZOFRAN	3	
ZUPLENZ	3	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
ketodan external foam	1	
NIZORAL	3	
nyamyc	1	

Drug Name	Drug Tier	Requirements & Limits
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	
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, QL
AMERGE	3	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
EMGALITY (300 MG DOSE)	2	PA, QL
naratriptan hcl	1	
ONZETRA XSAIL	3	
REYVOW TABLET	2	PA
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill	1	
sumatriptan succinate subcutaneous	1	
UBRELVY TABLET	2	PA
ZEMBRACE SYMTOUCH	3	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
bexarotene	E	SP
capecitabine	E	SP
ERLEADA	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	

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Drug Name	Drug Tier	Requirements & Limits
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	
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

Drug Name	Drug Tier	Requirements & Limits
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
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDGE ORAL SOLUTION	2	SP
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine/tenofovir disoproxil fumarate	1	QL, H
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	
PREZISTA	2	

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Drug Name	Drug Tier	Requirements & Limits
ritonavir	1	SP
SITAVIG	E	
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	E	QL
valacyclovir hcl oral	1	
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL 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	3	
CALAN SR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	E	
CARDURA	3	
CAROSPIR	3	

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Drug Name	Drug Tier	Requirements & Limits
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	
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	

Drug Name	Drug Tier	Requirements & Limits
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	
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL TABLET	2	PA, QL
NEXLIZET TABLET	2	PA, QL
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	

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Drug Name	Drug Tier	Requirements & Limits
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	
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	
torseamide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er	1	
verapamil hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
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	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

Drug Name	Drug Tier	Requirements & Limits
ADDERALL XR	2	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, QL
metadate er	1	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	1	PA, QL
methylphenidate hcl er (la)	1	PA, QL
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
QUILLIVANT XR	3	PA, QL
relexxii	E	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
RITALIN	3	PA
VYVANSE	3	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	2	PA, QL, SP
BAFIERTAM CAPSULE	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
REBIF REBIDOSE TITRATION PACK	3	PA, ST, QL, SP
REBIF TITRATION PACK	3	PA, ST, QL, SP
TECFIDERA	E	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA	3	QL
LYRICA CR	2	QL
NUEDEXTA	2	PA
pregabalin oral	1	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	

Drug Name	Drug Tier	Requirements & Limits
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 %	3	
ACZONE EXTERNAL GEL 7.5 %	2	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	
ALTRENO	3	PA
amnestem	1	
AMZEEQ AER 4%	3	
avar cleanser	1	
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
calcipotriene-betameth diprop external ointment	1	
calcitriol external	1	

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Drug Name	Drug Tier	Requirements & Limits
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	
clotrimazole-betamethasone	1	
dapsone external gel 5 %	E	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
desonide cream, lotion, ointment	1	
desonide gel	1	
DESOWEN	3	
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
EVOCLIN	3	
FINACEA EXTERNAL GEL	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	

Drug Name	Drug Tier	Requirements & Limits
fluocinonide external	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	
IMIQUIMOD PUMP	E	
IMPOYZ	3	
isotretinoin oral	1	
METROCREAM	3	
METROLOTION	3	
metronidazole external	1	
MIRVASO	3	PA
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
PICATO	3	
RHOFADE CREAM 1%	3	PA
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	3	
SOOLANTRA CREAM 1%	3	
sss 10-5	1	
sulfacetamide sodium-sulfur	1	
sulfacleanse 8/4	1	
sulfamez wash	1	
SYNALAR	3	
TACLONEX EXTERNAL SUSPENSION	1	
tazarotene external	1	PA
TAZORAC EXTERNAL CREAM 0.1 %	3	PA
TAZORAC EXTERNAL GEL	3	PA

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Drug Name	Drug Tier	Requirements & Limits
TEMOVATE	3	
TEXACORT	2	
TOLAK	3	
tretinoin external	1	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
trianex	E	
triderm	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 TEST STRIPS	3	QL
ACCU-CHEK GUIDE/GUIDE ME KIT W/DEVICE	3	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	

Drug Name	Drug Tier	Requirements & Limits
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	PA
INSULIN SYRINGES	2	
LANCETS	1	
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	

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Drug Name	Drug Tier	Requirements & Limits
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	
Diabetes - Insulin		
ADMELOG	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 LISPRO	E	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOLIN 70/30	E	
NOVOLIN N	E	
NOVOLIN R	E	
NOVOLOG	E	

Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	2	
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 ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON	2	ST, QL
BYDUREON BCISE AUTOINJECTOR	2	ST, QL
BYETTA	2	ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
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	

