

# Your 2020 Prescription Drug List

## Traditional 3-Tier



Effective Jan. 1, 2020

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2020 and is subject to change after this date. The next anticipated update will be July 1, 2020. 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.



# 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 twice 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 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<sup>®</sup> Pharmacy and Therapeutics Committee, which includes both internal and external physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group<sup>®</sup> physicians 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 or a financial assistance program.

### **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.

#### **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.

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



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Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral solution	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
apap-caff-dihydrocodeine	1	QL
ARYMO ER	E	PA; ST; QL
BELBUCA	3	PA; QL
butalbital-apap-caffeine	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA; ST; QL
DURAGESIC-12	E	PA; ST; QL
DURAGESIC-25	E	PA; ST; QL
DURAGESIC-50	E	PA; ST; QL
DURAGESIC-75	E	PA; ST; QL
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; ST; QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	

Drug Name	Drug Tier	Requirements & Limits
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; ST; QL
KADIAN	E	PA; ST; QL
lidocaine external ointment	1	QL
lidocaine external patch	1	PA; QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA; QL
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	3	
MORPHABOND ER	E	PA; ST; QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA; ST; QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA; ST; QL
NALOCET	E	QL
NORCO	3	
NUCYNTA	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
NUCYNTA ER	3	PA; QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA; ST; QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	
OXYCONTIN	E	PA; ST; QL
PERCOCET	E	
phrenilin forte	1	QL
premium lidocaine	1	QL
PRIMLEV	E	
ROXICODONE	3	
ROXYBOND	E	QL
SUBSYS	E	PA; QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	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	
trezix	1	QL
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRAM	3	
VANATOL LQ	2	PA; QL

Drug Name	Drug Tier	Requirements & Limits
VANATOL S	2	PA; QL
vicodin	E	
vicodin es	E	
vicodin hp	E	
XTAMPZA ER	2	PA; QL
zebutal	1	QL
ZOHYDRO ER	3	PA; ST; QL
ZTLIDO	E	PA; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral	1	
MOBIC	3	
nabumetone oral	1	

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Drug Name	Drug Tier	Requirements & Limits
NAPRELAN	E	
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	
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	3	
TIVORBEX	E	
VIVLODEX	E	QL
VOLTAREN	1	
ZIPSOR	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
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
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	

Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	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	QL
CENTANY AT	E	
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
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	

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
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
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	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA

Drug Name	Drug Tier	Requirements & Limits
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg, 50 mg	1	
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	
NUZYRA ORAL	3	
okebo	E	
penicillin v potassium	1	
SOLODYN	E	PA
soloxide oral tablet delayed release 150 mg	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

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

Drug Name	Drug Tier	Requirements & Limits
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	3	QL
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	1	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	
<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	3	PA; ST
LAMICTAL STARTER	3	PA; ST
LAMICTAL XR	3	PA; ST
lamotrigine er	1	PA; ST

Drug Name	Drug Tier	Requirements & Limits
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA; ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NEURONTIN	3	PA; ST
oxcarbazepine	1	
OXTELLAR XR	E	PA; ST
QUDEXY XR	E	PA; ST
roweepra	1	
roweepra xr	1	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA; ST
TOPAMAX SPRINKLE	3	PA; ST
topiramate er	E	PA; ST
topiramate oral	1	
TRILEPTAL	3	PA; ST
TROKENDI XR	E	PA; ST
VIMPAT ORAL	3	PA
ZONEGRAN	3	PA; ST
zonisamide oral	1	

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

Drug Name	Drug Tier	Requirements & Limits
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
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL	3	
PAXIL CR	3	QL
PRISTIQ	E	QL
PROZAC	E	
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	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	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
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	QL
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	
promethazine-dm	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	

Drug Name	Drug Tier	Requirements & Limits
CICLODAN SOLUTION	E	
ciclopirox	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	1	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	
febuxostat	1	ST; QL
MITIGARE	2	
ULORIC	E	ST; QL
ZYLOPRIM	3	

