

Your 2020 Prescription Drug List

Essential 4-Tier



Effective May 1, 2020

This Prescription Drug List (PDL) is accurate as of May 1, 2020 and is subject to change after this date. 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, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan ID card.

What are tiers?

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

When does the PDL change?

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

About this PDL

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

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your ID card or call the toll-free phone number on your ID card to learn more.

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
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.

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.

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.

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: Continuous Glucose Monitors, Sensors

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer's medical benefit plan.

Endocrine: Growth Hormone

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

Infertility

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

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.

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	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain					
acetaminophen-codeine	1		lidocaine external ointment	2	QL
acetaminophen-codeine #2	1		lidocaine external patch	3	PA, QL
acetaminophen-codeine #3	1		lidocaine-prilocaine external cream	1	
acetaminophen-codeine #4	1		lorcet	1	
apap-caff-dihydrocodeine	NF	QL	lorcet hd	1	
ARYMO ER	NF	PA, ST, QL	lorcet plus	1	
BELBUCA	NF	PA, QL	LORTAB	4	
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	MORPHABOND ER	NF	PA, ST, QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
butalbital-apap-caffeine oral tablet	1	QL	morphine sulfate er oral capsule extended release 24 hour	NF	PA, ST, QL
DILAUDID ORAL	4		morphine sulfate er oral tablet extended release	1	PA, QL
DVORAH	NF	QL	morphine sulfate oral	1	
endocet	1		morphine sulfate rectal	1	
ESGIC	4	QL	MS CONTIN	3	PA, ST, QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL	NALOCET	NF	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NF	PA, ST, QL	NORCO	4	
FIORICET	4	QL	NUCYNTA	4	QL
HYDROCODONE BITARTRATE ER	4	PA, ST, QL	NUCYNTA ER	3	PA, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1		OXAYDO	NF	QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2		OXYCODONE HCL ER	NF	PA, ST, QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF		oxycodone hcl oral capsule	1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1		oxycodone hcl oral concentrate 100 mg/5ml	1	
hydromorphone hcl er	NF	PA, ST, QL	oxycodone hcl oral solution	1	
hydromorphone hcl oral	1		oxycodone hcl oral tablet	1	
hydromorphone hcl rectal	1		oxycodone-acetaminophen	1	
HYSINGLA ER	NF	PA, ST, QL	OXYCONTIN	NF	PA, ST, QL
KADIAN	NF	PA, ST, QL	PERCOCET	NF	
			premium lidocaine	2	QL
			PRIMLEV	NF	
			ROXICODONE ORAL TABLET 15 MG, 30 MG	4	
			ROXICODONE ORAL TABLET 5 MG	3	

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

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er (biphasic)	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 ir	1	QL
trezix	NF	QL
TYLENOL WITH CODEINE #3	4	
TYLENOL WITH CODEINE #4	4	
ULTRAM	4	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
vicodin hp	NF	
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOXYDOL ER	4	PA, ST, 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 %	2	
diclofenac sodium transdermal solution	NF	
EC-NAPROSYN	3	
ec-naproxen	1	
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	1	

Drug Name	Drug Tier	Requirements & Limits
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	4	
nabumetone oral	1	
NAPRELAN	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	
SPRIX	3	
VOLTAREN 1% gel	2	

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	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	NF	PA, QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate er	NF	
amoxicillin-potassium clavulanate oral	1	
avidoxy	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
azithromycin oral	1		MACRODANTIN	4	
BACTRIM	4		metronidazole oral	1	
BACTRIM DS	4		metronidazole vaginal	2	
cefadroxil	1		minocycline hcl oral capsule	1	
cefdinir	1		minocycline hcl oral tablet	NF	
cefuroxime axetil	1		MINOLIRA	NF	PA
CENTANY	4	QL	mondoxyne nl oral capsule 100 mg	1	
cephalexin	1		mondoxyne nl oral capsule 75 mg	NF	
CIPRO ORAL TABLET	4		morgidox oral	2	
ciprofloxacin hcl oral	1		mupirocin calcium	3	QL
clarithromycin er	2		mupirocin external	1	QL
clarithromycin oral suspension reconstituted	2		nitrofurantoin macrocrystal oral	1	
clarithromycin oral tablet	1		nitrofurantoin monohydrate macrocrystals	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		NUVESSA	NF	
CLEOCIN ORAL CAPSULE 75 MG	2		okebo	NF	
clindamycin hcl oral	1		penicillin v potassium	1	
CLINDESSE	2		sulfamethoxazole-trimethoprim oral	1	
coremino	NF	PA	sulfatrim pediatric	1	
DIFICID	4	QL	vandazole	2	
doxycycline hyclate oral capsule	2		VIBRAMYCIN ORAL CAPSULE	4	
doxycycline hyclate oral tablet 100 mg	2		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
doxycycline hyclate oral tablet 20 mg	1		XEPI	3	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		XIMINO	NF	PA
doxycycline monohydrate oral suspension reconstituted	3		ZITHROMAX ORAL PACKET	4	
doxycycline monohydrate oral tablet	1		ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
FLAGYL	4		ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
KEFLEX	4		ZITHROMAX ORAL TABLET 600 MG	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4		ZITHROMAX TRI-PAK	4	
levofloxacin oral	1		ZITHROMAX Z-PAK	4	
MACROBID	4				

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

Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	PA, QL
enoxaparin sodium	2	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	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 capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL XR ORAL KIT	NF	PA, ST
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	PA
lamotrigine er	NF	PA

Drug Name	Drug Tier	Requirements & Limits
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
levetiracetam er	2	
levetiracetam oral	1	
NEURONTIN	4	PA, ST
oxcarbazepine	1	
roweepra	1	
roweepra xr	2	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
VIMPAT ORAL SOLUTION	3	PA
VIMPAT ORAL TABLET	NF	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 5 mg	1	
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 oral	1	
citalopram hydrobromide	1	
desvenlafaxine succinate er	2	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL

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

Drug Name	Drug Tier	Requirements & Limits
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
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	4	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	4	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
ZOLOFT	NF	

Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	NF	PA
DICLEGIS	NF	PA
doxylamine-pyridoxine	NF	PA
metoclopramide hcl oral solution 5 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
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 syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	4	
VARUBI	2	QL
ZOFRAN	4	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
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	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
NIZORAL	4	
nyamyc	1	
nystatin external	1	

Drug Name	Drug Tier	Requirements & Limits
nystatin mouth/throat	1	
nystop	1	
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	NF	
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AMERGE	4	QL
eletriptan hydrobromide	4	QL
EMGALITY	2	PA, ST, QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
bexarotene	NF	QL, SP
capecitabine	NF	QL, SP
ERLEADA	3	PA, QL, SP
IBRANCE	3	PA, QL, SP
IDHIFA	3	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
LYNPARZA	3	PA, QL, SP
mercaptopurine oral	1	