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Drug Name	Drug Tier	Requirements & Limits
metformin hcl er (osm)	E	
METFORMIN HCL ORAL SOLUTION	1	
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
TRIJARDY XR	2	QL
TRULICITY	2	ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 PACK)	2	ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 PACK)	3	ST, QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	PA, ST, SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
ZIEXTENZO	3	SP

Drug Name	Drug Tier	Requirements & Limits
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
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	

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Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 5	3	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
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 20 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	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	
AEMCOLO	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	

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
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
XIFAXAN	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	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	QL
KUVAN	2	PA, QL, SP
nitisinone	E	PA, SP
NITYR	2	PA, SP
ORFADIN ORAL CAPSULE 20 MG	E	PA, SP
ORFADIN ORAL SUSPENSION	E	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
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	
PYRIDIUM	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	

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

Drug Name	Drug Tier	Requirements & Limits
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
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	2	

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Drug Name	Drug Tier	Requirements & Limits
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	
ESTRACE VAGINAL	1	
estradiol oral	1	
estradiol patch twice weekly transdermal (generic MINIVELLE)	1	QL
estradiol patch twice weekly transdermal (generic VIVELLE-DOT)	E	QL
estradiol transdermal patch weekly (generic CLIMARA)	1	QL
estradiol vaginal cream	E	
estradiol vaginal tablet	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	1	
femynor	1	H
gianvi	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
heather	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
jolessa	1	H
juleber	1	H

Drug Name	Drug Tier	Requirements & Limits
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	

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Drug Name	Drug Tier	Requirements & Limits
melodetta 24 fe	1	
MENOSTAR	3	QL
mibelas 24 fe	1	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MIRCETTE	3	
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
ocella	1	H
ogestrel	1	H
orsythia	1	H
ORTHO MICRONOR	3	
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	

Drug Name	Drug Tier	Requirements & Limits
PREMPRO	2	
previfem	1	H
progesterone micronized oral	1	
PROVERA	3	
reclipsen	1	H
rivelsa	1	
SEASONIQUE	3	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	3	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana	1	H
tydemy	1	
vienva	1	H
violele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	

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Drug Name	Drug Tier	Requirements & Limits
YAZ	3	
yuvafem	1	
zarah	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DEXTAK	3	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
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	
MEDROL ORAL TABLET THERAPY PACK	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	
TAPERDEX	3	
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

Drug Name	Drug Tier	Requirements & Limits
NOCDURNA	3	QL
NORDITROPIN FLEXPOR	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORILISSA	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	
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	

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Drug Name	Drug Tier	Requirements & Limits
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
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, ST, 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

Drug Name	Drug Tier	Requirements & Limits
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
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		
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	

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Drug Name	Drug Tier	Requirements & Limits
CANASA	E	
CORTIFOAM	2	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er	E	
mesalamine oral	E	
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	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
TERIPARATIDE	3	PA, SP
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	

Drug Name	Drug Tier	Requirements & Limits
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	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 solution 0.1%	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
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	
TOBREX OPHTHALMIC SOLUTION	3	

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Drug Name	Drug Tier	Requirements & Limits
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
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	

Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EPIPEN JR., 2 pack)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN, 2 pack)	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 hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	
XHANCE	E	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic PROAIR HFA, PROVENTIL HFA)	1	

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Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic VENTOLIN HFA)	3	
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUIITY ELLIPTA	1	QL
ASMANEX	E	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	E	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
EASIVENT	2	
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
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	
PULMICORT FLEXHALER	1	QL
QVAR REDHALER	E	QL

Drug Name	Drug Tier	Requirements & Limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	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
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	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 5 mg, 10 mg	1	
metaxalone	1	
methocarbamol oral	1	

See page 7 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
OZOBAX	3	
ROBAXIN-750	3	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL CAPSULE	3	
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
zolpidem tartrate er	1	QL

See page 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



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EXTAVIA	17	fluticasone propionate nasal	29	glipizide xl.	20
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ketodan external foam	12
ketorolac tromethamine ophthalmic	28
ketorolac tromethamine oral	9
KITABIS PAK	30
klor-con	21
klor-con 10	21
klor-con m10	21
KLOR-CON M15	21
klor-con m20	21
klor-con sprinkle	21
KOGENATE FS	21
KOMBIGLYZE XR	20
KOVALTRY	21
KRINTAFEL	13
kurvelo	24
KUVAN	22