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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
EMGALITY (300 MG DOSE)	E	PA; ST; QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	E	PA; QL; SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
BOSULIF	2	PA; ST; QL; SP
capecitabine	E	QL; SP
ERLEADA	2	PA; QL; SP
FEMARA	E	

Drug Name	Drug Tier	Requirements & Limits
GLEEVEC	E	PA; QL; SP
IBRANCE	2	PA; QL; SP
IDHIFA	2	PA; QL; SP
imatinib mesylate	1	PA; QL; SP
letrozole oral	1	
mercaptopurine oral	1	
PURIXAN	3	PA; SP
REVLIMID	2	PA; QL; SP
SOLTAMOX	E	
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
YONSA	E	PA; ST; QL; SP
ZYTIGA ORAL TABLET 250 MG	1	PA; QL; SP
ZYTIGA ORAL TABLET 500 MG	2	PA; QL; SP
<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	
PLAQUENIL	E	

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Drug Name	Drug Tier	Requirements & Limits
<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	
selegiline hcl oral	1	
SINEMET	3	
SINEMET CR	3	
ZELAPAR	3	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
ABILIFY MYCITE	E	PA; QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral	1	QL
quetiapine fumarate	1	

Drug Name	Drug Tier	Requirements & Limits
quetiapine fumarate er	1	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST; QL; SP
BARACLUDGE ORAL SOLUTION	2	SP
BARACLUDGE ORAL TABLET	E	SP
CIMDUO	2	QL; SP
DESCOVY	3	QL; SP
DOVATO	2	QL; SP
entecavir	1	SP
EPCLUSA	2	PA; QL; SP
GENVOYA	3	QL; SP
HARVONI	2	PA; QL; SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	QL; SP
LEDIPASVIR-SOFOSBUVIR	2	PA; QL; SP
MAVYRET	2	PA; QL; SP
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	3	QL; SP
oseltamivir phosphate oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	1	SP
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA; QL; SP
STRIBILD	3	QL; SP
SYMFI	2	QL; SP
SYMFI LO	2	QL; SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	SP
TRIUMEQ	2	QL; SP
TRUVADA	3	QL; SP
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST; SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA; QL; SP
ZEPATIER	2	PA; ST; QL; SP
ZOVIRAX ORAL	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	

Drug Name	Drug Tier	Requirements & Limits
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone 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	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
<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	1	QL
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	

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Drug Name	Drug Tier	Requirements & Limits
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	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
CALAN	3	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	PA
cartia xt	1	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	

Drug Name	Drug Tier	Requirements & Limits
CORGARD	3	
CORLANOR ORAL TABLET	3	PA; QL
COZAAR	3	
CRESTOR	E	QL
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EXFORGE	E	
EZALLOR SPRINKLE	E	
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	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	PA

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Drug Name	Drug Tier	Requirements & Limits
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	E	
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
LOVAZA	E	PA
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	

Drug Name	Drug Tier	Requirements & Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
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	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	3	QL
NITROSTAT	3	
nitro-time	1	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	PA

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Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	2	PA; ST; QL; SP
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	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; ST; QL; SP
REPATHA PUSHTRONEX SYSTEM	2	PA; ST; QL; SP
REPATHA SURECLICK	2	PA; ST; QL; SP
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	3	QL
TEKTURNA HCT	3	QL
telmisartan	1	
TENORETIC 100	E	

Drug Name	Drug Tier	Requirements & Limits
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	PA
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	3	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	PA
ADDERALL XR	1	QL
ADHANSIA XR	E	PA; QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA; QL
atomoxetine hcl	1	QL
CONCERTA	1	PA; QL
DEXEDRINE	E	PA
dexmethylphenidate hcl	1	PA

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Drug Name	Drug Tier	Requirements & Limits
dexmethylphenidate hcl er	1	PA; QL
dextroamphetamine sulfate	1	PA
dextroamphetamine sulfate er	1	PA
FOCALIN	3	PA
FOCALIN XR	E	PA; QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
JORNAY PM	E	PA
metadate er	1	PA; QL
METHYLIN	3	PA
methylphenidate hcl er (cd)	1	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA; QL
methylphenidate hcl oral	1	PA
MYDAYIS	E	PA; QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA; QL
QUILLIVANT XR	E	PA; QL
relexxii	E	PA; QL

