Your 2021 Prescription Drug List

Essential 4-Tier

Effective May 1, 2021

United Healthcare

This Prescription Drug List (PDL) is accurate as of May 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, All Savers, Golden Rule, Neighborhood Health Plan and River Valley medical plans with a pharmacy benefit subject to the Essential 4-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 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.

About this PDL

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification) 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). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

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.

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.

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	$ **Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	$$ **Mid-range cost** Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	$$$ **Highest-cost** Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Drug list information

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

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.
NF	**Non-Formulary** Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	**Prior Authorization**—Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	**Quantity Limits**—Specifies the largest quantity of medication covered per copayment or in a defined period of time.
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.

Reading your PDL (continued)

Coverage details

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

- **Diabetes: continuous glucose monitors, sensors**
  Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer pharmacy and/or medical plan depending on the benefit.
- **Endocrine: growth hormone**
  Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.
- **Infertility**
  Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. This is not a covered benefit for Neighborhood Health Plan.
- **Medications for sexual dysfunction**
  Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Questions

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	NF	QL
ARYMO ER	NF	PA, ST, QL
BELBUCA	NF	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	NF	QL
DILAUDID ORAL	4	
DUROLANE	NF	
DVORAH	NF	QL
endocet	1	
ESGIC	4	QL
EUFLEXXA	NF	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NF	PA, ST, QL
FIORICET	4	QL
GELSYN-3	NF	
HYALGAN	NF	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	NF	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	NF	PA, ST, QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	NF	PA, ST, QL
lidocaine external ointment	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	4	
MORPHABOND ER	NF	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	NF	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	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	NF	QL
OXYCODONE HCL ER	NF	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	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	NF	PA, ST, QL
premium lidocaine	2	QL
PRIMLEV	NF	
SODIUM HYALURONATE INTRA-ARTICULAR	NF	
SUBSYS	NF	PA, QL

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

Drug Name	Drug Tier	Requirements & Limits
SUPARTZ FX	NF	
tramadol hcl er (biphasic)	NF	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	NF	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 50 mg	1	QL
TRILURON	NF	
TYLENOL WITH CODEINE #3	4	
ULTRAM	4	QL
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp oral tablet 10-300 mg	NF	
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZOHYDRO ER	NF	PA, ST, QL
ZTLIDO	NF	PA, QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	NF	
diclofenac sodium transdermal solution	NF	
EC-NAPROSYN	3	
ec-naproxen	1	
ENOVARX-DICLOFENAC SODIUM	NF	
etodolac	1	
etodolac er	1	
ibu	1	
ibuprofen oral suspension	NF	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL	NF	
INDOCIN RECTAL	3	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	4	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	NF	
NAPROSYN ORAL SUSPENSION	4	PA
naproxen dr	1	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen sodium er	NF	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	NF	
QMIIZ ODT	NF	
RELAFEN DS	NF	
SPRIX	NF	QL
VIVLODEX	NF	QL
VOLTAREN	NF	
ZIPSOR	NF	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	NF	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	4	PA, H
CHANTIX CONTINUING MONTH PAK	4	PA, H
CHANTIX STARTING MONTH PAK	4	PA, H
EVZIO	NF	PA, QL
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	QL
ZUBSOLV	2	QL

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Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections		
AEMCOLO	NF	QL
amoxicillin	1	
amoxicillin-potassium clavulanate er	NF	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	NF	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	NF	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	NF	PA
DIFICID	4	QL
DORYX MPC	NF	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	4	
KEFLEX	4	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	
levofloxacin oral	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl er oral tablet extended release 24 hour	NF	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	NF	
MINOLIRA	NF	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	NF	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	NF	
NUZYRA	4	QL
okebo	NF	
penicillin v potassium	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XENLETA	4	

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Drug Name	Drug Tier	Requirements & Limits
XEPI	3	QL
XIFAXAN	NF	PA, QL
XIMINO	NF	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL KIT	4	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL STARTER	4	PA, ST
LAMICTAL XR ORAL KIT	NF	PA, ST
lamotrigine er	NF	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	NF	PA, ST
roweepra	1	
roweepra xr	2	
SPRITAM	NF	PA, ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	NF	PA, ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
TROKENDI XR	NF	PA, ST
VALTOCO	3	PA, QL
VIMPAT ORAL SOLUTION	3	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI	NF	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	