Drug Name	Drug Tier	Requirements & Limits
NUBEQA	NF	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	3	PA, QL, SP
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
XELODA	1	QL, SP
ZEJULA	3	PA, QL, SP
ZYTIGA	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	3	PA, QL, SP
MIRAPEX	4	
MIRAPEX ER	NF	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	NF	
REQUIP XL	NF	
ropinirole hcl	1	
ropinirole hcl er	NF	
RYTARY	NF	
SINEMET	4	

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Drug Name	Drug Tier	Requirements & Limits
SINEMET CR	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	4	QL
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	4	
aripiprazole oral tablet	NF	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	NF	ST, QL
risperidone	1	
SAPHRIS	4	ST, QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	NF	QL
ZYPREXA ZYDIS	NF	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	NF	ST, QL
BARACLUDE ORAL SOLUTION	3	SP
BARACLUDE ORAL TABLET	NF	SP
CIMDUO	3	QL
DESCOVY	4	ST, QL
DOVATO	3	QL
entecavir	3	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL TABLET	3	PA, QL, SP
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	2	QL

Drug Name	Drug Tier	Requirements & Limits
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
MAVYRET	3	PA, QL, SP
NORVIR ORAL SOLUTION	3	
NORVIR ORAL TABLET	NF	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	3	
PREZISTA	3	
ritonavir	3	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	3	QL
SYMFI LO	3	QL
TEMIXYS	NF	
tenofovir disoproxil fumarate	3	
TIVICAY	4	
TRIUMEQ	3	QL
TRUVADA	4	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	3	QL
ZEPATIER	3	PA, QL, SP
ZOVIRAX ORAL	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
bupirone hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
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	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	4	
ALDACTONE	4	
aliskiren fumarate oral tablet	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

Drug Name	Drug Tier	Requirements & Limits
AVALIDE	4	
AVAPRO	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	3	
CALAN SR	4	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
CATAPRES	4	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	NF	
COREG	4	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	4	
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
ezetimibe	2	
ezetimibe-simvastatin	NF	

Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral capsule 150 mg, 50 mg	NF	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	NF	
fenofibrate oral tablet 160 mg, 54 mg	2	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
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	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	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	

Drug Name	Drug Tier	Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
MINIPRESS	4	
minitran	1	
MULTAQ	NF	PA
nadolol oral	1	
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	NF	
niacor	2	
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	
NITROMIST	4	QL
NITROSTAT	4	
nitro-time	1	
olmesartan medoxomil oral	NF	
olmesartan medoxomil-hctz	NF	
omega-3-acid ethyl esters	NF	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	3	PA, ST, QL
PRAVACHOL	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	4	
PROCARDIA	4	

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Drug Name	Drug Tier	Requirements & Limits
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	3	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	
TEKTURN HCT	NF	QL
TEKTURN ORAL TABLET	NF	
telmisartan	2	
TOPROL XL	4	
toremide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	4	PA
VASCEPA ORAL CAPSULE 1 GM	3	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	

Drug Name	Drug Tier	Requirements & Limits
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
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	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	2	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	NF	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
PROCENTRA	3	PA, QL
QUILLICHEW ER	NF	PA, QL
QUILLIVANT XR	NF	PA, QL
relexxii	NF	PA, QL
RITALIN	4	PA
VYVANSE	NF	PA, QL

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
BETASERON	3	PA, QL, SP
dalfampridine er	3	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
GILENYA ORAL CAPSULE	4	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	NF	PA, QL, SP
MAVENCLAD (10 TABS)	4	PA, ST, QL, SP
MAYZENT	4	PA, QL, SP
PLEGRIDY	4	PA, QL, SP
REBIF	NF	PA, QL, SP
REBIF REBIDOSE	NF	PA, QL, SP
TECFIDERA	3	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	3	PA, QL, SP
LYRICA CR	NF	ST, QL
NUDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	NF	QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA

Drug Name	Drug Tier	Requirements & Limits
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Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	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	
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	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ALDARA	4	QL	CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	NF	QL
ALTRENO	NF	PA, QL	clindamycin phosphate gel 1 % external	3	QL
amnestem	2		clobetasol propionate external cream	2	QL
avar cleanser	1		clobetasol propionate external foam	NF	QL
avita	NF	PA, QL	clobetasol propionate external gel	2	QL
azelaic acid external	3		clobetasol propionate external liquid	1	QL
betamethasone dipropionate aug external cream	1		clobetasol propionate external lotion	NF	QL
betamethasone dipropionate aug external gel	1		clobetasol propionate external ointment	2	QL
betamethasone dipropionate aug external lotion	3		clobetasol propionate external shampoo	NF	QL
betamethasone dipropionate aug external ointment	3		clobetasol propionate external solution	1	QL
betamethasone dipropionate external cream	2		clodan external shampoo	NF	QL
betamethasone dipropionate external lotion	1		clotrimazole-betamethasone external cream	1	QL
betamethasone dipropionate external ointment	2		clotrimazole-betamethasone external lotion	1	
bp 10-1	1		dapsone external gel 5 %	NF	QL
calcipotriene-betameth diprop	3	QL	DAPSONE EXTERNAL GEL 7.5 %	NF	QL
calcitriol external	1	QL	DERMA-SMOOTH/FS BODY	4	QL
CAPEX	2		DERMA-SMOOTH/FS SCALP	4	
CARAC	2		DESONATE	NF	ST, QL
claravis	2		desonide external	3	QL
CLEOCIN-T EXTERNAL GEL	4	QL	DESOWEN	3	QL
CLEOCIN-T EXTERNAL LOTION	4		DIPROLENE	4	
clindacin etz external swab	1		DIPROLENE AF	4	
clindacin-p	1		DUPIXENT	4	PA, ST, QL, SP
CLINDAGEL	NF	QL	EFUDEX	4	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	ELOCON	4	
clindamycin phosphate external foam	3		ENSTILAR	NF	QL
clindamycin phosphate external lotion	3		EUCRISA	3	ST, QL
clindamycin phosphate external solution	1	QL	EVOCLIN	4	
clindamycin phosphate external swab	1		FINACEA	4	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
fluocinolone acetonide body	3	QL	PICATO	NF	QL
fluocinolone acetonide external cream	3	QL	rosadan external cream	1	
fluocinolone acetonide external ointment	2	QL	rosadan external gel	1	
fluocinolone acetonide external solution	3	QL	sss 10-5	1	
fluocinolone acetonide scalp	3		sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
fluocinonide external cream 0.05 %	1		sulfacetamide sodium-sulfur external emulsion	1	
fluocinonide external cream 0.1 %	NF	QL	sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
fluocinonide external gel	1		sulfacetamide sodium-sulfur external lotion 10-5 %	1	
fluocinonide external ointment	1		sulfacetamide sodium-sulfur external pad	1	
fluocinonide external solution	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
FLUOROPLEX	4		sulfamez wash	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	4		SUMAXIN	4	
fluorouracil external cream 5 %	1		SUMAXIN WASH	3	
fluorouracil external solution	1		TACLONEX	NF	QL
hydrocortisone external cream 1 %	NF		tazarotene external	NF	PA, QL
hydrocortisone external cream 2.5 %	1		TAZORAC	4	PA, QL
hydrocortisone external lotion 2.5 %	1		TEMOVATE	4	QL
hydrocortisone external ointment 1 %, 2.5 %	1		TEXACORT	2	
imiquimod external	1	QL	tretinoin cream 0.025 % external	3	PA, QL
isotretinoin oral	2		tretinoin external cream 0.05 %, 0.1 %	3	PA, QL
LOTRISONE	4	QL	tretinoin external gel 0.01 %, 0.05 %	NF	PA, QL
METROCREAM	4		tretinoin gel 0.025 % external	NF	PA, QL
METROLOTION	4		triamcinolone acetonide external aerosol solution	2	QL
metronidazole external cream	1		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
metronidazole external gel 0.75 %	1		triamcinolone acetonide external cream 0.5 %	1	QL
metronidazole external gel 1 %	NF		triamcinolone acetonide external lotion	1	
metronidazole external lotion	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
MIRVASO	4	QL	triamcinolone acetonide external ointment 0.05 %	NF	
mometasone furoate external	1		trianex	NF	
myorisan	2				
neuac external gel	3	QL			

