

# Your 2020 Prescription Drug List

## Traditional 3-Tier



Effective May 1, 2020

This Prescription Drug List (PDL) is accurate as of May 1, 2020 and is subject to change after this date. Some changes may be effective July 1, 2020, and are noted next to those medications. This PDL applies to members of our UnitedHealthcare, River Valley, Oxford, and Student Resources medical plans with a pharmacy benefit subject to the Traditional 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, determined by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

### When does the PDL change?

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

### About this PDL

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

## Understanding your Prescription Drug List (continued)

### **Why are some medications excluded from coverage?**

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> 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<sup>2</sup>). 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 determine 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 equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

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

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

### **What if my doctor writes a brand-name prescription?**

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equivalent 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 determine 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
<b>Tier 1</b>	\$ <b>Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Reading your PDL (continued)

### Drug list information.

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines 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)<sup>3</sup>**

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.<sup>4</sup>

**QL** **Quantity Limits**

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

**RS** **Refill and Save Program<sup>5</sup>**

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.<sup>6</sup>

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

4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

5. Not applicable to Oxford and Student Resources plans.

6. Not applicable to certain Student Resources plans.



## Reading your PDL (continued)

### Coverage details.

Some drug classes in this PDL have additional/important coverage details. Review this list to determine 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 determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer's medical benefit plan.

#### **Endocrine: Growth Hormone**

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

#### **Infertility**

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



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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	QL
ARYMO ER	E	PA, QL, ST
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
DILAUDID ORAL	3	
DVORAH	E	QL
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL, ST
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, QL, ST
KADIAN	E	PA, QL, ST
lidocaine external ointment	1	QL
lidocaine external patch	1	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	

Drug Name	Drug Tier	Requirements & Limits
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA, QL, ST
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, QL, ST
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	
NORCO	3	
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	
OXYCODONE HCL ER	E	PA, QL, ST
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	1	
OXYCONTIN	E	PA, QL, ST
PERCOCET	E	
premium lidocaine	1	QL
PRIMLEV	E	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
ROXICODONE ORAL TABLET 5 MG	3	
tramadol hcl er (biphasic)	E	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 ir	1	

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

Drug Name	Drug Tier	Requirements & Limits
trezix	1	QL
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRAM	3	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp	E	
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOXYDOL ER	3	PA, ST, QL

#### Analgesics - Drugs for Pain and Inflammation

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

Drug Name	Drug Tier	Requirements & Limits
NAPROSYN ORAL SUSPENSION	3	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
SPRIX	3	
VOLTAREN 1 % GEL	1	

#### Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
EVZIO	E	PA, QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	1	QL

#### Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	

Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1	
CENTANY	3	QL
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	PA
DIFICID	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	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 oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg	1	

Drug Name	Drug Tier	Requirements & Limits
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	1	
mupirocin calcium	1	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
okebo	E	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX ORAL TABLET 600 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
enoxaparin sodium	1	QL
jantoven	1	
PRADAXA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
warfarin sodium oral	1	
XARELTO	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	1	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA, ST
levetiracetam er	1	
levetiracetam oral	1	
NEURONTIN	3	PA, ST
oxcarbazepine	1	
roweepra	1	
roweepra xr	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST

Drug Name	Drug Tier	Requirements & Limits
topiramate oral	1	
TRILEPTAL	3	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet dispersible	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
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	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	

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

Drug Name	Drug Tier	Requirements & Limits
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	
venlafaxine hcl er oral tablet extended release 24 hour	E	
VIIBRYD	3	QL

#### Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	3	

Drug Name	Drug Tier	Requirements & Limits
VARUBI	2	QL
ZOFRAN	3	

#### Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	1	QL
ketoconazole external shampoo	1	
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

#### Antigout Agents - Drugs for Gout

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

Drug Name	Drug Tier	Requirements & Limits
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST, QL
AMERGE	3	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
bexarotene	E	QL, SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
XELODA	1	QL, SP
ZEJULA	2	PA, QL, SP
ZYTIGA	1	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	QL
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	3	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	
SINEMET CR	3	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
LATUDA	3	QL

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Drug Name	Drug Tier	Requirements & Limits
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
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	3	ST, QL
DOVATO	2	QL
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
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	
PREZISTA	2	
ritonavir	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TEMIXYS	E	
tenofovir disoproxil fumarate	1	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA	3	QL
valacyclovir hcl oral	1	QL
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	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	
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
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	3	
ALDACTONE	3	
aliskiren fumarate oral tablet	1	QL
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
CALAN SR	3	
CARDURA	3	
CAROSPIR	3	PA