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Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	NF	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	NF	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	QL
FORFIVO XL	NF	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
PAMELOR	4	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
REMERON	4	
REMERON SOLTAB	4	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	NF	QL
VIIBRYD	4	QL
VIIBRYD STARTER PACK	4	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	NF	PA
doxylamine-pyridoxine	NF	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	NF	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP (1.5 MG)	4	
VARUBI (180 MG DOSE)	NF	QL
ZOFRAN	4	
ZUPLENZ	NF	QL

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Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	NF	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	ST, QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST, QL
ketoconazole external shampoo	1	
ketodan external foam	3	ST, QL
NIZORAL	4	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	NF	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	NF	
colchicine oral tablet	NF	
COLCRYS	NF	
febuxostat	NF	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE	4	QL
eletriptan hydrobromide	NF	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	NF	QL
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	NF	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	3	PA, QL, SP
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	
bexarotene	NF	SP
CALQUENCE	3	PA, QL, SP
capecitabine	2	QL, SP
ERLEADA	3	PA, QL, SP
IBRANCE ORAL CAPSULE	3	PA, QL, SP
IDHIFA	3	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	3	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	3	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK	3	PA, QL, SP
SOLTAMOX	NF	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	4	QL, SP
TARGRETIN ORAL	3	SP
TASIGNA	3	PA, ST, QL, SP
VERZENIO	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
VITRAKVI	3	PA, QL, SP
ZEJULA	3	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	4	PA, QL, SP
KYNMOBI	4	PA, QL, SP
MIRAPEX	4	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	NF	
ropinirole hcl	1	
ropinirole hcl er	NF	
RYTARY	NF	
SINEMET	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	4	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE	NF	PA, QL
aripiprazole oral solution	4	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	NF	QL
LATUDA	NF	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	NF	ST, QL
VRAYLAR	NF	ST, QL
ziprasidone hcl	2	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	NF	ST, QL
BARACLUDE ORAL SOLUTION	3	SP
CIMDUO	3	QL, SP
DESCOVY	NF	PA, ST, QL, SP
DOVATO	3	QL, SP
emtricitabine-tenofovir df	1	QL, H
entecavir	3	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL TABLET 45-200 MG	3	PA, ST, QL, SP
HARVONI ORAL TABLET 90-400 MG	2	PA, ST, QL, SP
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, ST, QL, SP
MAVYRET	3	PA, QL, SP
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	3	
PREZISTA	3	
ritonavir	3	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	3	QL

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Drug Name	Drug Tier	Requirements & Limits
SYMFI LO	3	QL
TEMIXYS	NF	QL
tenofovir disoproxil fumarate	3	
TIVICAY	4	
TRIUMEQ	3	QL
TRUVADA	NF	QL
valacyclovir hcl oral	1	QL
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	3	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
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	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	4	
ALDACTONE	4	
aliskiren fumarate	NF	
ALTACE	4	
ALTOPREV	NF	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
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	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	NF	
CALAN SR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	NF	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
CATAPRES	4	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	NF	
COREG	4	

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Drug Name	Drug Tier	Requirements & Limits
CORGARD	4	
CORLANOR	3	PA, QL
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
doxazosin mesylate oral	1	
DYAZIDE	4	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	4	PA
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	NF	
fenofibrate oral capsule 150 mg, 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	NF	
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	2	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	NF	QL
guanfacine hcl	1	
HEMANGEOL	NF	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	4	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	4	
labetalol hcl oral	1	
LASIX	4	
LIPOFEN	NF	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
lovastatin	1	H
matzim la	2	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF	
MINIPRESS	4	
minitran	1	
MULTAQ	NF	PA
nadolol oral	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	NF	
niacin er (antihyperlipidemic)	NF	
niacor	NF	
NIASPAN	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	NF	QL
NITROMIST	4	QL
NITROSTAT	4	
nitro-time	1	