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Drug Name	Drug Tier	Requirements & Limits
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tridesilon	3	QL
zenatane	2	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	NF	
ACCU-CHEK AVIVA DEVICE	NF	
ACCU-CHEK AVIVA PLUS	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	NF	
ACCU-CHEK GUIDE TEST STRIPS	NF	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	NF	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	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 STRIPS	2	QL
CONTOUR TEST STRIPS	NF	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	NF	PA
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	NF	PA
EASYPLUS BLOOD GLUCOSE TEST	3	QL
FASTCLIX	1	

Drug Name	Drug Tier	Requirements & Limits
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	NF	PA
INSULIN SYRINGES	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONE TOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
SOFT TOUCH	1	
SOFTCLIX	1	
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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN R RELION	NF	ST, QL
HUMALOG MIX 50/50 VIAL	2	QL	NOVOLIN R VIAL	NF	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLOG FLEXPEN	NF	ST, QL
HUMALOG MIX 75/25 VIAL	2	QL	NOVOLOG PENFILL	NF	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLOG U-100 VIAL	NF	ST, QL
HUMULIN 70/30 KWIKPEN	2	QL	TOUJEO MAX SOLOSTAR	3	QL
HUMULIN 70/30 VIAL	2	QL	TOUJEO SOLOSTAR	3	QL
HUMULIN N KWIKPEN	2	QL	TRESIBA	NF	QL
HUMULIN N VIAL	2	QL	TRESIBA FLEXTOUCH	NF	QL
HUMULIN R U-500 KWIKPEN	2	QL	Diabetes - Non-Insulin Agents		
HUMULIN R U-500 VIAL (CONCENTRATED)	2	QL	ADLYXIN	NF	ST, QL
HUMULIN R VIAL	2	QL	ALOGLIPTIN BENZOATE	NF	QL
INSULIN ASPART	NF	ST, QL	ALOGLIPTIN-METFORMIN HCL	NF	QL
INSULIN ASPART FLEXPEN	NF	ST, QL	ALOGLIPTIN-PIOGLITAZONE	NF	QL
INSULIN ASPART PENFILL	NF	ST, QL	AMARYL	4	
INSULIN LISPRO	NF	QL	BAQSIMI ONE PACK	NF	QL
INSULIN LISPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	NF	QL	BAQSIMI TWO PACK	NF	QL
LANTUS SOLOSTAR	2	QL	BYDUREON	2	ST, QL
LANTUS U-100 VIAL	2	QL	BYDUREON BCISE AUTOINJECTOR	2	ST, QL
LEVEMIR U-100 FLEXTOUCH	NF	QL	BYETTA 10 MCG PEN	2	ST, QL
LEVEMIR U-100 VIAL	NF	QL	BYETTA 5 MCG PEN	2	ST, QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL	FARXIGA	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL	FORTAMET	NF	PA
NOVOLIN 70/30 RELION	NF	ST, QL	glimepiride	1	
NOVOLIN 70/30 VIAL	NF	ST, QL	glipizide er	1	
NOVOLIN N FLEXPEN	NF	ST, QL	glipizide ir	1	
NOVOLIN N FLEXPEN RELION	NF	ST, QL	glipizide xl	1	
NOVOLIN N RELION	NF	ST, QL	GLUCAGON EMERGENCY INJECTION KIT	2	QL
NOVOLIN N VIAL	NF	ST, QL	GLUCOPHAGE	4	
NOVOLIN R FLEXPEN	NF	ST, QL	GLUCOPHAGE XR	4	PA
NOVOLIN R FLEXPEN RELION	NF	ST, QL	GLUCOTROL	4	
			GLUCOTROL XL	4	

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Drug Name	Drug Tier	Requirements & Limits
GLUCOVANCE ORAL TABLET 5-500 MG	4	
GLUMETZA	NF	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE PFS	NF	QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST, QL
JANUVIA	NF	PA, 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	ST, QL
pioglitazone hcl	1	QL
RIOMET	3	
RYBELSUS	2	ST, QL
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	2	ST

Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak), ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak), ST, QL
Drugs for Blood Disorders		
AFSTYLA INTRAVENOUS KIT	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	4	PA, ST, SP
RETACRIT	3	QL, SP
ZARXIO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	NF	PA, QL
IMVEXXY MAINTENANCE PACK	NF	QL
INTRAROSA	NF	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	NF	QL
STENDRA	NF	PA, QL
tadalafil oral tablet 10 mg, 20 mg	NF	QL
tadalafil oral tablet 2.5 mg, 5 mg	NF	ST, QL
VIAGRA	NF	QL
VYLEESI	NF	PA, QL
Electrolytes / Vitamins		
clovique	NF	PA, SP
cyancobalamin injection	3	
DRISDOL	4	