L	
labetalol hcl oral	15
LAMICTAL	10
LAMICTAL ODT ORAL KIT	10
LAMICTAL ODT ORAL TABLET DISPERSIBLE	10
LAMICTAL STARTER	10
LAMICTAL XR	10
lamotrigine er	10
lamotrigine oral tablet	10
lamotrigine oral tablet chewable	10
lamotrigine oral tablet dispersible	10

lamotrigine starter kit-blue	10
lamotrigine starter kit-green	11
lamotrigine starter kit-orange	11
LANCETS	19
LANTUS SOLOSTAR	20
LANTUS U-100 VIAL	20
larin 1/20	24
larin 1.5/30	24
larin 24 fe	24
larin fe 1/20	24
larin fe 1.5/30	24
larissia	24
LASIX	15
LASTACAPT	28
latanoprost ophthalmic	29
LATUDA	13
LEDIP-SOFOSB ORAL TABLET 90-400MG	13
LEDIPASVIR-SOFOSBUVIR	13
lessina	24
letrozole oral	12
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30
LEVAQUIN ORAL TABLET 500 MG, 750 MG	10
LEVBID	22
LEVEMIR U-100 FLEXTOUCH	20
LEVEMIR U-100 VIAL	20
levetiracetam er	11
levetiracetam oral	11
levo-t	26
levocetirizine dihydrochloride oral	29
levofloxacin oral	10
levonorgest-eth est & eth est	24
levonorgest-eth estrad 91-day	24
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24
levora 0.15/30 (28)	24
levothyroxine sodium oral	26
levoxyl	26
LEVSIN ORAL	22
LEVSIN/SL	22
LIALDA	28
lidocaine external ointment	8

lidocaine external patch 5 %	8
lidocaine hcl mouth/throat	17
lidocaine viscous hcl	17
lidocaine-prilocaine external cream	8
lillow	24
LINZESS	22
liothyronine sodium oral	26
LIPOFEN	15
lisinopril oral	15
lisinopril-hydrochlorothiazide	15
lithium carbonate er	14
lithium carbonate oral	14
LITHOBID	14
LO LOESTRIN FE	24
lo-zumandimine	24
LOESTRIN 1/20 (21)	24
LOESTRIN 1.5/30 (21)	24
LOESTRIN FE 1/20	24
LOESTRIN FE 1.5/30	24
LOKELMA	21
LOMOTIL	22
LOPID	15
LOPRESSOR	15
lorazepam intensol	14
lorazepam oral concentrate 2 mg/ml	14
lorazepam oral tablet	14
lorcet	8
lorcet hd	8
lorcet plus	8
LORTAB	8
loryna	24
losartan potassium	15
losartan potassium-hctz	15
LOSEASONIQUE	24
LOTEMAX OPHTHALMIC GEL	28
LOTEMAX OPHTHALMIC OINTMENT	28
LOTEMAX OPHTHALMIC SUSPENSION	28
LOTEMAX SM	28
LOTENSIN	15
LOTENSIN HCT	15
loteprednol etabonate	28
LOTREL	15



lovastatin	15	METFORMIN HCL ORAL SOLUTION	21	MIRCETTE	25
low-ogestrel	24	metformin hcl oral tablet.	21	mirtazapine oral.	11
LUMIGAN	29	methimazole oral	26	MIRVASO	18
lutera	24	methocarbamol oral	30	misoprostol oral.	22
LYNPARZA	13	methotrexate oral	27	MITIGARE	12
LYRICA	17	methotrexate sodium oral.	27	MOBIC	9
LYRICA CR	17	METHYLIN	16	modafinil.	31
lyza	24	methylphenidate hcl er (cd)	16	mometasone furoate external	18
M					
MACROBID	10	methylphenidate hcl er (la)	16	mondoxyne nl	10
MACRODANTIN	10	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	16	mono-lynyah	25
MALARONE	13	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	16	montelukast sodium oral	30
marlissa	24	methylphenidate hcl er oral tablet extended release 24 hour.	16	morgidox oral.	10
matzim la	15	methylphenidate hcl oral	16	MORPHABOND ER.	8
MAVENCLAD	17	methylprednisolone oral	26	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml.	8
MAVYRET	13	metoclopramide hcl oral solution 5 mg/5ml	12	morphine sulfate er oral capsule extended release 24 hour.	8
MAXITROL	28	metoclopramide hcl oral tablet	12	morphine sulfate er oral tablet extended release.	8
MAXZIDE	15	metoclopramide hcl oral tablet dispersible	12	morphine sulfate oral	8
MAXZIDE-25	15	metoprolol succinate er	15	morphine sulfate rectal.	8
MAYZENT	17	metoprolol tartrate oral.	15	MOTEGRITY	22
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	26	METROCREAM	18	MOVIPREP	22
MEDROL ORAL TABLET 2 MG	26	METROLOTION	18	MOXEZA	28
MEDROL ORAL TABLET 32 MG	26	metronidazole external	18	moxifloxacin hcl ophthalmic.	28
MEDROL ORAL TABLET THERAPY PACK	26	metronidazole oral.	10	MS CONTIN	8
medroxyprogesterone acetate intramuscular suspension	24	metronidazole vaginal	10	MULPLETA	21
medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	mibelas 24 fe	25	MULTAQ	15
medroxyprogesterone acetate oral	24	microgestin 1/20	25	multi-vitamin/fluoride	21
melodetta 24 fe	25	microgestin 1.5/30	25	multivitamin/fluoride oral solution	21
meloxicam oral	9	microgestin fe 1/20	25	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg.	21
MENOSTAR	25	microgestin fe 1.5/30	25	multivitamins/fluoride	21
mercaptopurine oral	13	mili	25	mupirocin calcium.	10
mesalamine er	28	MILLIPRED	26	mupirocin external.	10
mesalamine oral	28	MINIPRESS	15	mvc-fluoride	21
mesalamine rectal.	28	minitran.	15	mycophenolate mofetil	27
metadate er	16	MINIVELLE	24	mycophenolate sodium	27
metaxalone	30	minocycline hcl er oral tablet extended release 24 hour.	10	MYDAYIS	16
metformin hcl er	20, 21	minocycline hcl oral	10	myorisan.	18
metformin hcl er (mod)	20	MINOLIRA	10	N	
metformin hcl er (osm)	21	MIRAPEX	13	nabumetone oral	9
				nadolol oral	15
				NAFRINSE DAILY/NEUTRAL	17