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Drug Name	Drug Tier	Requirements & Limits
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	3	PA, ST, QL
PRAVACHOL	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	4	
PROCARDIA	4	
PROCARDIA XL	4	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	4	PA
quinapril hcl	1	
ramipril	1	
ranolazine er	2	
REPATHA	3	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	3	PA, ST, QL
REPATHA SURECLICK	3	PA, ST, QL
rosuvastatin calcium	2	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	4	PA
spironolactone oral	1	
TEKTURNA HCT	NF	
telmisartan	2	
TOPROL XL	4	
torsemide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	NF	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
WELCHOL	2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	2	QL
ADHANSIA XR	NF	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	NF	QL
APTENSIO XR	NF	PA, QL
atomoxetine hcl	4	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA, QL
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	4	PA
guanfacine hcl er	2	QL
JORNAY PM	NF	PA, QL
metadate er	NF	PA, QL
METHYLIN	4	PA
methylphenidate hcl er	NF	PA, QL
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA

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Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	NF	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	NF	PA, QL
QUILLIVANT XR	NF	PA, QL
relexxii	NF	PA, QL
RITALIN	4	PA
VYVANSE	NF	PA, QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NF	PA
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	4	PA, QL, SP
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM CAPSULE	3	PA, QL, SP
BETASERON	3	PA, QL, SP
dalfampridine er	3	PA, QL, SP
dimethyl fumarate	3	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
GILENYA	4	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD (10 TABS)	4	PA, ST, QL, SP
MAVENCLAD (4 TABS)	4	PA, ST, QL, SP
MAVENCLAD (5 TABS)	4	PA, ST, QL, SP
MAVENCLAD (6 TABS)	4	PA, ST, QL, SP
MAVENCLAD (7 TABS)	4	PA, ST, QL, SP
MAVENCLAD (8 TABS)	4	PA, ST, QL, SP
MAVENCLAD (9 TABS)	4	PA, ST, QL, SP
MAYZENT	4	PA, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY	4	PA, QL, SP
PLEGRIDY STARTER PACK	4	PA, QL, SP
REBIF	NF	PA, QL, SP
REBIF REBIDOSE	NF	PA, QL, SP
REBIF REBIDOSE TITRATION PACK	NF	PA, QL, SP
REBIF TITRATION PACK	NF	PA, QL, SP
TECFIDERA	NF	PA, QL, SP
ZEPOSIA	4	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA, QL, SP
LYRICA CR	NF	ST, QL
NUEDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	NF	QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	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 hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	

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Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	NF	PA
ACZONE	NF	QL
ALA SCALP	4	
ala-cort external cream 1 %	NF	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	NF	PA, QL
amnesteem	2	
AMZEEQ	NF	PA, QL
avar cleanser	1	
AVAR LS CLEANSER	NF	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	NF	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T EXTERNAL GEL	4	QL
CLEOCIN-T EXTERNAL LOTION	4	

Drug Name	Drug Tier	Requirements & Limits
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	NF	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	NF	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	NF	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	NF	QL
clobetasol propionate external solution	1	QL
clodan external shampoo	NF	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	NF	QL
DERMA-SMOOTHE/FS BODY	4	QL
DERMA-SMOOTHE/FS SCALP	4	
DESONATE	NF	ST, QL
desonide external	3	QL
DESOWEN	3	QL
DIPROLENE	4	

