Your 2023 Prescription Drug List

Access 3-Tier

Effective January 1, 2023

United Healthcare

This Prescription Drug List (PDL) is accurate as of January 1, 2023 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 member ID card.

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.

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)[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 medications[2]). 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 member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

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

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	$ **Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
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. May be subject to Prior Authorization for fully insured benefit plans governed by state law 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.
- **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 phone number on your member ID card

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	3	QL
DILAUDID ORAL	E	
DUROLANE	E	
endocet	1	
ESGIC	3	QL
EUFLEXXA	E	
fentanyl	1	PA, QL
FIORICET	3	QL
GELSYN-3	E	
GEN7T EXTERNAL PATCH	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	PA, QL
hydrocodone-acetaminophen oral solution 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
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	3	
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	E	PA, ST, QL
NALOCET	E	QL
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 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	
premium lidocaine	1	QL
PROLATE	E	
QDOLO	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E	

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

Drug Name	Drug Tier	Requirements & Limits
SUBSYS	E	PA, QL
SUPARTZ FX	E	
SYNOJOYNT	E	
tramadol hcl er (biphasic)	1	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	(generic for Conzip), QL
tramadol hcl er oral tablet extended release 24 hour	1	(generic for Ultram ER), QL
TRAMADOL HCL ORAL SOLUTION	E	QL
tramadol hcl oral tablet	1	
TREZIX	1	
TRILURON	E	
ULTRAM	E	
VTOL LQ	2	
XTAMPZA ER	3	PA, QL
ZEBUTAL	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium oral capsule	1	
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
ENOVARX-DICLOFENAC SODIUM	E	
etodolac	1	

Drug Name	Drug Tier	Requirements & Limits
etodolac er	1	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
meloxicam oral capsule	E	QL
MELOXICAM ORAL SUSPENSION	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN	E	
naproxen oral suspension	E	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST
TIVORBEX	3	
ZIPSOR	3	

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Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	PA, QL
varenicline tartrate	1	PA, H
ZIMHI	2	
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
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	

Drug Name	Drug Tier	Requirements & Limits
DIFICID	3	QL
DORYX MPC	3	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
DORYX ORAL TABLET DELAYED RELEASE 80 MG	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 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral	1	
FLAGYL	3	
levofloxacin oral	1	
LYMEPAK	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
minocycline hcl er oral tablet extended release 24 hour	E	
minocycline hcl oral	1	
MINOLIRA	E	
mondoxyne nl	1	
mupirocin calcium	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	

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Drug Name	Drug Tier	Requirements & Limits
TARGADOX	E	
vandazole	3	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
jantoven	1	
LOVENOX	E	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
epitol	1	
EPRONTIA	E	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	ST
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	PA
LAMICTAL	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	
lamotrigine er	1	ST
lamotrigine oral kit	1	ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	PA
NEURONTIN	3	
oxcarbazepine	1	
OXTELLAR XR	E	
QUDEXY XR	E	
roweepra	1	
SPRITAM	3	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	

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Drug Name	Drug Tier	Requirements & Limits
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er	E	ST
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	E	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
ARICEPT	E	
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
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	QL

Drug Name	Drug Tier	Requirements & Limits
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	
EFFEXOR XR	E	
escitalopram oxalate oral	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
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	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	E	QL
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	2	
DICLEGIS	E	
doxylamine-pyridoxine	1	
GIMOTI	E	QL
metoclopramide hcl oral	1	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
ketodan external foam	1	
LOPROX EXTERNAL SHAMPOO	E	
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	
MITIGARE	2	
ULORIC	E	QL
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
EMGALITY (300 MG DOSE)	2	PA, QL
IMITREX ORAL	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
naratriptan hcl	1	
ONZETRA XSAIL	3	
RELPAX	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous	1	
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	3	

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Drug Name	Drug Tier	Requirements & Limits
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	3	PA, QL, SP
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, SP
SOLTAMOX	3	
STIVARGA	2	PA, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN	1	SP
TASIGNA	2	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	1	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DHIVY	E	
DUOPA	3	
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
MIRAPEX ER	E	
NOURIANZ	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	
PLAVIX	E	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL

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Drug Name	Drug Tier	Requirements & Limits
aripiprazole oral tablet dispersible	1	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	2	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
REXULTI	3	PA, ST, QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	1	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR ORAL CAPSULE	3	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	1	QL
efavirenz-lamivudine-tenofovir	1	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL PACKET	2	PA, QL, SP
EPCLUSA ORAL TABLET	2	PA, QL, SP
GENVOYA	3	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS	2	

Drug Name	Drug Tier	Requirements & Limits
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRIUMEQ PD	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	E	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	3	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
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	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	