NAFRINSE WEEKLY	17	NIASPAN	15	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	27
NALOCET	8	nifedipine er	15	NOVOEIGHT	21
naloxone hcl injection solution	9	nifedipine er osmotic release	15	NOVOFINE AUTOCOVER PEN NEEDLE	19
naloxone hcl injection solution cartridge	9	nifedipine oral	15	NOVOFINE PEN NEEDLE	19
naloxone hcl injection solution prefilled syringe	9	nikki	25	NOVOFINE PLUS PEN NEEDLE	19
naltrexone hcl oral	9	nitisinone	22	NOVOLIN 70/30	20
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	NITRO-BID	15	NOVOLIN N	20
NAPROSYN ORAL SUSPENSION	9	NITRO-DUR	15	NOVOLIN R	20
naproxen dr	9	nitro-time	16	NOVOLOG	20
naproxen oral	9	nitrofurantoin macrocrystal oral	10	np thyroid	27
naproxen sodium er	9	nitrofurantoin monohydrate macrocrystals	10	NUBEQA	13
naproxen sodium oral tablet 275 mg, 550 mg	9	nitroglycerin sublingual	15	NUCALA	30
naratriptan hcl	12	nitroglycerin transdermal	15	NUCYNTA	8
NARCAN	9	nitroglycerin translingual	15	NUCYNTA ER	8
NASCOBAL	21	NITROMIST	15	NUDEXTA	17
NATAZIA	25	NITROSTAT	16	NULEV	22
NATESTO	26	NITYR	22	NUTROPIN AQ NUSPIN 10	26
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	26	NIZORAL	12	NUTROPIN AQ NUSPIN 20	26
NATURE-THROID TABLET 97.5 MG ORAL	27	NOCDURNA	26	NUTROPIN AQ NUSPIN 5	26
NAYZILAM SPRAY 5 MG	11	nora-be	25	NUVARING	25
necon 0.5/35 (28)	25	NORCO	8	NUVESSA	10
neomycin-polymyxin-dexameth ophthalmic ointment	28	NORDITROPIN FLEXPRO	26	NUWIQ	21
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	norethin ace-eth estrad-fe oral tablet	25	nyamyc	12
neomycin-polymyxin-hc otic	29	norethin ace-eth estrad-fe oral tablet chewable	25	nystatin external	12
NESINA	21	norethindrone acet-ethinyl est	25	nystatin mouth/throat	12
neuac external gel	18	norethindrone acetate oral	25	nystop	12
NEULASTA	21	norethindrone oral	25		
NEURONTIN	11	norgestimate-eth estradiol	25	O	
neutral sodium fluoride	17	norgestimate-ethinyl estradiol triphasic	25	ocella	25
NEVANAC	28	NORITATE	18	OCUFLOX	28
NEXLETOL TABLET	15	norlyda	25	ODEFSEY	13
NEXLIZET TABLET	15	norlyroc	25	ofloxacin ophthalmic	28
niacin (antihyperlipidemic)	15	nortrel 0.5/35 (28)	25	ofloxacin otic	29
niacin er (antihyperlipidemic)	15	nortrel 1/35 (21)	25	ogestrel	25
niacor	15	nortrel 1/35 (28)	25	okebo	10
		nortriptyline hcl oral	11	olanzapine oral	13
		NORVIR ORAL PACKET	13	olmesartan medoxomil oral	16
		NORVIR ORAL SOLUTION	13	olmesartan medoxomil-hctz	16
		NOURIANZ ORAL TABLET	13	olopatadine hcl ophthalmic solution 0.1%	28
		novarel intramuscular solution reconstituted 10000 unit	27	olopatadine hcl ophthalmic solution 0.2 %	28