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Drug Name	Drug Tier	Requirements & Limits
DIPROLENE AF	4	
DUPIXENT	4	PA, ST, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
EVOCLIN	4	
FINACEA	4	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	NF	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
hydrocortisone external cream 1 %	NF	
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	NF	QL
IMPOYZ	NF	QL
isotretinoin oral	2	
METROCREAM	4	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	NF	
metronidazole external lotion	1	
MIRVASO	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	NF	
PICATO	NF	QL
PLEXION	NF	
PLEXION CLEANSER	NF	
PLEXION CLEANSING CLOTH	NF	
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	NF	QL
SOOLANTRA CREAM 1%	NF	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	NF	
sulfacleanse 8/4	NF	
sulfamez wash	1	
SUMADAN WASH	NF	
SUMAXIN	4	
SUMAXIN WASH	3	
TACLONEX EXTERNAL SUSPENSION	NF	QL
tazarotene external	NF	PA, QL
TAZORAC	NF	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
TEMOVATE	4	QL
TEXACORT	2	
TOLAK	NF	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.05 %	NF	QL
tretinoin gel 0.025 % external	NF	
tretinoin gel 0.025 % external	NF	QL
triamcinolone acetonide external aerosol solution	2	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 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	NF	
trianex	NF	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
VERDESO	NF	QL
zenatane	2	
ZYCLARA	NF	QL
ZYCLARA PUMP	NF	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	NF	
ACCU-CHEK AVIVA DEVICE	NF	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	NF	
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK COMPACT PLUS CARE KIT	NF	
ACCU-CHEK COMPACT PLUS TEST STRIPS	NF	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	NF	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT, NEXT EZ, NEXT ONE MONITOR	2	
CONTOUR NEXT LNK MONITOR	E	
CONTOUR NEXT TEST STRIP	2	QL
CONTOUR TEST STRIP	NF	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	NF	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	NF	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	PA
INSULIN SYRINGES	2	
LANCETS	1	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL

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Drug Name	Drug Tier	Requirements & Limits
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	NF	
PRECISION PCX PLUS TEST	NF	QL
PRECISION QID MONITOR	NF	
PRECISION QID TEST	NF	QL
PRECISION SOF-TACT MONITOR	NF	
PRECISION SOF-TACT TEST	NF	QL
PRECISION XTRA BLOOD GLUCOSE	NF	QL
PRECISION XTRA DEVICE	NF	
PRECISION XTRA KIT	NF	
PRECISION XTRA MONITOR	NF	
RELION BLOOD GLUCOSE TEST	NF	QL
RELION ULTIMA TEST	NF	QL
SOFTCLIX	1	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUETRACK TEST	NF	QL
Diabetes - Insulin		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	NF	PA, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NF	PA, QL
BASAGLAR KWIKPEN	NF	QL
HUMALOG	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL

Drug Name	Drug Tier	Requirements & Limits
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	2	QL
HUMULIN R VIAL	2	QL
INSULIN ASPART	NF	ST, QL
INSULIN ASPART FLEXPEN	NF	ST, QL
INSULIN ASPART PENFILL	NF	ST, QL
INSULIN LISPRO	NF	QL
INSULIN LISPRO (1 UNIT DIAL)	NF	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LEVEMIR U-100 FLEXTOUCH	NF	QL
LEVEMIR U-100 VIAL	NF	ST, QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN	NF	ST, QL
NOVOLIN R FLEXPEN RELION	NF	ST, QL
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
NOVOLOG FLEXPEN	NF	ST, QL
NOVOLOG PENFILL	NF	ST, QL
NOVOLOG U-100 VIAL	NF	ST, QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
TRESIBA	NF	QL
TRESIBA FLEXTOUCH	NF	QL

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Drug Name	Drug Tier	Requirements & Limits
Diabetes - Non-Insulin Agents		
ADLYXIN	NF	PA, ST, QL
ADLYXIN STARTER PACK	NF	PA, ST, QL
ALOGLIPTIN BENZOATE	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL
AMARYL	4	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	2	PA, ST, QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	NF	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION KIT	2	QL
GLUCOTROL	4	
GLUCOTROL XL	4	
GLUCOVANCE ORAL TABLET 5-500 MG	4	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN, PFS	2	QL
JANUVIA	NF	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)	NF	PA
metformin hcl er (osm)	NF	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	NF	QL
SYMLINPEN 60	NF	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak)	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	3	PA, ST, QL
Drugs for Blood Disorders		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ARANESP (ALBUMIN FREE)	3	QL, SP
ELOCTATE	NF	PA, SP
JIVI	4	PA, SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	4	SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
RECOMBINATE	3	SP
RETACRIT	3	QL, SP
ZARXIO	3	SP
ZIEXTENZO	4	SP

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Drug Name	Drug Tier	Requirements & Limits
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	NF	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
DRISDOL	4	
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	
NASCOBAL	4	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX SPRINKLE	NF	QL
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	NF	
pantoprazole sodium tablet delayed release 40 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	NF	
PROTONIX ORAL PACKET	NF	
PYLERA	NF	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	QL