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	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 54 mg	1	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	

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Drug Name	Drug Tier	Requirements & Limits
HYZAAR	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	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 tablet 100 mg, 25 mg, 50 mg	1	
MINIPRESS	3	
minitran	1	
MULTAQ	3	PA
nadolol oral	1	
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
NIASPAN	3	
nifedipine er	1	
nifedipine er osmotic release	1	

Drug Name	Drug Tier	Requirements & Limits
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROMIST	3	QL
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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	2	PA, ST, QL
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	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	PA
quinapril hcl	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits
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	PA
spironolactone oral	1	
TEKTURNA HCT	3	QL
TEKTURNA ORAL TABLET	3	QL
telmisartan	1	
TOPROL XL	3	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE	3	PA
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
WELCHOL	1	
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG, 2.5-6.25 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	

#### Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL XR	1	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	PA, QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	1	QL
CONCERTA	1	PA, QL
dexmethylphenidate hcl	1	PA

Drug Name	Drug Tier	Requirements & Limits
dexmethylphenidate hcl er	1	PA, QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA, QL
guanfacine hcl er	1	QL
JORNAY PM	E	PA, QL
metadate er	1	PA, QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	1	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	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	E	PA, QL
PROCENTRA	3	PA, QL
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA
RITALIN	3	PA
VYVANSE	2	PA, QL

#### Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
EXTAVIA	E	PA, QL, ST, SP
GILENYA ORAL CAPSULE	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP

#### Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA CR	E	ST, QL
NUDEXTA	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	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	
perio gard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	