Drug Name	Drug Tier	Requirements & Limits
RITALIN	3	PA
RITALIN LA	E	PA; QL
STRATTERA	E	QL
VYVANSE	2	PA; QL
ZENZEDI	E	PA
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	PA; QL; SP
AUBAGIO	3	PA; QL; SP
AVONEX PEN	2	PA; QL; SP
AVONEX PREFILLED	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	E	PA; QL; SP
PLEGRIDY	3	PA; QL; SP
PLEGRIDY STARTER PACK	3	PA; QL; SP
REBIF	3	PA; ST; QL; SP
REBIF REBIDOSE	3	PA; ST; QL; SP
REBIF REBIDOSE TITRATION PACK	3	PA; ST; QL; SP
REBIF TITRATION PACK	3	PA; ST; QL; SP
TECFIDERA	2	PA; QL; SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA; QL; SP
LYRICA	3	ST; QL
LYRICA CR	E	ST; QL
NUEDEXTA	2	PA
pregabalin oral	1	ST; QL

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Drug Name	Drug Tier	Requirements & Limits
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
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	
periogard	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
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; QL
amnestem	1	
ATRALIN	E	PA; QL
AVAR	E	
avar cleanser	1	
AVAR LS CLEANSER	E	
AVAR LS EXTERNAL PAD	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA; QL
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	

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Drug Name	Drug Tier	Requirements & Limits
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL

Drug Name	Drug Tier	Requirements & Limits
CLOBEX SPRAY	3	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external	E	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
DESONATE	3	ST; QL
desonide external	1	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUAC	E	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; ST; QL; SP
EFUDEX	3	
ELIDEL	3	ST; QL
ELOCON	3	
ENSTILAR	3	QL
EUCRISA	3	ST; QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	1	QL
fluocinolone acetonide external	1	QL
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	

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Drug Name	Drug Tier	Requirements & Limits
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	1	
KENALOG EXTERNAL	E	QL
LOTRISONE	3	QL
methoxsalen oral	1	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	

Drug Name	Drug Tier	Requirements & Limits
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	QL
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
OLUX	E	QL
OXSORALEN ULTRA	2	
PICATO	3	QL
pimecrolimus	1	ST; QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA; QL
RHOFADE	3	PA; QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	

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Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	
tazarotene external	E	PA; QL
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; QL
TAZORAC EXTERNAL CREAM 0.1 %	1	PA; QL
TAZORAC EXTERNAL GEL	3	PA; QL
TEMOVATE	3	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	1	PA; QL
tretinoin external gel 0.01 %, 0.05 %	E	PA; QL
tretinoin gel 0.025 % external	1	PA

Drug Name	Drug Tier	Requirements & Limits
tretinoin gel 0.025 % external	E	PA; QL
triamcinolone acetonide external aerosol solution	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tridesilon	1	QL
VANOS	E	QL
VECTICAL	3	QL
VERDESO	E	QL
zenatane	1	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	

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Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA; QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA; QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL
ENLITE GLUCOSE SENSOR	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL
FREESTYLE LIBRE READER	3	PA; QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	E	PA; QL
GUARDIAN LINK 3 TRANSMITTER	E	
GUARDIAN SENSOR (3)	3	PA
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONE TOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	3	QL
SOF-SENSOR	E	PA; QL
TRUE METRIX BLOOD GLUCOSE TEST	3	QL
TRUETRACK TEST	3	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA; QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	E	PA
BASAGLAR KWIKPEN	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO	E	QL
LANTUS SOLOSTAR	E	QL
LANTUS U-100 VIAL	E	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	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 RELION	E	ST; QL
NOVOLIN N VIAL	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

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Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	E	QL
TOUJEO SOLOSTAR	E	QL
TRESIBA	2	QL
TRESIBA FLEXTOUCH	2	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	3	QL
ADLYXIN STARTER PACK	3	QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	3	
BYDUREON	2	QL
BYDUREON BCISE AUTOINJECTOR	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL
FARXIGA	E	ST; QL
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY	2	QL
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	PA
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	