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

Drug Name	Drug Tier	Requirements & Limits
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	
SYPRINE	NF	PA, SP
trientine hcl	NF	PA, SP
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	
VITAPEARL CAP	3	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE	4	
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release	1	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
ranitidine hcl oral capsule	NF	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	NF	
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	4	
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
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	

Drug Name	Drug Tier	Requirements & Limits
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	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	NF	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, 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
CREON	2	
ENDARI	4	PA, QL
NITYR	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
TEGSEDI	3	PA, QL, SP
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CUPRIMINE	4	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	3	SP
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	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	
UROXATRAL	4	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	4	

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Minivelle)	2	QL	junel 1.5/30	2	
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Vivelle-Dot)	NF	QL	junel 1/20	2	
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Minivelle)	2	QL	junel fe 1.5/30	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Vivelle-Dot)	NF	QL	junel fe 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Minivelle)	2	QL	junel fe 24	3	
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Vivelle-Dot)	NF	QL	kalliga	1	H
estradiol transdermal patch weekly (generic for Climara)	1	QL	kariva	2	
estradiol vaginal cream	NF		kurvelo	1	H
estradiol vaginal tablet	2		larin 1.5/30	2	
ESTRING	2	QL	larin 1/20	2	
ESTROGEL	3	QL	larin 24 fe	3	
etonogestrel-ethinyl estradiol	NF		larin fe 1.5/30	1	H
EVAMIST	2		larin fe 1/20	1	H
falmina	1	H	larissia	1	H
fayosim	NF		lessina	1	H
femynor	1	H	levonorgest-eth est & eth est	NF	
gianvi	NF		levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	4	
hailey 1.5/30	2		levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	3	
hailey 24 fe	3		levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
heather	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
incassia	1	H	levora 0.15/30 (28)	1	H
introvale	2	H	lillow	1	H
isibloom	1	H	LO LOESTRIN FE	NF	
jasmiel	NF		loryna	NF	
jencycla	1	H	LOSEASONIQUE	4	
jolessa	2	H	low-ogestrel	1	H
juleber	1	H	lo-zumandimine	NF	
			lutera	1	H
			lyza	1	H
			marlissa	1	H
			medroxyprogesterone acetate intramuscular suspension	1	QL, H

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
medroxyprogesterone acetate oral	1		NUVARING	1	H
melodetta 24 fe	NF		ocella	NF	
MENOSTAR	3	QL	ogestrel	2	
mibelas 24 fe	NF		orsythia	1	H
microgestin 1.5/30	2		philith	2	
microgestin 1/20	2		pimtrea	2	
microgestin fe 1.5/30	1	H	pirmella 1/35	1	H
microgestin fe 1/20	1	H	portia-28	1	H
mili	1	H	PREMARIN ORAL	NF	
MINASTRIN 24 FE	NF		PREMARIN VAGINAL	3	
MIRCETTE	4		PREMPHASE	3	
mono-lynyah	1	H	PREMPRO	NF	
NATAZIA	2		previfem	1	H
necon 0.5/35 (28)	1	H	progesterone micronized oral	2	
nikki	NF		PROVERA	4	
nora-be	1	H	QUARTETTE	NF	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3		reclipsen	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H	rivelsa	NF	
norethin ace-eth estrad-fe oral tablet chewable	NF		SAFYRAL	NF	
norethindrone acetate oral	1		SEASONIQUE	4	
norethindrone acet-ethinyl est	2		setlakin	2	H
norethindrone oral	1	H	sharobel	1	H
norgestimate-eth estradiol	1	H	simliya	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		simpesse	3	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	sprintec 28	1	H
norlyda	1	H	sronyx	1	H
norlyroc	1	H	syeda	NF	
nortrel 0.5/35 (28)	1	H	tarina 24 fe	3	
nortrel 1/35 (21)	1	H	tarina fe 1/20	1	H
nortrel 1/35 (28)	1	H	tarina fe 1/20 eq	1	H
			TAYTULLA	NF	
			tri femynor	1	H
			tri-estarylla	1	H
			tri-lynyah	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-lo-estarylla	2	
tri-lo-marzia	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	
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	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	

Drug Name	Drug Tier	Requirements & Limits
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	4	
DDAVP ORAL	4	
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
NOCTIVA	NF	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
OMNITROPE	NF	PA, QL, SP
ORLISSA	4	PA, QL
STIMATE	NF	
ZOMACTON	NF	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	NF	PA, QL

Drug Name	Drug Tier	Requirements & Limits
ANDROGEL PUMP	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	NF	PA, QL
NATESTO	NF	PA, QL
STRIANT	NF	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	4	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal	NF	PA, QL
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
XYOSTED	NF	PA

Hormonal Agents - Thyroid

ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	4	
thyroid oral tablet 120 mg, 15 mg	1	
TIROSINT	NF	
TIROSINT-SOL	4	PA
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
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	
AZASAN	4	
azathioprine oral	1	
CELLCEPT	NF	
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	
ENBREL	NF	PA, ST, QL, SP
ENBREL MINI	NF	PA, ST, QL, SP
ENBREL SURECLICK	NF	PA, ST, QL, SP
ENVARUSUS XR	NF	
FIRAZYR	4	PA, QL, SP
gengraf	1	
HAEGARDA	3	PA, QL, SP
HUMIRA	3	PA, QL, SP
HUMIRA PEN	3	PA, QL, SP
icatibant acetate	NF	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	
mycophenolate sodium	3	
OLUMIANT ORAL TABLET	3	PA, QL, SP
ORENCIA	4	PA, QL, SP
OTEZLA	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OTREXUP	NF	ST, QL
PROGRAF ORAL PACKET	4	PA
RAPAMUNE ORAL SOLUTION	4	
RASUVO	4	ST, QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
sirolimus oral solution	3	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	NF	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, QL, SP
XELJANZ XR	3	PA, ST, QL, SP

Infertility Agents

chorionic gonadotropin intramuscular	4	SP
CRINONE VAGINAL GEL 4 %	4	PA, ST
CRINONE VAGINAL GEL 8 %	4	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	4	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/Organon)	2	SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
pregnyl	1	SP

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	NF	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	NF	
budesonide oral	2	
CANASA	NF	
CORTIFOAM	2	
DELZICOL	NF	
DIPENTUM	NF	
ENTOCORT EC	NF	
hydrocortisone ace-pramoxine	1	
LIALDA	NF	
mesalamine er	NF	
mesalamine oral	NF	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	NF	
PROCORT	NF	
PROCTOFOAM HC	2	
SFROWASA	NF	
sulfasalazine oral	1	
UCERIS ORAL	NF	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BONIVA ORAL	4	
calcitriol oral	1	
FORTEO	NF	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
ROCALTROL	4	
TYMLOS	NF	PA, SP