OLUMIANT.....	27	OXAYDO.....	8	phenadoz.....	12
OMECLAMOX-PAK.....	22	oxcarbazepine.....	11	phenazo oral tablet 200 mg.....	23
omega-3-acid ethyl esters.....	16	OXTELLAR XR.....	11	phenazopyridine hcl oral tablet 100 mg, 200 mg.....	23
omeprazole oral capsule delayed release.....	22	oxybutynin chloride er.....	23	phillith.....	25
OMNARIS.....	29	oxybutynin chloride oral.....	23	PICATO.....	18
OMNITROPE.....	26	OXYCODONE HCL ER.....	8	pimtrea.....	25
ondansetron hcl oral.....	12	oxycodone hcl oral capsule.....	8	pioglitazone hcl.....	21
ondansetron odt.....	12	oxycodone hcl oral concentrate 100 mg/5ml.....	8	pirmella 1/35.....	25
ONETOUCH ULTRA 2 KIT W/DEVICE.....	19	oxycodone hcl oral solution.....	8	PLEGRIDY.....	17
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP.....	19	oxycodone hcl oral tablet.....	8	PLENVU.....	22
ONETOUCH ULTRA MINI KIT W/DEVICE.....	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8	POLY-VI-FLOR.....	21
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE.....	20	OXYCONTIN.....	8	polymyxin b-trimethoprim.....	28
ONETOUCH VERIO IQ SYSTEM.....	20	OZEMPIC.....	21	POLYTRIM.....	28
ONETOUCH VERIO KIT W/DEVICE.....	20	OZOBAX.....	31	portia-28.....	25
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE.....	20			potassium chloride crys er.....	21
ONETOUCH VERIO TEST STRIPS.....	20			potassium chloride er.....	21
ONGLYZA.....	21			potassium chloride oral.....	21
ONZETRA XSAIL.....	12			potassium citrate er.....	21
OPSUMIT.....	30			PRADAXA.....	10
ORAPRED ODT.....	26			PRALUENT.....	16
ORENITRAM.....	30			pramipexole dihydrochloride.....	13
ORFADIN ORAL CAPSULE 20 MG.....	22			pramipexole dihydrochloride er.....	13
ORFADIN ORAL SUSPENSION.....	22			PRAVACHOL.....	16
ORLISSA.....	26			pravastatin sodium.....	16
orsythia.....	25			prazosin hcl oral.....	16
ORTHO MICRONOR.....	25			PRED FORTE.....	28
oscimin.....	22			PRED MILD.....	28
oscimin sr.....	22			prednisolone acetate ophthalmic.....	28
oseltamivir phosphate oral capsule.....	13			prednisolone oral solution.....	26
oseltamivir phosphate oral suspension reconstituted.....	13			prednisolone sodium phosphate oral.....	26
OSENI.....	21			prednisone intensol.....	26
OSPHENA.....	21			prednisone oral.....	26
OTEZLA.....	27			pregabalin oral.....	17
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.....	27			pregnyl.....	27
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML.....	27			PREMARIN ORAL.....	25
				PREMARIN VAGINAL.....	25
				premium lidocaine.....	8
				PREMPHASE.....	25
				PREMPRO.....	25
				PREPOPIK.....	22
				PREVIDENT 5000 BOOSTER PLUS.....	17
				PREVIDENT 5000 DRY MOUTH.....	17