Drug Name	Drug Tier	Requirements & Limits
GLYXAMBI	2	ST; QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST; QL
JANUVIA	3	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	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	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak); QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak); QL
<b>Drugs for Blood Disorders</b>		
AFSTYLA	3	PA; SP

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Drug Name	Drug Tier	Requirements & Limits
ARANESP (ALBUMIN FREE)	2	QL; SP
ELOCTATE	3	PA; SP
HELIXATE FS	E	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
RECOMBINATE	3	PA; ST; SP
RETACRIT	2	QL; SP
ZARXIO	2	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA; QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST; QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	3	QL
LEVITRA	E	QL
OSPHENA	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STAXYN	E	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
varденаfil hcl oral tablet	1	QL

Drug Name	Drug Tier	Requirements & Limits
varденаfil hcl oral tablet dispersible	E	QL
VIAGRA	E	QL
<b>Electrolytes / Vitamins</b>		
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	
multivitamins/fluoride	1	
mvc-fluoride	1	
POLY-VI-FLOR	3	
potassium chloride cryster	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	

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Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 5	3	
VELTASSA	3	PA; QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	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	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	

Drug Name	Drug Tier	Requirements & Limits
gavilyte-c	1	H
gavilyte-g	1	QL; 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
MOVANTIK	E	PA; QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg 3350/electrolytes	1	H
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	
SYMPROIC	2	PA; QL
TRULANCE	3	PA; ST; QL

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Drug Name	Drug Tier	Requirements & Limits
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA; SP
CREON	2	
ENDARI	3	PA; QL
NITYR	2	PA; SP
ORFADIN	E	PA; SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA; QL; SP
VIOKACE	3	ST
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	2	SP
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	E	
GELNIQUE PUMP	E	
lanthanum carbonate	1	
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	

Drug Name	Drug Tier	Requirements & Limits
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
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

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Drug Name	Drug Tier	Requirements & Limits
balziva	1	H
bekyree	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	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	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	

Drug Name	Drug Tier	Requirements & Limits
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	3	
ESTRACE VAGINAL	1	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle); QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(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	E	(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	E	(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	E	(generic for Vivelle-Dot); QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle); QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Vivelle-Dot); QL
estradiol transdermal patch weekly	1	(generic for Climara); QL
estradiol vaginal cream	E	
estradiol vaginal tablet	1	
ESTRING	2	QL
ESTROGEL	3	QL
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	1	H
hailey 24 fe	1	H
heather	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
jolessa	1	H
juleber	1	H
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

Drug Name	Drug Tier	Requirements & Limits
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
mibelas 24 fe	E	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	

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Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
MIRCETTE	3	
mono-lynyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
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	2	H
ocella	1	H
ogestrel	1	H
orsythia	1	H
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 1/35 (28)	3	
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H

Drug Name	Drug Tier	Requirements & Limits
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone micronized oral	1	
PROMETRIUM	E	
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
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-lynyah	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

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Drug Name	Drug Tier	Requirements & Limits
tri-vylibra lo	1	H
tulana	1	H
tydemy	E	
VAGIFEM	E	
vienva	1	H
viorele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zarah	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DECADRON	E	
deltasone oral tablet 20 mg	1	
dexamethasone intensol	1	
dexamethasone oral	1	
DEXPAK 10 DAY	3	
DEXPAK 13 DAY	3	
DEXPAK 6 DAY	3	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	

Drug Name	Drug Tier	Requirements & Limits
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<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

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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	3	
FORTESTA	E	PA; QL
METHITEST	2	
methyltestosterone oral	1	
NATESTO	E	PA; QL
STRIANT	3	PA; QL
TESTIM	1	PA; QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	PA; QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	E	PA; QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	E	PA; QL
testosterone gel 50 mg/5gm (1%) transdermal	E	PA; QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%)	E	PA; QL
testosterone transdermal solution	E	PA; QL
VOGELXO	E	PA; QL
VOGELXO PUMP	E	PA; QL
XYOSTED	E	PA