Drug Name	Drug Tier	Requirements & Limits
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
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAFT	3	QL
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	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	NF	QL

Drug Name	Drug Tier	Requirements & Limits
PATADAY	NF	QL
PATANOL	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	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	4	
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	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	NF	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	NF	QL
ISTALOL	4	
latanoprost ophthalmic	1	

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Drug Name	Drug Tier	Requirements & Limits
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
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	2	
TIMOPTIC-XE	4	
TRAVATAN Z	4	QL
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 0.3 mg/0.3ml (generic Adrenaclick)	NF	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml (generic Adrenaclick)	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 (generic EpiPen)	2	QL
EPIPEN 2-PAK	NF	QL

Drug Name	Drug Tier	Requirements & Limits
EPIPEN JR 2-PAK	NF	QL
SYMJEPI	2	QL

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

ASTEPRO	NF	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	NF	
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
guaifenesin-codeine soln 100-10 mg/5ml	1	
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-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	

Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ProAir HFA or Proventil HFA)	NF	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	NF	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	
albuterol sulfate oral	1	
ALVESCO	2	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	NF	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER	2	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL
budesonide inhalation	2	QL
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	NF	QL
COMBIVENT RESPIMAT	4	QL
FASENRA	NF	PA, QL, SP
FASENRA PEN	NF	PA, QL, SP
FLOVENT DISKUS	NF	QL
FLOVENT HFA	NF	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	2	QL
ipratropium-albuterol	2	

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL, SP
PERFOROMIST	NF	QL
PROAIR DIGIHALER	NF	QL
PROAIR HFA	NF	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	NF	QL
PULMICORT FLEXHALER	NF	ST, QL
PULMICORT SUSPENSION	NF	QL
QVAR REDIHALER	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	2	QL
wixela inhub	NF	QL
XOPENEX HFA	NF	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	3	PA, QL, SP
KITABIS PAK	NF	PA, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI NEBULIZER	NF	PA, QL, SP
TOBI PODHALER	NF	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

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	3	PA, QL, SP
bosentan	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
ORENITRAM	4	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	3	PA, QL, SP
TYVASO	3	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	NF	
baclofen oral	1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	NF	
cyclobenzaprine hcl oral	1	
FEXMID	4	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	NF	
ROBAXIN-750	4	
SKELAXIN	NF	
SOMA ORAL TABLET 250 MG	NF	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
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Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN CR	NF	QL
EDLUAR	NF	QL
eszopiclone	2	QL
INTERMEZZO	NF	QL
modafinil	2	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
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ESTRACE ORAL	28	fenofibrate oral tablet 120 mg,		fluorouracil external solution	22
ESTRACE VAGINAL	28	145 mg, 40 mg, 48 mg	18	fluoxetine hcl oral capsule	14
estradiol oral.....	28	fenofibrate oral tablet 160 mg,		fluoxetine hcl oral capsule delayed	
estradiol patch twice weekly		54 mg	18	release	14
0.025 mg/24hr transdermal.....	28	fentanyl transdermal patch 72 hour		fluoxetine hcl oral solution	14
estradiol patch twice weekly		100 mcg/hr, 12 mcg/hr,		fluoxetine hcl oral tablet 10 mg.....	14
0.0375 mg/24hr transdermal	28	25 mcg/hr, 50 mcg/hr,		fluoxetine hcl oral tablet 20 mg.....	14
estradiol patch twice weekly		75 mcg/hr	10	fluoxetine hcl oral tablet 60 mg.....	14
0.05 mg/24hr transdermal	29	fentanyl transdermal patch 72 hour		fluticasone propionate nasal	35
estradiol patch twice weekly		37.5 mcg/hr, 62.5 mcg/hr,		fluticasone-salmeterol inhalation	
0.075 mg/24hr transdermal	29	87.5 mcg/hr	10	aerosol powder breath activated	
estradiol patch twice weekly		FEXMID	37	100-50 mcg/dose, 250-50 mcg/	
0.1 mg/24hr transdermal	29	FINACEA.....	21	dose, 500-50 mcg/dose	36
estradiol transdermal patch		finasteride oral tablet 5 mg.....	27	FLUTICASONE-SALMETEROL	
weekly	29	FIORICET.....	10	INHALATION AEROSOL	
estradiol vaginal cream	29	FIRAZYR.....	32	POWDER BREATH ACTIVATED	
estradiol vaginal tablet.....	29	FLAGYL.....	12	113-14 MCG/ACT, 232-14 MCG/	
ESTRING.....	29	flecainide acetate	18	ACT, 55-14 MCG/ACT	36
ESTROGEL	29	FLOLIPID.....	18	fluvoxamine maleate.....	14
eszopiclone	37	FLORIVA PLUS	26	fluvoxamine maleate er	14
etodolac.....	11	FLOVENT DISKUS.....	36	folic acid oral tablet 1 mg.....	26
etodolac er.....	11	FLOVENT HFA	36	FOLLISTIM AQ.....	33
etonogestrel-ethinyl estradiol	29	fluconazole oral	14	FORTAMET	24
EUCRISA.....	21	fluocinolone acetonide body.....	22	FORTEO.....	33
euthyrox.....	32	fluocinolone acetonide external		FORTESTA.....	32
EVAMIST.....	29	cream	22	FOSAMAX.....	33
EVOCLIN.....	21	fluocinolone acetonide external		FREESTYLE LIBRE 14 DAY	
EVZIO.....	11	ointment	22	READER	23
EXTAVIA	20	fluocinolone acetonide external		FREESTYLE LIBRE 14 DAY	
EXTINA	14	solution.....	22	SENSOR	23
ezetimibe	17	fluocinolone acetonide scalp.....	22	FREESTYLE LIBRE READER.....	23
ezetimibe-simvastatin.....	17	fluocinonide external cream		FREESTYLE LIBRE SENSOR	
		0.05 %	22	SYSTEM.....	23
		fluocinonide external cream		FREESTYLE PRECISION NEO	
		0.1 %	22	TEST	23
		fluocinonide external gel	22	furosemide oral.....	18
		fluocinonide external ointment	22		
		fluocinonide external solution.....	22		