Drug Name	Drug Tier	Requirements & Limits
ALTACE	E	
ALTOPREV	3	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
ASPRUZYO SPRINKLE	E	
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	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	1	
COREG	E	
CORGARD	3	
CORLANOR	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
COZAAR	E	
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral	1	
ENTRESTO	3	PA, QL
EPANED	3	
EXFORGE	E	
EZALLOR SPRINKLE	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
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	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXICLON XR	E	
NEXLETOL	2	QL
NEXLIZET	2	QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	1	
niacor	E	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	

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Drug Name	Drug Tier	Requirements & Limits
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITROLINGUAL	E	
NITROMIST	3	
NITROSTAT	3	
NITRO-TIME	3	
NORLIQVA	E	
NORVASC	E	
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	3	
PRALUENT	E	PA, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, 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	
SOAANZ	3	QL
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	3	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	3	QL

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Drug Name	Drug Tier	Requirements & Limits
atomoxetine hcl	1	QL
CONCERTA	1	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
JORNAY PM	3	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm)	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	2	QL
PROCENTRA	3	
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
relexxii	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	2	QL
ZENZEDI	E	

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF REBIDOSE	E	PA, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
EXSERVAN	E	PA, SP
LYRICA	3	QL
LYRICA CR	E	QL
NUEDEXTA	2	PA, QL
pregabalin	1	QL
pregabalin er	1	QL
RILUTEK	E	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP

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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	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
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 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
accutane	1	
ACZONE	E	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
ALTRENO	3	PA
amnesteem	1	
AMZEEQ	3	
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	E	
calcitriol external	1	
CAPEX	2	
CARAC	E	
CIBINQO	2	PA, QL, SP
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	1	
clobetasol propionate external	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan external shampoo	1	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	

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Drug Name	Drug Tier	Requirements & Limits
desonide external	1	
DESOWEN	3	
desrx	1	
DIPROLENE	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
EVOCLIN	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROPLEX EXTERNAL CREAM 1 %	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	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 cream 3.75 %	E	
imiquimod external cream 5 %	1	
imiquimod pump	E	
IMPEKLO	E	
IMPOYZ	3	
isotretinoin capsule 10 mg oral	E	
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	E	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	E	
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	E	
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	E	
KENALOG EXTERNAL	E	
KLISYRI	3	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	3	PA
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
OLUX	E	
pimecrolimus	1	ST, QL
PLEXION	3	
PLEXION CLEANSER	3	
PLEXION CLEANSING CLOTH	3	
RETIN-A	E	PA
RHOFADE	3	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	
SERNIVO	3	
SOOLANTRA	1	
sss 10-5	1	
sulfacetamide sodium-sulfur external cream	1	
sulfacetamide sodium-sulfur external liquid	1	
sulfacetamide sodium-sulfur external lotion	1	

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Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	3	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SYNALAR	3	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	ST, QL
tazarotene external cream	1	PA
TAZORAC EXTERNAL CREAM	3	PA
TAZORAC EXTERNAL GEL 0.05 %	2	PA
TAZORAC EXTERNAL GEL 0.1 %	3	PA
TEXACORT	2	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
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	
triamcinolone in absorbase	E	
TRIANEX	E	
triderm	1	
TRIDESILON	1	
tritocin	E	
VANOS	E	
VECTICAL	E	

Drug Name	Drug Tier	Requirements & Limits
VERDESO	3	
WYNZORA	E	
zenatane	1	
ZILXI	3	PA, ST
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	

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Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G4 MOBILE RECEIVER	3	PA, QL
DEXCOM G4 SENSOR	3	PA, QL
DEXCOM G4 TRANSMITTER	3	PA, QL
DEXCOM G5 MOBILE RECEIVER	3	PA, QL
DEXCOM G5 SENSOR	3	PA, QL
DEXCOM G5 TRANSMITTER	3	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
EASY TOUCH TEST	E	QL
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE	E	
EASYMAX V BLOOD GLUCOSE	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE T1 GLUCOSE SYSTEM	E	
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
GENTLE-LET PLATFORMS	3	
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA
IN TOUCH	3	
INSULIN PEN NEEDLES	2	
LANCETS	3	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 G5 INTRO KIT (Gen 5)	2	QL
OMNIPOD 5 G6 PODS (Gen 5)	2	QL
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	E	
ONETOUCH SURESOFT LANCING DEV	1	

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Drug Name	Drug Tier	Requirements & Limits
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	
PENLET II BLOOD SAMPLER	1	
PENLET II REPLACEMENT CAP	3	
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PSS SELECT PLATFORMS	3	
QUINTET AC BLOOD GLUCOSE	E	
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE SYSTEM	E	
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
SURESTEP PRO LINEARITY	1	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK BLOOD GLUCOSE DEVICE	E	
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
AFREZZA	3	
BASAGLAR KWIKPEN	E	
HUMALOG INJECTION	1	
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	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	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN ASPART PENFILL	E	ST
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	