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	E	
TIROSINT-SOL	3	
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	SP
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	SP
CIMZIA PREFILLED KIT	2	PA; QL; SP
CIMZIA STARTER KIT	2	PA; QL; SP
COSENTYX (300 MG DOSE)	3	PA; ST; QL; SP
COSENTYX 150 MG/ML	3	PA; ST; QL; SP

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Drug Name	Drug Tier	Requirements & Limits
COSENTYX SENSOREADY (300 MG)	3	PA; ST; QL; SP
COSENTYX SENSOREADY PEN	3	PA; ST; QL; SP
cyclosporine modified	1	SP
ENBREL	3	PA; ST; QL; SP
ENBREL MINI	3	PA; ST; QL; SP
ENBREL SURECLICK	3	PA; ST; QL; SP
ENVARUSUS XR	E	SP
FIRAZYR	1	PA; QL; SP
gengraf	1	SP
HAEGARDA	2	PA; QL; SP
HUMIRA	2	PA; QL; SP
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-PS/UV/ADOL HS START	2	PA; QL; SP
icatibant acetate	E	PA; QL; SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	1	SP
MYFORTIC	E	SP
NEORAL	E	SP
OLUMIANT	2	PA; QL; SP
ORENCIA CLICKJECT	3	PA; ST; QL; SP
ORENCIA SUBCUTANEOUS	3	PA; ST; QL; SP
OTEZLA	2	PA; QL; SP

Drug Name	Drug Tier	Requirements & Limits
OTREXUP	E	ST; QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	3	ST; QL
RINVOQ	2	PA; QL; SP
SILIQ	E	PA; ST; QL; SP
SIMPONI	2	PA; QL; SP
sirolimus oral	1	SP
SKYRIZI (150 MG DOSE)	2	PA; QL; SP
STELARA SUBCUTANEOUS	2	PA; QL; SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA; QL; SP
TALTZ	E	PA; ST; 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	ST
CRINONE VAGINAL GEL 8 %	3	PA; ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution 250 mcg/0.5ml subcutaneous	1	(Ferring); QL; SP

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution 250 mcg/0.5ml subcutaneous	1	(Merck/ Organon); QL; SP
HCG	E	
NOVAREL	3	SP
pregnyl	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	2	
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 rectal	1	
LIALDA	1	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	

Drug Name	Drug Tier	Requirements & Limits
BINOSTO	E	QL
BONIVA ORAL	3	
calcitriol oral	1	
FORTEO	3	PA; SP
FOSAMAX	3	
ibandronate sodium oral	1	
ROCALTROL	3	
TYMLOS	3	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM	3	QL
loteprednol etabonate	1	QL
MAXITROL	3	
MOXEZA	3	

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Drug Name	Drug Tier	Requirements & Limits
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
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	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBEX	3	
VIGAMOX	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL

Drug Name	Drug Tier	Requirements & Limits
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	
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	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	E	QL
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	2	QL
VYZULTA	E	ST; QL
XALATAN	E	
XELPROS	3	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	E	PA; QL
RESTASIS	3	PA; QL

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Drug Name	Drug Tier	Requirements & Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	E	PA; QL
XIIDRA	3	PA; QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	QL
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML	1	QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	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	

Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	QL
hydrocodone polst-cpm polst er	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	E	QL
promethazine-codeine	1	PA; QL
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	QL
XHANCE	E	QL
ZETONNA	3	QL
<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	3	(ProAir HFA or Proventil HFA); QL

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Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA); QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	1	QL
ASMANEX (14 METERED DOSES)	1	QL
ASMANEX (30 METERED DOSES)	1	QL
ASMANEX (60 METERED DOSES)	1	QL
ASMANEX (7 METERED DOSES)	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
FLOVENT DISKUS	3	QL
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

Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral	1	
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	ST; QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	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
XOPENEX HFA	3	QL
YUPELRI	3	PA; QL