Drug Name	Drug Tier	Requirements & Limits
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	PA
ACZONE EXTERNAL GEL 5 %	1	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA
amnesteem	1	
avar cleanser	1	
avita	E	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop	1	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	1	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clindacin-p	1		DUPIXENT	3	PA, ST, QL, SP
CLINDAGEL	E	QL	EFUDEX	3	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	ELOCON	3	
clindamycin phosphate external foam	1		ENSTILAR	3	QL
clindamycin phosphate external lotion	1		EUCRISA	3	ST, QL
clindamycin phosphate external solution	1	QL	EVOCLIN	3	
clindamycin phosphate external swab	1		FINACEA	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	QL	fluocinolone acetonide body	1	QL
clindamycin phosphate gel 1 % external	1	QL	fluocinolone acetonide external	1	QL
clobetasol propionate external cream	1	QL	fluocinolone acetonide scalp	1	
clobetasol propionate external foam	E		fluocinonide external cream 0.05 %	1	
clobetasol propionate external gel	1	QL	fluocinonide external cream 0.1 %	E	
clobetasol propionate external liquid	1	QL	fluocinonide external gel	1	
clobetasol propionate external lotion	E		fluocinonide external ointment	1	
clobetasol propionate external ointment	1	QL	fluocinonide external solution	1	
clobetasol propionate external shampoo	E	QL	FLUOROPLEX	3	
clobetasol propionate external solution	1	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
clodan external shampoo	E	QL	fluorouracil external cream 5 %	1	
clotrimazole-betamethasone external cream	1	QL	fluorouracil external solution	1	
clotrimazole-betamethasone external lotion	1		hydrocortisone external cream 1 %	E	
dapsone external gel 5 %	E	QL	hydrocortisone external cream 2.5 %	1	
DERMA-SMOOTH/FS BODY	3	QL	hydrocortisone external lotion 2.5 %	1	
DERMA-SMOOTH/FS SCALP	3		hydrocortisone external ointment 1 %, 2.5 %	1	
DESONATE	3	ST, QL	imiquimod external	1	QL
desonide external	1	QL	isotretinoin oral	1	
DESOWEN	3	QL	LOTRISONE	3	QL
DIPROLENE	3		METROCREAM	3	
DIPROLENE AF	3		METROLOTION	3	
			metronidazole external cream	1	
			metronidazole external gel 0.75 %	1	
			metronidazole external gel 1 %	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1		triamcinolone acetonide external cream 0.5 %	1	QL
MIRVASO	3	QL	triamcinolone acetonide external lotion	1	
mometasone furoate external	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
myorisan	1		triamcinolone acetonide external ointment 0.05 %	E	
neuac external gel	1	QL	trianex	E	
PICATO	3	QL	triderm external cream 0.1 %	1	
rosadan external cream	1		triderm external cream 0.5 %	1	QL
rosadan external gel	1		tridesilon	1	QL
sss 10-5	1		zenatane	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		<b>Diabetes - Glucose Monitoring</b>		
sulfacetamide sodium-sulfur external emulsion	1		ACCU-CHEK AVIVA DEVICE	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1		ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
sulfacetamide sodium-sulfur external lotion 10-5 %	1		ACCU-CHEK AVIVA PLUS	E	
sulfacetamide sodium-sulfur external pad	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
sulfacetamide sodium-sulfur external suspension 10-5 %	1		ACCU-CHEK COMPACT PLUS CARE KIT	E	
sulfamez wash	1		ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
SUMAXIN	3		ACCU-CHEK GUIDE	E	
SUMAXIN WASH	3		ACCU-CHEK GUIDE TEST STRIPS	E	QL
TACLONEX EXTERNAL OINTMENT	E		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
TACLONEX EXTERNAL SUSPENSION	3		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
tazarotene external	E	PA, QL	BD AUTOSHIELD DUO PEN NEEDLES	2	
TAZORAC EXTERNAL CREAM 0.05 %	3	PA, QL	BD ULTRA-FINE INSULIN SYRINGES	2	
TAZORAC EXTERNAL CREAM 0.1 %	1	PA, QL	BD ULTRA-FINE PEN NEEDLES	2	
TAZORAC EXTERNAL GEL	3	PA, QL	CONTOUR NEXT MONITOR	2	
TEMOVATE	3	QL	CONTOUR NEXT TEST STRIPS	2	QL
TEXACORT	2		CONTOUR TEST STRIPS	E	QL
tretinoin external cream	1	PA, QL	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
tretinoin external gel	E	PA			
triamcinolone acetonide external aerosol solution	1	QL			
triamcinolone acetonide external cream 0.025 %, 0.1 %	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL	BASAGLAR KWIKPEN (starting 7/1/2020)	E	QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL	BASAGLAR KWIKPEN (until 7/1/2020)	1	QL
FASTCLIX	1		HUMALOG KWIKPEN	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	HUMALOG MIX 50/50 VIAL	1	QL
FREESTYLE LIBRE READER	3	PA, QL	HUMALOG MIX 75/25 KWIKPEN	2	QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL	HUMALOG MIX 75/25 VIAL	1	QL
FREESTYLE PRECISION NEO TEST	E	QL	HUMALOG SUBCUTANEOUS SOLUTION	1	QL
GUARDIAN CONNECT TRANSMITTER	E		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
INSULIN SYRINGES	2		HUMALOG U-100 JUNIOR KWIKPEN	2	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2		HUMULIN 70/30 KWIKPEN	2	QL
NOVOFINE PEN NEEDLE	2		HUMULIN 70/30 VIAL	1	QL
NOVOFINE PLUS PEN NEEDLE	2		HUMULIN N KWIKPEN	2	QL
ONETOUCH ULTRA 2	1		HUMULIN N VIAL	1	QL
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL	HUMULIN R U-500 KWIKPEN	2	QL
ONETOUCH ULTRA MINI	1		HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
ONE TOUCH VERIO KIT W/DEVICE	1		HUMULIN R VIAL	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		INSULIN ASPART	E	ST, QL
ONETOUCH VERIO TEST STRIPS	1	QL	INSULIN ASPART FLEXPEN	E	ST, QL
ONETOUCH VERIO IQ SYSTEM	1		INSULIN ASPART PENFILL	E	ST
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1		INSULIN LISPRO	E	QL
SOFTCLIX	1		INSULIN LISPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL
SOFT TOUCH	1		LANTUS SOLOSTAR (starting 7/1/2020)	1	QL
<b>Diabetes - Insulin</b>			LANTUS SOLOSTAR (until 7/1/2020)	E	QL
ADMELOG	E	QL	LANTUS U-100 VIAL (starting 7/1/2020)	1	QL
ADMELOG SOLOSTAR	E	QL	LANTUS U-100 VIAL (until 7/1/2020)	E	QL
AFREZZA	E	PA	LEVEMIR U-100 FLEXTOUCH (starting 7/1/2020)	E	QL
			LEVEMIR U-100 FLEXTOUCH (until 7/1/2020)	3	QL