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gabapentin oral capsule	13
gabapentin oral solution	
250 mg/5ml	13
gabapentin oral tablet.....	13
ganirelix acetate solution	
prefilled syringe 250 mcg/0.5ml	
subcutaneous.....	33
ganirelix acetate solution	
prefilled syringe 250 mcg/0.5ml	
subcutaneous.....	33
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gavilyte-g.....	26
gemfibrozil oral.....	18
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GENOTROPIN MINIQUICK	31
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glatopa.....	20
glimepiride	24
glipizide er	24
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glipizide xl.....	24
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INJECTION KIT.....	24
GLUCOPHAGE	24
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GLUCOTROL	24
GLUCOTROL XL.....	24
GLUCOVANCE ORAL TABLET	
5-500 MG.....	25
GLUMETZA.....	25
glyburide oral.....	25
glyburide-metformin	25
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guaifenesin-codeine soln	
100-10 mg/5ml	35
guanfacine hcl	18, 19
guanfacine hcl er.....	19
GUARDIAN CONNECT	
TRANSMITTER	23
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hydralazine hcl oral	18
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HYDROCODONE	
BITARTRATE ER	10
hydrocodone polst-cpm polst er ...	35
hydrocodone-acetaminophen oral	
solution 10-325 mg/15ml.....	10

hydrocodone-acetaminophen oral	
solution 7.5-325 mg/15ml	10
hydrocodone-acetaminophen oral	
tablet 10-300 mg, 5-300 mg,	
7.5-300 mg	10
hydrocodone-acetaminophen oral	
tablet 10-325 mg, 5-325 mg,	
7.5-325 mg	10
hydrocortisone ace-pramoxine.....	33
hydrocortisone external cream	
1 %	22
hydrocortisone external cream	
2.5 %	22
hydrocortisone external lotion	
2.5 %	22
hydrocortisone external ointment	
1 %, 2.5 %	22
hydrocortisone oral.....	31
hydromorphone hcl er	10
hydromorphone hcl oral.....	10
hydromorphone hcl rectal.....	10
hydroxychloroquine sulfate oral.....	15
hydroxyzine hcl oral.....	17
hydroxyzine pamoate oral	17
hyoscyamine sulfate er.....	26
hyoscyamine sulfate oral	26
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IBRANCE	15
ibu.....	11
ibuprofen oral suspension	11
ibuprofen oral tablet 400 mg,	
600 mg, 800 mg	11
icatibant acetate	32
IDHIFA.....	15
ILEVRO	34
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IMVEXXY MAINTENANCE		jolessa	29	DISPERSIBLE.....	13
PACK.....	25	JORNAY PM.....	19	LAMICTAL XR ORAL KIT	13
INBRIJA.....	15	juleber.....	29	LAMICTAL XR ORAL TABLET	
incassia	29	JULUCA.....	16	EXTENDED RELEASE	
INCRUSE ELLIPTA	36	junel 1/20.....	29	24 HOUR.....	13
INDOCIN ORAL	11	junel 1.5/30.....	29	lamotrigine er.....	13
INDOCIN RECTAL	11	junel fe 1/20.....	29	lamotrigine oral tablet.....	13
indomethacin er.....	11	junel fe 1.5/30.....	29	lamotrigine oral tablet chewable....	13
indomethacin oral.....	11	junel fe 24.....	29	lamotrigine oral tablet dispersible..	13
INSULIN ASPART	24			LANTUS SOLOSTAR.....	24
INSULIN ASPART FLEXPEN	24	K		LANTUS U-100 VIAL	24
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SUBCUTANEOUS SOLUTION		KAPSPARGO SPRINKLE.....	18	larin fe 1/20.....	29
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INSULIN SYRINGES.....	23	KAZANO	25	larissia	29
INTERMEZZO	37	KEFLEX.....	12	LASIX	18
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introvale	29	KEPPRA XR.....	13	latanoprost ophthalmic	34
INVELTYS	34	ketoconazole external cream	14	LATUDA	16
INVOKAMET.....	25	ketoconazole external foam	14	LEDIPASVIR-SOFOSBUVIR	16
INVOKAMET XR.....	25	ketoconazole external shampoo ...	14	lessina	29
INVOKANA.....	25	ketorolac tromethamine		letrozole oral.....	15
ipratropium bromide nasal.....	35	ophthalmic.....	34	LEVALBUTEROL HFA	
ipratropium-albuterol	36	ketorolac tromethamine oral.....	11	INHALATION AEROSOL	
irbesartan	18	KITABIS PAK.....	36	45 MCG/ACT.....	36
irbesartan-hydrochlorothiazide.....	18	KLONOPIN.....	17	LEVAQUIN ORAL TABLET	
ISENTRESS	16	klor-con.....	26	500 MG, 750 MG	12
ISENTRESS HD.....	16	klor-con 10.....	26	LEVBID.....	27
isibloom	29	klor-con m10.....	26	LEVEMIR U-100 FLEXTOUCH.....	24
isosorbide mononitrate.....	18	KLOR-CON M15.....	26	LEVEMIR U-100 VIAL.....	24
isosorbide mononitrate er.....	18	klor-con m20.....	26	levetiracetam er.....	13
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		KOMBIGLYZE XR	25	levocetirizine dihydrochloride oral	
J		KOVALTRY	25	solution.....	35
jantoven	13	KRINTAFEL.....	15	levocetirizine dihydrochloride oral	
JANUVIA	25	kurvelo.....	29	tablet	35
JARDIANCE	25			levofloxacin oral.....	12
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jencycla	29	labetalol hcl oral	18	levonorgest-eth estrad 91-day oral	
JENTADUETO.....	25	LAMICTAL.....	13	tablet 0.1-0.02 & 0.01 mg	29
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levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	29	losartan potassium	18	mesalamine er	33	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	29	losartan potassium-hctz	18	mesalamine oral	33	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	29	LOSEASONIQUE	29	mesalamine rectal enema	33	
levora 0.15/30 (28)	29	LOTEMAX OPHTHALMIC OINTMENT	34	mesalamine rectal suppository	33	
levothyroxine sodium oral	32	LOTEMAX OPHTHALMIC SUSPENSION	34	metadate er	19	
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	32	LOTEMAX SM	34	metaxalone	37	
levoxyl	32	LOTENSIN	18	metformin hcl er	25	
LEVSIN ORAL	27	LOTENSIN HCT	18	metformin hcl er (mod)	25	
LEVSIN/SL	27	loteprednol etabonate	34	metformin hcl er (osm)	25	
LIALDA	33	LOTREL	18	METFORMIN HCL ORAL SOLUTION	25	
lidocaine external ointment	10	LOTRISONE	22	metformin hcl oral tablet	25	
lidocaine external patch	10	lovastatin	18	methimazole oral	32	
lidocaine hcl mouth/throat	20	low-ogestrel	29	methocarbamol oral	37	
lidocaine viscous mouth/throat solution 2 %	20	LUMIGAN	35	methotrexate oral	32	
lidocaine-prilocaine external cream	10	lutera	29	methotrexate sodium oral	32	
lillow	29	LYNPARZA	15	METHYLIN	19	
LINZESS	27	LYRICA CR	20	methylphenidate hcl er	19	
liothyronine sodium oral	32	lyza	29	methylphenidate hcl er (cd)	19	
lisinopril oral	18	M			methylphenidate hcl er (la) oral capsule extended release 24 hour	19
lisinopril-hydrochlorothiazide	18	MACROBID	12	methylphenidate hcl oral solution ..	19	
lithium carbonate er	17	MACRODANTIN	12	methylphenidate hcl oral tablet	19	
lithium carbonate oral	17	MALARONE	15	methylphenidate hcl oral tablet chewable	19	
LITHOBID	17	marlissa	29	methylprednisolone oral	31	
LO LOESTRIN FE	29	matzim la	18	metoclopramide hcl oral solution 5 mg/5ml	14	
lo-zumandimine	29	MAVENCLAD (10 TABS)	20	metoclopramide hcl oral tablet	14	
LOKELMA	26	MAVYRET	16	metoclopramide hcl oral tablet dispersible	14	
LOMOTIL	27	MAXITROL	34	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	18	
LOPID	18	MAXZIDE	18	metoprolol succinate er oral tablet extended release 24 hour 25 mg	18	
LOPRESSOR	18	MAXZIDE-25	18	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	18	
lorazepam intensol	17	MAYZENT	20	METROCREAM	22	
lorazepam oral concentrate 2 mg/ml	17	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	31	METROLOTION	22	
lorazepam oral tablet	17	MEDROL ORAL TABLET 2 MG	31	metronidazole external cream	22	
lorcet	10	MEDROL ORAL TABLET 32 MG ..	31	metronidazole external gel 0.75 %	22	
lorcet hd	10	medroxyprogesterone acetate intramuscular suspension	29			
lorcet plus	10	medroxyprogesterone acetate oral	30			
LORTAB	10	melodetta 24 fe	30			
loryna	29	meloxicam oral	11			
		MENOSTAR	30			
		mercaptopurine oral	15			