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Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	QL
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	NF	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
TRULANCE	4	PA, ST, QL
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA, SP
clovique	NF	PA, SP
CREON	2	
CUPRIMINE	NF	SP
DEPEN TITRATABS	3	SP
ENDARI	4	PA, QL
nitisinone	NF	PA, SP
NITYR	NF	PA, SP
ORFADIN ORAL CAPSULE 20 MG	3	PA, SP
ORFADIN ORAL SUSPENSION	3	PA, SP
PANCREAZE	NF	ST
penicillamine oral capsule	4	SP
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
TEGSEDI	3	PA, QL, SP
trientine hcl	NF	PA, SP
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin	3	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	4	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	4	
apri	1	H
ashlyna	3	

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Drug Name	Drug Tier	Requirements & Limits
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	4	
chateal	1	H
chateal eq	1	H
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	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3	
dotti	NF	QL
drospiren-eth estrad-levomefol	NF	
drospirenone-ethinyl estradiol	NF	
DUAVEE	NF	QL
ELESTRIN	3	
elinest	1	H
eluryng	NF	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	4	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic MINIVELLE)	2	QL

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol transdermal patch weekly (generic CLIMARA)	1	QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	NF	
EVAMIST	2	
falmina	1	H
fayosim	NF	
femynor	1	H
gianvi	NF	
hailey 1.5/30	2	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H
jasmiel	NF	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth est & eth est	NF	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	4	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	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	NF	
LOESTRIN 1.5/30 (21)	4	
LOESTRIN 1/20 (21)	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
loryna	NF	
LOSEASONIQUE	4	
low-ogestrel	1	H
lo-zumandimine	NF	
lutera	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	NF	
MENOSTAR	3	QL
mibelas 24 fe	NF	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MIRCETTE	4	
mono-linyah	1	H
NATAZIA	2	

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Drug Name	Drug Tier	Requirements & Limits
necon 0.5/35 (28)	1	H
nikki	NF	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable	NF	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	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	NF	
ogestrel	2	
orsythia	1	H
ORTHO MICRONOR	4	
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	NF	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	NF	
previfem	1	H
progesterone micronized oral	2	
PROVERA	4	

Drug Name	Drug Tier	Requirements & Limits
reclipsen	1	H
rivelsa	NF	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	NF	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tydemy	NF	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zarah	NF	
zumandimine	NF	

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Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Oral Steroids		
CORTEF	4	
DECADRON	NF	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DEXPAK 10 DAY	4	
DEXPAK 13 DAY	4	
DEXPAK 6 DAY	4	
DXEVO 11-DAY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	NF	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	4	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	4	
DDAVP ORAL	4	

Drug Name	Drug Tier	Requirements & Limits
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	NF	PA, QL, SP
GENOTROPIN MINIQUICK	NF	PA, QL, SP
HUMATROPE	NF	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
octreotide	1	PA, SP
OMNITROPE	NF	PA, QL, SP
ORIAHNN	4	PA, QL
ORILISSA	4	PA, QL
SOMATULINE DEPOT	NF	SP
STIMATE	NF	
ZOMACTON	NF	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	NF	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	NF	
NATESTO	NF	PA, QL
STRIANT	NF	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	NF	
testosterone cypionate intramuscular	NF	
testosterone enanthate intramuscular	1	
testosterone transdermal	NF	PA, QL
XYOSTED	NF	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	2	