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Drug Name	Drug Tier	Requirements & Limits
LEVEMIR U-100 VIAL (starting 7/1/2020)	E	QL
LEVEMIR U-100 VIAL (until 7/1/2020)	3	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR (starting 7/1/2020)	2	QL
TOUJEO MAX SOLOSTAR (until 7/1/2020)	E	QL
TOUJEO SOLOSTAR (starting 7/1/2020)	2	QL
TOUJEO SOLOSTAR (until 7/1/2020)	E	QL
TRESIBA (starting 7/1/2020)	E	QL
TRESIBA (until 7/1/2020)	2	QL
TRESIBA FLEXTOUCH (starting 7/1/2020)	E	QL
TRESIBA FLEXTOUCH (until 7/1/2020)	2	QL
<b>Diabetes - Non-Insulin Agents</b>		
ADLYXIN	3	ST, QL
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
AMARYL	3	

Drug Name	Drug Tier	Requirements & Limits
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	2	ST, QL
BYDUREON BCISE AUTOINJECTOR	2	ST, QL
BYETTA 10 MCG PEN	2	ST, QL
BYETTA 5 MCG PEN	2	ST, QL
FARXIGA	E	QL, ST
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY INJECTION KIT	2	QL
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	PA
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE ORAL TABLET 5-500 MG	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE PFS	2	QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST, QL
JANUVIA (starting 7/1/2020)	E	PA, ST, QL
JANUVIA (until 7/1/2020)	3	PA, ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL

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Drug Name	Drug Tier	Requirements & Limits
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	ST, QL
pioglitazone hcl	1	QL
RIOMET	3	
RYBELSUS	2	ST, QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	2	ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak), ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak), ST, QL
Drugs for Blood Disorders		
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	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP

Drug Name	Drug Tier	Requirements & Limits
RECOMBINATE	3	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
IMVEXXY MAINTENANCE PACK	3	QL
INTRAROSA	3	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	1	QL
tadalafil oral tablet 2.5 mg, 5 mg	1	ST, QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
clovique	E	PA, SP
cyanocobalamin	1	
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	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
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	
SYPRINE	1	PA, SP
trientine hcl	E	PA, SP
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL CAP	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg, 40 mg oral	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
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	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	

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Drug Name	Drug Tier	Requirements & Limits
SYMPROIC	2	PA, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA, QL
ZELNORM	3	PA, QL

#### Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
ENDARI	3	PA, QL
NITYR	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
VIOKACE	3	ST
ZENPEP	2	

#### Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
D-PENAMINE	2	SP
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral	1	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
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	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
blisovi fe 1.5/30	1	H	errin	1	H
blisovi fe 1/20	1	H	estarylla	1	H
briellyn	1	H	ESTRACE ORAL	3	
camila	1	H	ESTRACE VAGINAL	1	
camrese	1	H	estradiol oral	1	
camrese lo	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Minivelle)	1	QL
chateal	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
chateal eq	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Minivelle)	1	QL
CLIMARA PRO	3	QL	estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cryselle-28	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Minivelle)	1	QL
cyclafem 1/35	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
cyred	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Minivelle)	1	QL
cyred eq	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
dasetta 1/35	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Minivelle)	1	QL
daysee	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
deblitane	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	1	QL
delyla	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	1	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
DEPO-SUBQ PROVERA 104	2	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	1	QL
desogestrel-ethinyl estradiol	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3		estradiol transdermal patch weekly (generic Climara)	1	QL
dotti	E		estradiol vaginal cream	E	
drosipren-eth estrad-levomefol	E		estradiol vaginal tablet	1	
drosiprenone-ethinyl estradiol	1	H	ESTRING	2	QL
DUAVEE	3	QL	ESTROGEL	3	QL
ELESTRIN	3		etonogestrel-ethinyl estradiol	E	
elinest	1	H	EVAMIST	2	
eluryng	E		falmina	1	H
emoquette	1	H	fayosim	E	
enskyce	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
femynor	1	H	loryna	1	H
gianvi	1	H	LOSEASONIQUE	3	
hailey 1.5/30	1	H	low-ogestrel	1	H
hailey 24 fe	1	H	lo-zumandimine	1	H
heather	1	H	lutera	1	H
incassia	1	H	lyza	1	H
introvale	1	H	marlissa	1	H
isibloom	1	H	medroxyprogesterone acetate intramuscular suspension	1	QL, H
jasmiel	1	H	medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
jencycla	1	H	medroxyprogesterone acetate oral	1	
jolessa	1	H	melodetta 24 fe	E	
juleber	1	H	MENOSTAR	3	QL
junel 1.5/30	1	H	mibelas 24 fe	E	
junel 1/20	1	H	microgestin 1.5/30	1	H
junel fe 1.5/30	1	H	microgestin 1/20	1	H
junel fe 1/20	1	H	microgestin fe 1.5/30	1	H
junel fe 24	1	H	microgestin fe 1/20	1	H
kalliga	1	H	mili	1	H
kariva	1	H	MINASTRIN 24 FE	E	
kurvelo	1	H	MIRCETTE	3	
larin 1.5/30	1	H	mono-linyah	1	H
larin 1/20	1	H	NATAZIA	2	
larin 24 fe	1	H	necon 0.5/35 (28)	1	H
larin fe 1.5/30	1	H	nikki	1	H
larin fe 1/20	1	H	nora-be	1	H
larissia	1	H	norethin ace-eth estrad-fe oral tablet	1	H
lessina	1	H	norethin ace-eth estrad-fe oral tablet chewable	E	
levonorgest-eth est & eth est	E		norethindrone acetate oral	1	
levonorgest-eth estrad 91-day	1	H	norethindrone acet-ethinyl est	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norethindrone oral	1	H
levora 0.15/30 (28)	1	H	norgestimate-eth estradiol	1	H
lillow	1	H			
LO LOESTRIN FE	3				

