



Your 2023 Prescription Drug List

Traditional 4-Tier

Effective September 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare and Student Resources medical plans with a pharmacy benefit subject to the Traditional 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 member ID card.

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

Who decides which medications are covered?

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

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.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name 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.	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.

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. ¹
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ² —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. ³

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

2. Not applicable to Student Resources plans.

3. Not applicable to certain Student Resources plans.



Reading your PDL (continued)

Coverage details

Some drug classes in this PDL have additional/important coverage details. Review this list to 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.

- **Infertility**

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

- **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.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on the back of your ID card

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain					
acetaminophen-codeine #2	1		ROXICODONE	E	
acetaminophen-codeine #3	1		tramadol hcl oral tablet 100 mg	E	
acetaminophen-codeine #4	1		tramadol hcl oral tablet 50 mg	1	
acetaminophen-codeine oral tablet	1		TREZIX	1	QL
apap-caff-dihydrocodeine	1	QL	XTAMPZA ER	4	PA, QL
bac	1	QL	ZTLIDO	3	PA, QL
BELBUCA	3	PA, QL	Analgesics - Drugs for Pain and Inflammation		
butalbital-apap-caffeine oral tablet	1	QL	CELEBREX	E	QL
DILAUDID ORAL TABLET	E		celecoxib oral	1	QL
endocet	1		diclofenac sodium oral	1	
ESGIC ORAL TABLET	4	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
GEN7T EXTERNAL PATCH	E		indomethacin oral	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E		ketorolac tromethamine oral	1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1		meloxicam oral tablet	1	
hydromorphone hcl oral tablet	1		nabumetone oral	1	
lidocaine external patch 5 %	1	PA, QL	NAPROSYN ORAL TABLET	E	
LIDODERM	E	PA, QL	naproxen oral tablet	1	
morphine sulfate er oral tablet extended release	1	PA, QL	RELAFEN DS	E	
MS CONTIN	E	PA, QL	Anti-Addiction / Substance Abuse Treatment Agents		
NALOCET	E	QL	buprenorphine hcl sublingual	1	QL
NUCYNTA	4	QL	buprenorphine hcl-naloxone hcl	1	QL
NUCYNTA ER	3	PA, QL	buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
OXAYDO	E	QL	KLOXXADO	2	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1		naloxone hcl injection solution prefilled syringe	1	
oxycodone hcl oral tablet 5 mg	1	QL	naloxone hcl nasal liquid 4 mg/0.1ml	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E		naltrexone hcl oral	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1		NARCAN	2	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL	SUBOXONE	E	PA, QL
PERCOCET	E		ZIMHI	2	QL
PROLATE ORAL TABLET	E		ZUBSOLV	1	QL
			Antibacterials - Drugs for Infections		
			amoxicillin oral capsule	1	
			amoxicillin oral suspension reconstituted	1	
			amoxicillin oral tablet	1	
			amoxicillin-potassium clavulanate oral suspension reconstituted	1	

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate oral tablet	1		minocycline hcl oral capsule	1	
AUGMENTIN	E		mondoxyne nl	1	
AUGMENTIN ES-600	E		mupirocin external	1	QL
avidoxy	1		nitrofurantoin macrocrystal	1	
azithromycin oral suspension reconstituted	1		nitrofurantoin monohydrate macrocrystals	1	
azithromycin oral tablet	1		NUVESSA	E	
BACTRIM	4		NUZYRA ORAL	4	QL
BACTRIM DS	4		penicillin v potassium oral tablet	1	
cefdirir	1		sulfamethoxazole-trimethoprim oral tablet	1	
cefuroxime axetil	1		TARGADOX	E	
CENTANY	4	QL	VANDAZOLE	4	
cephalexin oral capsule	1		VIBRAMYCIN ORAL CAPSULE	4	
cephalexin oral suspension reconstituted	1		XENLETA ORAL	3	
CIPRO ORAL TABLET	4		ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ciprofloxacin hcl oral	1		ZITHROMAX ORAL TABLET	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		ZITHROMAX TRI-PAK	4	
CLEOCIN ORAL CAPSULE 75 MG	2		ZITHROMAX Z-PAK	4	
clindamycin hcl oral	1		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
CLINDESSE	2		dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
DIFICID ORAL TABLET	3	QL	ELIQUIS	2	QL
doxycycline hyclate oral capsule	1		ELIQUIS DVT/PE STARTER PACK	2	QL
doxycycline hyclate oral tablet 100 mg, 20 mg	1		ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		enoxaparin sodium	1	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		jantoven	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		LOVENOX	E	QL
doxycycline monohydrate oral tablet	1		PRADAXA ORAL CAPSULE	2	QL
levofloxacin oral tablet	1		warfarin sodium oral	1	
LYMEPAK	E		XARELTO	2	QL
MACROBID	4		XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
MACRODANTIN	4		XARELTO STARTER PACK	2	QL
metronidazole oral tablet	1		Anticonvulsants - Drugs for Seizures		
metronidazole vaginal	1		APTOM	3	PA
			BRIVIACT ORAL TABLET	3	PA
			DEPAKOTE	4	PA