metronidazole external gel 1 %	22	morphine sulfate er oral tablet		NATAZIA.....	30
metronidazole external lotion	22	extended release.....	10	NATESTO.....	32
metronidazole oral.....	12	morphine sulfate oral.....	10	NATURE-THROID	32
metronidazole vaginal	12	morphine sulfate rectal.....	10	necon 0.5/35 (28)	30
mibelas 24 fe	30	MOTEGRITY	27	neomycin-polymyxin-dexameth	
microgestin 1/20	30	MOVIPREP.....	27	ophthalmic ointment.....	34
microgestin 1.5/30	30	MOXEZA	34	neomycin-polymyxin-dexameth	
microgestin fe 1/20	30	moxifloxacin hcl ophthalmic.....	34	ophthalmic suspension	
microgestin fe 1.5/30	30	MS CONTIN	10	3.5-10000-0.1.....	34
mili	30	MULPLETA.....	25	neomycin-polymyxin-hc otic.....	35
MILLIPRED	31	MULTAQ	18	NESINA	25
MILLIPRED DP	31	multi-vitamin/fluoride	26	neuac external gel	22
MINASTRIN 24 FE	30	multivitamin/fluoride oral solution..	26	NEULASTA.....	25
MINIPRESS.....	18	multivitamin/fluoride oral tablet		NEURONTIN	13
minitran.....	18	chewable 0.25 mg, 0.5 mg,		neutral sodium fluoride.....	20
Minivelle.....	28, 29	1 mg	26	NEVANAC	34
minocycline hcl oral capsule	12	multivitamins/fluoride.....	26	niacin (antihyperlipidemic)	18
minocycline hcl oral tablet	12	mupirocin calcium.....	12	niacin er (antihyperlipidemic).....	18
MINOLIRA.....	12	mupirocin external	12	niacor.....	18
MIRAPEX.....	15	mvc-fluoride.....	26	NIASPAN.....	18
MIRAPEX ER.....	15	mycophenolate mofetil	32	nifedipine er.....	18
MIRCETTE	30	mycophenolate sodium	32	nifedipine er osmotic release.....	18
mirtazapine oral.....	14	MYDAYIS.....	19	nifedipine oral	18
MIRVASO	22	myorisan.....	22	nikki	30
misoprostol oral	26			NITRO-BID.....	18
MITIGARE.....	15			NITRO-DUR.....	18
MOBIC.....	11			nitro-time	18
modafinil	37			nitrofurantoin macrocrystal oral.....	12
mometasone furoate external	22			nitrofurantoin monohydrate	
mondoxylene nl oral capsule				macrocrystals.....	12
100 mg	12			nitroglycerin sublingual.....	18
mondoxylene nl oral capsule				nitroglycerin transdermal.....	18
75 mg	12			NITROMIST.....	18
mono-linyah.....	30			NITROSTAT.....	18
montelukast sodium oral packet....	36			NITYR.....	27
montelukast sodium oral tablet.....	36			NIZORAL.....	14
montelukast sodium oral tablet				NOCDURNA	31
chewable	36			NOCTIVA.....	31
morgidox oral.....	12			nora-be	30
MORPHABOND ER.....	10			NORCO	10
morphine sulfate (concentrate)				NORDITROPIN FLEXPRO	31
oral solution 100 mg/5ml,				norethin ace-eth estrad-fe oral	
20 mg/ml	10			tablet 1-20 mg-mcg(24).....	30
morphine sulfate er oral capsule					
extended release 24 hour	10				

norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg.....	30	NOVOLIN R VIAL.....	24	ondansetron hcl oral.....	14
norethin ace-eth estrad-fe oral tablet chewable	30	NOVOLOG FLEXPEN	24	ondansetron odt	14
norethindrone acet-ethinyl est.....	30	NOVOLOG PENFILL.....	24	ONE TOUCH VERIO KIT W/DEVICE	23
norethindrone acetate oral	30	NOVOLOG U-100 VIAL.....	24	ONETOUCH ULTRA 2	23
norethindrone oral	30	np thyroid.....	32	ONETOUCH ULTRA BLUE TEST STRIPS	23
norgestimate-eth estradiol.....	30	NUBEQA	15	ONETOUCH ULTRA MINI	23
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	30	NUCALA.....	36	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	23
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	30	NUCYNTA	10	ONETOUCH VERIO IQ SYSTEM .	23
norlyda.....	30	NUCYNTA ER	10	ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	23
norlyroc.....	30	NUDEXTA.....	20	ONETOUCH VERIO TEST STRIPS	23
nortrel 0.5/35 (28).....	30	NULEV	27	ONGLYZA	25
nortrel 1/35 (21)	30	NUTROPIN AQ NUSPIN 10.....	31	OPSUMIT	37
nortrel 1/35 (28).....	30	NUTROPIN AQ NUSPIN 20.....	31	ORAPRED ODT	31
nortriptyline hcl oral.....	14	NUTROPIN AQ NUSPIN 5.....	31	ORENCIA.....	32
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novarel intramuscular solution reconstituted 10000 unit.....	33	NUWIQ	25	orsythia.....	30
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT.....	33	nyamyc	14	oscimin	27
NOVOEIGHT	25	nystatin external	14	oscimin sr	27
NOVOFINE AUTOCOVER PEN NEEDLE.....	23	nystatin mouth/throat.....	15	oseltamivir phosphate oral capsule.....	16
NOVOFINE PEN NEEDLE	23	nystop	15	oseltamivir phosphate oral suspension reconstituted	16
NOVOFINE PLUS PEN NEEDLE..	23			OSENI	25
NOVOLIN 70/30 FLEXPEN.....	24			OSPHENA.....	25
NOVOLIN 70/30 FLEXPEN RELION.....	24			OTEZLA	32
NOVOLIN 70/30 RELION.....	24			OTREXUP	33
NOVOLIN 70/30 VIAL	24			OXAYDO	10
NOVOLIN N FLEXPEN	24			oxcarbazepine	13
NOVOLIN N FLEXPEN RELION...	24			oxybutynin chloride er	27
NOVOLIN N RELION	24			oxybutynin chloride oral	27
NOVOLIN N VIAL.....	24			OXYCODONE HCL ER.....	10
NOVOLIN R FLEXPEN	24			oxycodone hcl oral capsule.....	10
NOVOLIN R FLEXPEN RELION...	24			oxycodone hcl oral concentrate 100 mg/5ml	10
NOVOLIN R RELION	24			oxycodone hcl oral solution.....	10
				oxycodone hcl oral tablet	10
				oxycodone-acetaminophen	10
				OXYCONTIN	10
				OZEMPIC	25

O

OZOBAX 37

P

PACERONE ORAL TABLET

100 MG, 400 MG 18

pacerone oral tablet 200 mg 18

PAMELOR 14

PANCREAZE 27

pantoprazole sodium tablet

delayed release 26

paroex 20

paroxetine hcl 14

paroxetine hcl er 14

PATADAY 34

PATANOL 34

PAXIL CR 14

PAXIL ORAL SUSPENSION 14

PAXIL ORAL TABLET 14

PAZEO 34

PEDIAPRED 31

peg-3350/electrolytes 27

penicillamine oral 27

penicillin v potassium 12

PENTASA 33

PERCOCET 10

PERFOROMIST 36

PERIDEX 20

perio gard 20

permethrin external 15

PERTZYE 27

phenadoz 14

phenazo oral tablet 200 mg 27

phenazopyridine hcl oral tablet

100 mg, 200 mg 27

philith 30

PICATO 22

pimtrex 30

pioglitazone hcl 25

pirmella 1/35 30

PLEGRIDY 20

PLENVU 27

POLY-VI-FLOR 26

polymyxin b-trimethoprim 34

POLYTRIM 34

portia-28 30

potassium chloride crys er 26

potassium chloride er 26

potassium chloride oral 26

potassium citrate er 26

PRADAXA 13

PRALUENT SUBCUTANEOUS

SOLUTION PEN-INJECTOR

150 MG/ML, 75 MG/ML 18

pramipexole dihydrochloride 15

pramipexole dihydrochloride er 15

PRAVACHOL 18

pravastatin sodium 18

prazosin hcl oral 18

PRED FORTE 34

PRED MILD 34

prednisolone acetate ophthalmic .. 34

prednisolone oral solution 31

prednisolone sodium phosphate

oral 31

prednisone intensol 31

prednisone oral 31

pregabalin oral capsule 20

pregabalin oral solution 20

pregnyl 33

PREMARIN ORAL 30

PREMARIN VAGINAL 30

premium lidocaine 10

PREMPHASE 30

PREMPRO 30

PREPOPIK 27

PREVIDENT 5000 BOOSTER

PLUS 20

PREVIDENT 5000 DRY MOUTH .. 20

PREVIDENT 5000 ORTHO

DEFENSE 20

PREVIDENT 5000 PLUS 20

PREVIDENT DENTAL 20

PREVIDENT MOUTH/THROAT 20

previfem 30

PREZCOBIX 16

PREZISTA 16

PRIMLEV 10

PRINIVIL 18

PROAIR DIGIHALER 36

ProAir HFA 36

PROAIR RESPICLICK 36

PROCARDIA 18, 19

PROCARDIA XL 19

PROCENTRA 20

prochlorperazine maleate oral 14

PROCORT 33

PROCTOFOAM HC 33

progesterone micronized oral 30

PROGRAF ORAL PACKET 33

promethazine hcl oral syrup 14

promethazine hcl oral tablet 14

promethazine hcl rectal 14

promethazine-codeine 35

promethazine-dm 35

promethegan 14

propranolol hcl er 19

propranolol hcl oral 19

PROSCAR 27

Proventil HFA 36

PROVERA 28, 30

pseudoephedrine-bromphen-dm .. 35

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PULMICORT SUSPENSION 36

PULMOZYME 36

PURIXAN 15

PYLERA 26

PYRIDIUM 27

Q

QBRELIS 19

QUARTETTE 30

quetiapine fumarate 16

quetiapine fumarate er 16

QUFLORA PEDIATRIC 26

QUILLICHEW ER 20

QUILLIVANT XR 20

quinapril hcl 19

QVAR REDIHALER 36

R

rabeprazole sodium oral tablet

delayed release 26

ramipril 19

ranitidine hcl oral capsule 26

ranitidine hcl oral syrup	26	ROXICODONE ORAL TABLET		SPIRIVA RESPIMAT	36
ranitidine hcl oral tablet 150 mg,		15 MG, 30 MG.....	10	spironolactone oral	19
300 mg	26	ROXICODONE ORAL TABLET		sprintec 28	30
ranolazine er.....	19	5 MG	10	SPRIX.....	11
RAPAMUNE ORAL SOLUTION ...	33	RUCONEST	33	sronyx.....	30
RASUVO	33	RYBELSUS	25	sss 10-5.....	22
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REBIF REBIDOSE	20			SOLUTION.....	33
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Washington, D.C. 20201

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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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ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क 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**ខ្មែរ(Khmer)**សំដៅនូវការស្វែងរកជំនួយភាសាដើម គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមាននូវលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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'AKONÍNÍZIN: Diné (Navajo) bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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



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