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Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	NF	
TAPAZOLE	4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	NF	
TIROSINT-SOL	4	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ASTAGRAF XL	NF	SP
AZASAN	4	SP
azathioprine oral	1	SP
CIMZIA PREFILLED KIT	3	PA, QL, SP
CIMZIA STARTER KIT	3	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP
COSENTYX 150 MG/ML	4	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	NF	PA, ST, QL, SP
ENBREL MINI	NF	PA, ST, QL, SP
ENBREL SURECLICK	NF	PA, ST, QL, SP
ENVARSUS XR	NF	SP
FIRAZYR	3	PA, QL, SP
gengraf	1	SP
HAEGARDA	3	PA, QL, SP
HUMIRA	3	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	3	PA, QL, SP
HUMIRA PEN	3	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
icatibant acetate	NF	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	3	SP
OLUMIANT	3	PA, QL, SP
ORENCIA	4	PA, ST, QL, SP
ORENCIA CLICKJET	4	PA, ST, QL, SP
OTEZLA	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL PACKET	4	PA, SP
RAPAMUNE ORAL SOLUTION	4	SP
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
sirolimus oral solution	3	SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	NF	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	3	PA, QL, SP
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	4	SP
CRINONE VAGINAL GEL 4 %	4	ST
CRINONE VAGINAL GEL 8 %	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	4	QL, SP

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

Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	4	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	NF	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	NF	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er	NF	
mesalamine oral	NF	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PENTASA	NF	
PROCORT	NF	
PROCTOFOAM HC	2	
SFROWASA	NF	
sulfasalazine oral tablet	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BONIVA ORAL	4	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	

Drug Name	Drug Tier	Requirements & Limits
ibandronate sodium oral	2	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
TYMLOS	NF	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
ROCALTROL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	NF	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
FLAREX	2	
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	4	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	4	
MOXEZA	4	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	

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Drug Name	Drug Tier	Requirements & Limits
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	NF	QL
PAZEO	NF	QL
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	4	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	ST
TOBRADEX OPHTHALMIC SUSPENSION	4	QL
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	4	QL
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL

Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	4	
TIMOPTIC OCUDOSE 0.25 %	2	
TIMOPTIC-XE	4	
travoprost (bak free)	2	QL
VYZULTA	NF	ST, QL
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	NF	PA, QL
RESTASIS	NF	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
XIIDRA	NF	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	NF	ST
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	NF	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	NF	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	NF	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EPIPEN JR)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	NF	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN)	2	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	NF	

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Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	NF	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	NF	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	4	
TUSSICAPS	4	PA, QL
XHANCE	NF	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL
ADVAIR HFA	3	QL
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (ProAir HFA or Proventil HFA)	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	NF	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	PA
ALVESCO	NF	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	2	QL

Drug Name	Drug Tier	Requirements & Limits
ASMANEX (120 METERED DOSES)	NF	QL
ASMANEX (14 METERED DOSES)	NF	QL
ASMANEX (30 METERED DOSES)	NF	QL
ASMANEX (60 METERED DOSES)	NF	QL
ASMANEX (7 METERED DOSES)	NF	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	NF	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL
BREZTRI	3	QL
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	4	QL
EASIVENT	3	
FASENRA	NF	PA, QL, SP
FASENRA PEN	4	PA, QL, SP
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	NF	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	NF	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NF	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
PERFOROMIST	NF	QL
PROAIR DIGIHALER	NF	QL

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Drug Name	Drug Tier	Requirements & Limits
PROAIR HFA	NF	QL
PROAIR RESPICLICK	NF	QL
PROVENTIL HFA	NF	QL
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	NF	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL
TRELEGY ELLIPTA	3	QL
VENTOLIN HFA	NF	QL
wixela inhub	NF	QL
XOPENEX HFA	NF	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
KITABIS PAK	NF	PA, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin nebulization solution 300 mg/4ml inhalation	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	NF	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NF	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	3	PA, QL, SP
ambrisentan	3	PA, QL, SP
bosentan	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
ORENITRAM	4	PA, QL, SP
sildenafil citrate oral tablet	1	QL, SP
TRACLEER	3	PA, QL, SP
TYVASO	3	PA, SP
TYVASO REFILL	3	PA, SP
TYVASO STARTER	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FEXMID	NF	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
ROBAXIN-750	4	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	4	
Sleep Disorder Agents		
BELSOMRA	NF	ST
DAYVIGO	NF	ST, QL
EDLUAR	NF	QL
eszopiclone	2	QL
modafinil	2	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	NF	QL

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Nondiscrimination notice and access to communication services

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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.

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Complaint forms are available at
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Phone: Toll-free **1-800-368-1019**, 1-**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.

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

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

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

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

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

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

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

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

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

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

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

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

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

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad beę́ áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę́› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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

United Healthcare