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE ER	4	PA	doxepin hcl capsule 10 mg oral	1	
divalproex sodium er	1		doxepin hcl capsule 100 mg oral	1	
divalproex sodium oral tablet delayed release	1		doxepin hcl capsule 25 mg oral	1	
EPIDIOLEX	3	PA, SP	doxepin hcl capsule 50 mg oral	1	
gabapentin oral capsule	1		doxepin hcl capsule 75 mg oral	1	
gabapentin oral tablet 600 mg, 800 mg	1		doxepin hcl oral capsule 150 mg	1	
KEPPRA ORAL TABLET	4	PA	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
LAMICTAL ORAL TABLET	4	PA	duloxetine hcl oral capsule delayed release particles 40 mg	E	
lamotrigine oral tablet	1		EFFEXOR XR	E	
levetiracetam oral tablet	1		escitalopram oxalate oral tablet	1	
NAYZILAM	3	PA, QL	fluoxetine hcl oral capsule	1	
NEURONTIN ORAL CAPSULE	4	PA	fluoxetine hcl oral tablet 10 mg	1	QL
NEURONTIN ORAL TABLET	4	PA	fluoxetine hcl oral tablet 20 mg	1	
oxcarbazepine oral tablet	1		fluoxetine hcl oral tablet 60 mg	E	
roweepra	1		fluvoxamine maleate	1	
subvenite	1		FORFIVO XL	E	QL
TOPAMAX	4	PA	LEXAPRO	E	
topiramate oral tablet	1		mirtazapine oral tablet	1	
TRILEPTAL ORAL TABLET	4	PA	nortriptyline hcl oral capsule	1	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL	PAMELOR	E	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA	paroxetine hcl oral tablet	1	
ZONEGRAN	4	PA	PAXIL ORAL TABLET	E	
zonisamide oral	1		PRISTIQ	E	QL
Antidepressants - Drugs for Depression			PROZAC	E	
amitriptyline hcl oral	1		REMERON	E	
bupropion hcl er (sr)	1		sertraline hcl oral tablet	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		trazodone hcl oral	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	TRINTELLIX	4	ST, QL
bupropion hcl oral	1		venlafaxine hcl	1	
CELEXA	E		venlafaxine hcl er oral capsule extended release 24 hour	1	
citalopram hydrobromide oral tablet	1		VIIBRYD	E	QL
CYMBALTA	E		VIIBRYD STARTER PACK	4	
desvenlafaxine succinate er	1	QL	vilazodone hcl	1	QL
			WELLBUTRIN SR	E	
			WELLBUTRIN XL	E	
			ZOLOFT ORAL TABLET	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Antiemetics - Drugs for Nausea and Vomiting					
metoclopramide hcl oral tablet	1		MAXALT	E	QL
ondansetron hcl oral tablet	1		NURTEC	2	PA, ST, QL
ondansetron odt	1		RELPAK	E	QL
prochlorperazine maleate oral	1		rizatriptan benzoate	1	QL
promethazine hcl oral tablet	1		sumatriptan succinate oral	1	QL
REGLAN	4		UBRELVY	2	PA, ST, QL
scopolamine	1		ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
TRANSDERM-SCOP	E		ZOMIG NASAL SOLUTION 2.5 MG	3	QL
Antifungals - Drugs for Fungal Infections			ZOMIG NASAL SOLUTION 5 MG	1	QL
ciclodan	1		Antineoplastics - Drugs for Cancer		
ciclopirox external solution	1		ALECENSA	2	PA, QL
CRESEMBA ORAL	3		ALUNBRIG	2	PA, QL, SP
DIFLUCAN ORAL TABLET	E		anastrozole oral	1	H-PA
fluconazole oral tablet	1		ARIMIDEX	E	
GYNAZOLE-1	3		bexarotene external	E	QL, SP
ketoconazole external cream	1	QL	CALQUENCE	2	PA, QL, SP
ketoconazole external shampoo	1		ERIVEDGE	2	PA, QL, SP
nystatin external cream	1	QL	ERLEADA ORAL TABLET 240 MG	E	PA
nystatin mouth/throat	1		ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
terbinafine hcl oral	1	QL	EXKIVITY	4	PA, QL, SP
VIVJOA	3	PA, QL	FEMARA	E	
Antigout Agents - Drugs for Gout			GAVRETO	4	PA, QL, SP
allopurinol oral tablet 100 mg, 300 mg	1		IBRANCE ORAL CAPSULE	2	PA, QL, SP
ALLOPURINOL ORAL TABLET 200 MG	E		ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
COLCHICINE ORAL CAPSULE	E		ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
MITIGARE	2		IDHIFA	2	PA, QL, SP
ZYLOPRIM	4		IMBRUVICA ORAL TABLET	2	PA, QL, SP
Antimigraine Agents - Drugs for Migraines			KOSELUGO	3	PA, QL, SP
AIMOVIG	2	PA, ST	lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA, QL, SP
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL	letrozole oral	1	H-PA