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Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO	E	
INSULIN LISPRO (1 UNIT DIAL)	E	
INSULIN LISPRO JUNIOR KWIKPEN	E	
INSULIN LISPRO PROT & LISPRO	E	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LEVEMIR U-100 FLEXTOUCH	E	PA
LEVEMIR U-100 VIAL	E	PA
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
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 FLEXPEN RELION	E	ST
NOVOLOG PENFILL	E	ST
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	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	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL

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Drug Name	Drug Tier	Requirements & Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	PA, ST, QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	2	PA, ST
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, ST, QL, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION	2	QL, SP
TAVALISSE	3	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	

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Drug Name	Drug Tier	Requirements & Limits
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	QL
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL

Drug Name	Drug Tier	Requirements & Limits
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	3	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
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		
ANASPAZ	2	
CLENPIQ	2	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	H

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Drug Name	Drug Tier	Requirements & Limits
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
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	
NA SULFATE-K SULFATE-MG SULF	2	
NULEV	3	
OSCIMIN	3	
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
RELTONE	E	
SUPREP BOWEL PREP KIT	2	
SYMPROIC	2	PA, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
ZELNORM	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Requirements & Limits
ENDARI	3	QL
nitisinone	E	PA, SP
NITYR	E	PA
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	E	SP
penicillamine oral tablet	1	SP
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	1	PA, SP
VIOKACE	3	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	E	
DITROPAN XL	E	
fesoterodine fumarate er	E	
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	
THIOLA	3	SP
THIOLA EC	3	SP
TOVIAZ	E	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

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Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
ANNOVERA	3	QL
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
BEYAZ	E	
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	E	QL
CLIMARA PRO	2	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H

Drug Name	Drug Tier	Requirements & Limits
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL	2	
dotti	1	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim	1	
femynor	1	H
gemmily	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
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 oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	3	QL
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	
MENOSTAR	3	QL
merzee	1	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H

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Drug Name	Drug Tier	Requirements & Limits
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	E	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	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	E	
nylia 1/35	1	H
nymyo	1	H
ocella	1	H
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	

Drug Name	Drug Tier	Requirements & Limits
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	1	
SAFYRAL	E	
SEASONIQUE	E	
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
taysofy	1	
TAYTULLA	3	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tyblume	1	H
tydemy	1	
VAGIFEM	E	
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H

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

Drug Name	Drug Tier	Requirements & Limits
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	E	
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY	E	
HEMADY	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	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol	1	
prednisone oral	1	

Drug Name	Drug Tier	Requirements & Limits
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
Hormonal Agents - Other		
cabergoline	1	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	3	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	2	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
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL PUMP	E	QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	QL

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Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	
testosterone transdermal	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
BERINERT	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
CELLCEPT	E	
CIMZIA	E	PA
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARSUS XR	E	
FIRAZYR	E	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UVEIT STARTER	2	PA, QL, SP
icatibant acetate	1	PA, QL, SP
IMURAN	E	
MAYZENT	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	

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Drug Name	Drug Tier	Requirements & Limits
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, ST, QL, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, QL, SP
OLUMIANT ORAL TABLET 4 MG	E	PA, ST, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
sajazir	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	E	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	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	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er oral capsule	E	

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Drug Name	Drug Tier	Requirements & Limits
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	3	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	PA, QL, SP
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	3	QL
BONIVA ORAL TABLET 150 MG	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
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	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	
ILEVRO	3	

Drug Name	Drug Tier	Requirements & Limits
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	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	E	
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	3	
VIGAMOX	E	
ZYLET	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	E	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	
travoprost (bak free)	1	
VYZULTA	3	ST
XALATAN	E	
XELPROS	3	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA
CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	PA
FLAREX	2	
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	E	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polst er susp	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	
XHANCE	E	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL, RS
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/ MASK	2	
AIRDUO DIGIHALER	E	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA)
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL, RS
COMBIVENT RESPIMAT	2	QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	2	
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL

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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
formoterol fumarate inhalation	1	QL
INCRUSE ELLIPTA	E	QL
INSPIRACHAMBER/LARGE	2	
INSPIRACHAMBER/MEDIUM	2	
INSPIRACHAMBER/MOUTHPIECE	2	
INSPIRACHAMBER/SMALL	2	
INSPIREASE	2	
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	E	QL
XOPENEX HFA	3	
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	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
REMODULIN	E	
TRACLEER	2	PA, QL, SP
treprostinil	E	
TYVASO DPI MAINTENANCE KIT	E	PA, SP
TYVASO DPI TITRATION KIT	E	PA, SP
TYVASO INHALATION POWDER	E	PA, SP
TYVASO INHALATION SOLUTION	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
BACLOFEN ORAL SOLUTION	3	
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
FLEQSUVY	3	
LYVISPAH	E	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	QL
DAYVIGO	3	QL
EDLUAR	3	QL
eszopiclone	1	QL
LUNESTA	E	QL
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate	1	QL
zolpidem tartrate er	1	QL
ZOLPIMIST	3	QL

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

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Multi-language interpreter services

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

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

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

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

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

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yáníłti'go, saad beę́ áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę́› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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