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Drug Name	Drug Tier	Requirements & Limits
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
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	1	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	3	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H

Drug Name	Drug Tier	Requirements & Limits
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
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-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana	1	H
tydemy	E	
vienva	1	H
vioarele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zarah	1	H
zumandimine	1	H

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DECADRON	E	
dexamethasone intensol	1	
dexamethasone oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
DDAVP INJECTION	3	
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
NOCTIVA	E	PA, QL
NORDITROPIN FLEXPRO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ORLISSA	3	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	3	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	

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Drug Name	Drug Tier	Requirements & Limits
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
thyroid oral tablet 120 mg, 15 mg	1	
TIROSINT	E	
TIROSINT-SOL	3	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML	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	3	PA, ST, QL, SP
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARBUS XR	E	
FIRAZYR	1	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
methotrexate oral	1	

Drug Name	Drug Tier	Requirements & Limits
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
OLUMIANT ORAL TABLET	2	PA, QL, SP
ORENCIA	3	PA, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	ST, QL
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RASUVO	3	ST, QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
<b>Infertility Agents</b>		
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
GONAL-F	3	SP, ST
GONAL-F RFF	3	SP, ST

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP

#### Inflammatory Bowel Disease Agents

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	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine	1	
LIALDA	1	
mesalamine er	E	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

#### Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BONIVA ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
ROCALTROL	3	
TYMLOS	3	PA, SP

#### Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	1	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

Drug Name	Drug Tier	Requirements & Limits
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	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
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	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	

Drug Name	Drug Tier	Requirements & Limits
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	E	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	3	QL
travoprost (bak free)	1	QL
VYZULTA	E	QL, ST
XELPROS	3	QL

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	E	PA, QL
XIIDRA	3	PA, QL

#### Otic Agents - Drugs for Ear Conditions

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

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	QL
epinephrine injection solution 0.3 mg/0.3ml (generic Adrenaclick)	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml (generic Adrenaclick)	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml (generic EpiPen Jr., generic EpiPen)	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	QL
guaifenesin-codeine soln 100-10 mg/5ml	1	
hydrocodone polst-cpm polst er	1	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	E	QL
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	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 or Proventil HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (generic Ventolin HFA)	E	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX TWISTHALER	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	3	QL
FASENRA	3	PA, QL, SP
FASENRA PEN	3	PA, SP
FLOVENT DISKUS	3	QL

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

Drug Name	Drug Tier	Requirements & Limits
FLOVENT HFA	3	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	ST, QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	1	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
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
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	E	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	3	

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

Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	1	QL
INTERMEZZO	E	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 er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL



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Salt Lake City, UT 84130

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

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## Multi-language interpreter services

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

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

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

**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.

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

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**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.

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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.

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

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ(Khmer)** សូមទាក់ទងភាសាសំខាន់ៗសម្រាប់ការជំនួយ។ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតគិតថ្លៃ ដល់មាន់នៃលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

**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.

**DÍI BAA'ÁKONÍNÍZIN: Diné (Navajo)** bizaad bee yániilt'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'í. T'áá shq'odí ninaaltsoos nit'izí bee nééhozínígíí bine'déę t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

**OGOW:** Haddii aad ku hadasho **Soomali (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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