P

PACERONE ORAL TABLET 100 MG, 400 MG.....	16
pacerone oral tablet 200 mg.....	16
PAMELOR.....	11
PANCREAZE.....	23
pantoprazole sodium tablet delayed release 20 mg oral.....	22
pantoprazole sodium tablet delayed release 40 mg oral.....	22
paroex.....	17
paroxetine hcl.....	11
paroxetine hcl er.....	11
PAXIL CR.....	11
PAXIL ORAL SUSPENSION.....	11
PAXIL ORAL TABLET.....	11
PEDIAPRED.....	26
peg-3350/electrolytes.....	22
penicillamine oral capsule.....	23
penicillin v potassium.....	10
PENNSAID.....	9
PENTASA.....	28
PERFOROMIST.....	30
PERIDEX.....	17
periogard.....	17
permethrin external.....	13
PERTZYE.....	23



PREVIDENT 5000 ORTHO DEFENSE	17
PREVIDENT 5000 PLUS	17
PREVIDENT DENTAL	17
PREVIDENT MOUTH/THROAT	17
previfem	25
PREZCOBIX	13
PREZISTA	13
PRIMLEV ORAL TABLET 10-300 MG	8
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	8
PRINIVIL	16
PROAIR HFA	29, 30
PROAIR RESPICLICK	30
PROCARDIA	16
PROCARDIA XL	16
PROCENTRA	16
prochlorperazine maleate oral	12
PROCORT	28
PROCTOFOAM HC	28
progesterone micronized oral	25
PROGRAF ORAL PACKET	27
promethazine hcl oral solution	29
promethazine hcl oral syrup	29
promethazine hcl oral tablet	12
promethazine hcl rectal	12
promethazine-codeine	29
promethazine-dm	29
promethegan	12
propranolol hcl er	16
propranolol hcl oral	16
PROSCAR	23
PROTONIX ORAL PACKET	22
PROVENTIL HFA	29, 30
PROVERA	23, 25
pseudoephedrine-bromphen-dm	29
PULMICORT FLEXHALER	30
PULMOZYME	30
PURIXAN	13
PYLERA	22
PYRIDIUM	23

Q

QBRELIS	16
QMIIZ ODT	9
QUDEXY XR	11
quetiapine fumarate	13
quetiapine fumarate er	13
QUFLORA PEDIATRIC	21
QUILLICHEW ER	16
QUILLIVANT XR	16
quinapril hcl	16
QVAR REDIHALER	30

R

RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	22
rabeprazole sodium oral tablet delayed release	22
ramipril	16
ranolazine er	16
RAPAMUNE ORAL SOLUTION	27
RASUVO	27
RAYOS	26
REBIF	17
REBIF REBIDOSE	17
REBIF REBIDOSE TITRATION PACK	17
REBIF TITRATION PACK	17
reclipsen	25
RECOMBINATE	21
REGLAN	12
RELAFEN DS	9
relexxii	16
REMERON	11
REMERON SOLTAB	11
REPATHA	16
RESTASIS	29
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	29
RESTORIL	31
RETACRIT	21
REVLIMID	13
REYVOW TABLET	12
RHOFADE CREAM 1%	18
RHOPRESSA	29

RILUTEK	17
riluzole	17
RINVOQ	27
RIOMET	21
risperidone	13
RITALIN	17
ritonavir	14
rivelsa	25
rizatriptan benzoate	12
ROBAXIN-750	31
ROCALTROL	28
ROCKLATAN	29
ropinirole hcl	13
ropinirole hcl er	13
rosadan external cream	18
rosadan external gel	18
rosuvastatin calcium	16
roweepra	11
roweepra xr	11
ROXICODONE ORAL TABLET 15 MG, 30 MG	8
ROXICODONE ORAL TABLET 5 MG	8
RUCONEST	27
RYBELSUS	21
RYTARY	13

S

SAPHRIS	13
scopolamine	12
SEASONIQUE	25
SEREVENT DISKUS	30
SERNIVO	18
sertraline hcl oral	11
setlakin	25
sf	17
sf 5000 plus	17
SFROWASA	28
sharobel	25
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
simliya	25
simpesse	25
SIMPONI	27



simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	16	sulfamez wash	18	TAZORAC EXTERNAL CREAM 0.1 %	18	
simvastatin oral tablet 80 mg	16	sulfasalazine oral tablet	28	TAZORAC EXTERNAL GEL	18	
SINEMET	13	sulfatrim pediatric	10	TECFIDERA	17	
SINGULAIR ORAL PACKET	30	sumatriptan succinate oral	12	TEGRETOL	11	
sirolimus oral	27	sumatriptan succinate refill	12	TEGRETOL-XR	11	
SITAVIG	14	sumatriptan succinate subcutaneous	12	TEGSEDI	23	
SKYRIZI (150 MG DOSE)	27	SUNOSI	31	TEKTURNA	16	
sodium fluoride 5000 plus	17	SUPREP BOWEL PREP KIT	22	TEKTURNA HCT	16	
sodium fluoride dental	17	syeda	25	telmisartan	16	
SOFOS/VELPAT ORAL TABLET 400-100	14	SYMAX DUOTAB	22	temazepam	31	
SOFOSBUVIR-VELPATASVIR	14	symax-sl	22	TEMIXYS	14	
SOFTCLIX	19, 20	symax-sr	22	TEMOVATE	19	
SOLIQUA	21	SYMBICORT	30	tenofovir disoproxil fumarate	13, 14	
SOLTAMOX	13	SYMFI	14	terazosin hcl	23	
SOMA ORAL TABLET 350 MG	31	SYMFI LO	14	terbinafine hcl oral	12	
SOOLANTRA CREAM 1%	18	SYMJEPI	29	terconazole	12	
sotalol hcl oral	16	SYMPROIC	22	TERIPARATIDE	28	
SOTYLIZE	16	SYNALAR	18	TESSALON PERLES	29	
SPIRIVA HANDIHALER	30	SYNJARDY	21	TESTIM	26	
SPIRIVA RESPIMAT	30	SYNJARDY XR	21	TESTOSTERONE CYPIONATE INJECTION	26	
spironolactone oral	16	SYNTHROID	27	testosterone cypionate intramuscular	26	
sprintec 28	25	SYPRINE	23	testosterone enanthate intramuscular	26	
SPRITAM	11			testosterone transdermal	26	
SPRIX	9	T			TEXACORT	19
sronyx	25	TACLONEX EXTERNAL SUSPENSION	18	thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	27	
sss 10-5	18	tacrolimus oral	27	TIGLUTIK	17	
STELARA	27	tadalafil oral	21	timolol maleate ophthalmic	29	
STENDRA	21	TAKHZYRO	27	TIMOPTIC	29	
STIMATE	26	tamoxifen citrate oral tablet 10 mg	13	TIMOPTIC OCUDOSE	29	
STRENSIQ	23	tamoxifen citrate oral tablet 20 mg	13	TIMOPTIC-XE	29	
STRIANT	26	tamsulosin hcl	23	TIROSINT	27	
STRIBILD	14	TAPAZOLE	27	TIROSINT-SOL	27	
STRIVERDI RESPIMAT	30	TAPERDEX	26	TIVICAY	14	
SUBSYS	8	TARGRETIN EXTERNAL	13	tizanidine hcl oral	31	
subvenite	11	TARGRETIN ORAL	13	TOBI PODHALER	30	
subvenite starter kit-blue	11	tarina 24 fe	25	TOBRADEX OPHTHALMIC OINTMENT	28	
subvenite starter kit-green	11	tarina fe 1/20	25	TOBRADEX OPHTHALMIC SUSPENSION	28	
subvenite starter kit-orange	11	tarina fe 1/20 eq	25	TOBRADEX ST	28	
sucralfate oral	22	TASIGNA	13			
sulfacetamide sodium-sulfur	18	TAYTULLA	25			
sulfacleanse 8/4	18	tazarotene external	18			
sulfamethoxazole-trimethoprim oral	10					