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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>		
ADCIRCA	E	PA; QL; SP
ADEMPAS	2	PA; QL; SP
alyq	1	PA; QL; SP
ambrisentan	1	PA; QL; SP
bosentan	1	PA; QL; SP
LETAIRIS	E	PA; QL; SP
OPSUMIT	2	PA; QL; SP
ORENITRAM	3	PA; QL; SP
tadalafil (pah)	1	PA; QL; SP
TRACLEER 62.5 MG, 125 MG	2	PA; QL; SP
TRACLEER 32 MG	2	PA; SP
TYVASO	2	PA; SP
TYVASO REFILL	2	PA; SP
TYVASO STARTER	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	

Drug Name	Drug Tier	Requirements & Limits
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxall oral tablet 800 mg	1	
metaxalone	1	
methocarbamol oral	1	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	1	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	1	PA; QL
PROVIGIL	E	PA; QL
RESTORIL	3	
temazepam	1	
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST; QL

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CIMDUO.....	18	CORTEF.....	37	DESCOVY.....	18
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CIMZIA STARTER KIT.....	38	COSENTYX (300 MG		desogestrel-ethinyl	
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clarithromycin.....	12	SENSOREADY PEN.....	39	er.....	15
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clonazepam.....	19	dapsone.....	25	diclofenac sodium.....	11
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diltiazem hcl er.....	20	EDLUAR.....	44	etodolac er.....	11
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DIPENTUM.....	40	eletriptan hydrobromide.....	17	EVZIO.....	12
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DIPROLENE.....	25	ELIMITE.....	17	EXTAVIA.....	23
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divalproex sodium er.....	14	ELOCON.....	25	ezetimibe-simvastatin.....	20
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DOVATO.....	18	ENBREL SURECLICK.....	39	FENOGLIDE.....	20
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FORTAMET.....	30	GUARDIAN CONNECT TRANSMITTER.....	28	hydromorphone hcl.....	10
FORTEO.....	40	GUARDIAN LINK 3 TRANSMITTER.....	28	hydromorphone hcl er.....	10
FORTESTA.....	38	GUARDIAN SENSOR (3)...	28	hydroxychloroquine sulfate.....	17
FOSAMAX.....	40	GYNAZOLE-1.....	16	hydroxyzine hcl.....	19
FOSRENOL.....	33	HAEGARDA.....	39	hydroxyzine pamoate.....	19
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GLEEEVEC.....	17	HUMULIN 70/30 VIAL.....	29	INBRIJA.....	18
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isosorbide mononitrate.....	21	lamotrigine starter kit-blue..	14	lidocaine-prilocaine.....	10
isosorbide mononitrate er...	21	lamotrigine starter kit-		LIDODERM.....	10
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KAZANO.....	30	LEVBID.....	32	lorazepam intensol.....	19
KEFLEX.....	13	LEVEMIR U-100		lorcet.....	10
KENALOG.....	26	FLEXTOUCH.....	29	lorcet hd.....	10
KEPPRA.....	14	LEVEMIR U-100 VIAL.....	29	lorcet plus.....	10
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ketoconazole.....	16	levetiracetam er.....	14	loryna.....	35
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LOVAZA.....	21	metoprolol tartrate.....	21	multivitamins/fluoride.....	31
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MAXITROL.....	40	minitran.....	21	NAPROSYN.....	12
MAXZIDE.....	21	MINIVELLE.....	36	naproxen.....	12
MAXZIDE-25.....	21	MINOCIN.....	13	naproxen dr.....	12
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medroxyprogesterone		minocycline hcl er.....	13	naproxen sodium er.....	12
acetate.....	35	MINOLIRA.....	13	naratriptan hcl.....	17
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methotrexate sodium.....	39	(concentrate).....	10	niacor.....	21
methoxsalen.....	26	morphine sulfate er.....	10	NIASPAN.....	21
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methylphenidate hcl er.....	23	MOXEZA.....	40	release.....	21
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NIZORAL	16	NUVESSA	13	oscimin sr	32
NOCDURNA	37	NUWIQ	31	oseltamivir phosphate	18, 19
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## Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

## Multi-language interpreter services

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

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

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

XIN 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.

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

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyè 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.

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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.

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដល់មានលេខទូរស័ព្ទសេរីសម្រាប់អ្នក។

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 yáníit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nit'izíí bee nééhozinígíí bine'déę' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

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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