tobramycin nebulization solution			
300 mg/5ml inhalation	30		
tobramycin ophthalmic	28		
tobramycin-dexamethasone	28		
TOBREX OPHTHALMIC OINTMENT	28		
TOBREX OPHTHALMIC SOLUTION	28		
TOLAK	19		
TOPAMAX	11		
TOPAMAX SPRINKLE	11		
topiramate er	11		
topiramate oral	11		
TOPROL XL	16		
torse mide	16		
TOUJEO MAX SOLOSTAR	20		
TOUJEO SOLOSTAR	20		
TOVIAZ	23		
TRACLEER	30		
TRADJENTA	21		
tramadol hcl er (biphasic)	8		
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	8		
tramadol hcl er oral capsule extended release 24 hour 150 mg	8		
tramadol hcl er oral tablet extended release 24 hour	8		
tramadol hcl oral tablet 50 mg	8		
TRANSDERM SCOP (1.5 MG)	12		
TRAVATAN Z	29		
travoprost (bak free)	29		
trazodone hcl oral	11		
TRELEGY ELLIPTA	30		
TREMFYA	27		
TRESIBA	20		
TRESIBA FLEXTOUCH	20		
tretinoin external	19		
TREXALL	27		
TREZIX	8		
tri femynor	25		
tri-estarylla	25		
tri-linyah	25		
tri-lo-estarylla	25		
tri-lo-mili	25		
tri-lo-sprintec	25		
tri-mili	25		
tri-previfem	25		
tri-sprintec	25		
tri-vylibra	25		
tri-vylibra lo	25		
triamcinolone acetonide external aerosol solution	19		
triamcinolone acetonide external cream	19		
triamcinolone acetonide external lotion	19		
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	19		
triamcinolone acetonide external ointment 0.05 %	19		
triamterene-hctz	16		
trianex	19		
triazolam	14		
triderm	19		
TRIDESILON	19		
trientine hcl	23		
TRIJARDY XR	21		
TRILEPTAL	11		
TRINTELLIX	11		
TRIUMEQ	14		
TROKENDI XR	11		
TRULICITY	21		
TRUVADA	14		
tulana	25		
TUSSICAPS	29		
tydemy	25		
TYLENOL WITH CODEINE #3	8		
TYMLOS	28		
TYVASO	30		
U			
UBRELVY TABLET	12		
UCERIS ORAL	28		
UCERIS RECTAL	28		
ULTRAM	8		
unithroid	27		
UROCIT-K 10	21		
UROCIT-K 15	21		
UROCIT-K 5	22		
UROXATRAL	23		
URSO 250	22		
URSO FORTE	22		
ursodiol oral	22		
V			
valacyclovir hcl oral	14		
valsartan	16		
valsartan-hydrochlorothiazide	16		
VALTOCO	11		
VANATOL LQ	8		
VANATOL S	9		
vandazole	10		
VARUBI (180 MG DOSE)	12		
VASCEPA	16		
VELPHORO	23		
VELTASSA	22		
VEMLIDY	14		
venlafaxine hcl	11, 12		
venlafaxine hcl er oral capsule extended release 24 hour	11		
venlafaxine hcl er oral tablet extended release 24 hour	12		
VENTOLIN HFA	30		
verapamil hcl er	16		
verapamil hcl oral	16		
VERDESO	19		
VERELAN	16		
VERELAN PM	16		
VERZENIO	13		
VIBERZI	22		
VIBRAMYCIN ORAL CAPSULE	10		
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	10		
vicodin hp oral tablet 10-300 mg	9		
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 PACK)	21		
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 PACK)	21		
vienva	25		
VIIBRYD	12		
VIMPAT ORAL	11		
VIOKACE	23		

viorele	25	xulane	25	ZTLIDO	9	
VIREAD ORAL POWDER	14	XYOSTED	26	ZUBSOLV	9	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	14	XYREM	31	zumandimine	26	
VISTARIL	14			ZUPLENZ	12	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	22	Y			ZYCLARA	19
VIVELLE-DOT	24, 25	YASMIN 28	25	ZYCLARA PUMP	19	
VIVLODEX	9	YAZ	26	ZYLOPRIM	12	
VOSEVI	14	YUPELRI	30			
vyfemla	25	yuvafem	26			
VYLEESI	21			Z		
vylibra	25	ZANAFLEX ORAL CAPSULE	31			
VYVANSE	17	zarah	26			
VYZULTA	29	ZARXIO	21			
W						
WAKIX	31	ZEBUTAL	9			
warfarin sodium oral	10	ZEJULA	13			
WELCHOL	16	ZELNORM	22			
wera	25	ZEMBRACE SYMTOUCH	12			
WESTHROID	27	zenatane	19			
wixela inhub	30	ZENPEP	23			
WP THYROID	27	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	17			
X						
XARELTO	10	ZEPATIER	14			
XCOPRI PAK	11	ZETONNA	29			
XCOPRI TABLET	11	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	16			
XELJANZ	27	ZIAC ORAL TABLET 5-6.25 MG	16			
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27	ZIEXTENZO	21			
XELODA	13	ziprasidone hcl	13			
XELPROS	29	ZIPSOR	9			
XEPI	10	ZITHROMAX ORAL	10			
XHANCE	29	ZITHROMAX TRI-PAK	10			
XIFAXAN	22	ZITHROMAX Z-PAK	10			
XIIDRA	29	ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	16			
XIMINO	10	ZOFRAN	12			
XOFLUZA	14	ZOHYDRO ER	9			
XOLEGEL	12	zolpidem tartrate	31			
XOPENEX HFA	30	zolpidem tartrate er	31			
XTAMPZA ER	9	ZOMACTON	26			
		ZONEGRAN	11			
		zonisamide oral	11			
		ZONTIVITY	13			
		ZOVIRAX ORAL SUSPENSION	14			



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

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 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, 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 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 معرف العضوية.

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क 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)**សម្រាប់ជំនួយភាសាដោយឥតគិតថ្លៃ 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 jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nítł'ízí bee nééhozinígíí bine'déę> t'áá jíík'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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