eletriptan hydrobromide	1	QL	LUMAKRAS	4	PA, QL, SP
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL	LUMAKRAS ORAL TABLET 120 MG	4	PA, QL, SP
IMITREX ORAL	E	QL	LYNPARZA	2	PA, QL, SP
			NUBEQA	2	PA, QL, SP
			ODOMZO	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ORGOVYX	3	PA, QL, SP	lurasidone hcl	1	QL
POMALYST	3	PA, QL, SP	olanzapine oral tablet	1	
RETEVMO 40 MG	4	PA, QL, SP	quetiapine fumarate	1	
RETEVMO 80 MG	4	PA, SP	REXULTI	4	PA, ST, QL
REVLIMID	2	PA, QL, SP	RISPERDAL ORAL TABLET	E	
STIVARGA	2	PA, QL, SP	risperidone oral tablet	1	
TABRECTA	4	PA, QL, SP	SAPHRIS	1	QL
TAGRISSO	3	PA, QL, SP	SEROQUEL	E	
tamoxifen citrate oral tablet 10 mg	1		VRAYLAR ORAL CAPSULE	4	QL
tamoxifen citrate oral tablet 20 mg	1	H-PA	ZYPREXA ORAL	E	
TARGRETIN EXTERNAL	1	QL, SP	Antivirals - Drugs for Viral Infections		
TARGRETIN ORAL	1	SP	acyclovir oral tablet	1	
TASIGNA	2	PA, ST, QL, SP	BIKTARVY	4	QL
VERZENIO	2	PA, QL, SP	CIMDUO	2	QL
VITRAKVI	2	PA, QL, SP	DESCOVY	E	PA, ST, QL
VITRAKVI ORAL CAPSULE	2	PA, QL, SP	DOVATO	2	QL
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA, QL, SP	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
ZEJULA	2	PA, QL, SP	emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
Antiparasitics - Drugs for Parasitic Infections			EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
ARAKODA	4	QL	EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
hydroxychloroquine sulfate oral	1		HARVONI ORAL TABLET	2	PA, ST, QL, SP
KRINTAFEL	1	QL	JULUCA	2	QL
PLAQUENIL	E		LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
Antiparkinson Agents - Drugs for Parkinson's Disease			MAVYRET	2	PA, QL, SP
INBRIJA	3	PA, QL, SP	MAVYRET ORAL PACKET	2	QL, SP
KYNMOBI	3	PA, QL, SP	oseltamivir phosphate oral capsule	1	
NEUPRO	3		PAXLOVID (150/100)	3	
NOURIANZ	3	PA, QL	PAXLOVID (300/100)	3	
pramipexole dihydrochloride	1		PREZCOBIX	2	
ropinirole hcl	1		RUKOBIA	4	PA
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			SITAVIG	E	QL
BRILINTA	4	QL	SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
clopidogrel bisulfate oral	1		SYMFI	2	QL
PLAVIX	E		SYMFI LO	2	QL
Antipsychotics - Drugs for Mood Disorders					
ABILIFY	E				
aripiprazole oral tablet	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TAMIFLU ORAL CAPSULE	3		amlodipine besylate-valsartan	1	
TIVICAY	3		atenolol oral	1	
TRIUMEQ	2	QL	atenolol-chlorthalidone	1	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL	atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
TRUVADA ORAL TABLET 200-300 MG	E	QL	atorvastatin calcium oral tablet 40 mg, 80 mg	1	
valacyclovir hcl oral	1	QL	AVALIDE	E	
VALTREX	E	QL	AVAPRO	E	
VOSEVI	2	PA, QL, SP	benazepril hcl oral	1	
XOFLUZA (40 MG DOSE)	3	QL	BENICAR	E	
XOFLUZA (80 MG DOSE)	3	QL	BENICAR HCT	E	
Anxiolytics - Drugs for Anxiety			BIDIL	2	
alprazolam oral tablet	1		bisoprolol fumarate oral	1	
ATIVAN ORAL	E		bisoprolol-hydrochlorothiazide	1	
buspirone hcl oral	1		CALAN SR	4	
clonazepam oral tablet	1		CARDIZEM CD	E	
diazepam oral tablet	1		CARDURA	4	
HALCION	4		cartia xt	1	
hydroxyzine hcl oral tablet	1		carvedilol	1	
hydroxyzine pamoate oral	1		chlorthalidone	1	
KLONOPIN	E		clonidine hcl oral	1	
lorazepam oral tablet	1		COREG	E	
triazolam	1		CORLANOR	3	PA, QL
VALIUM	E		CORLANOR ORAL SOLUTION	3	PA, QL
VISTARIL	4		COZAAR	E	
XANAX	E		CRESTOR	E	
Bipolar Agents - Drugs for Mood Disorders			diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
lithium carbonate er	1		DIOVAN	E	
lithium carbonate oral capsule	1		DIOVAN HCT	E	
LITHOBID	4	PA	doxazosin mesylate oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			EDARBI	3	
ALDACTONE	E		EDARBYCLOR	3	
aliskiren fumarate	1		enalapril maleate oral tablet	1	
ALTACE	E		ENTRESTO	4	PA, QL
amiodarone hcl oral	1		EXFORGE	E	
amlodipine besylate oral	1		ezetimibe	1	
amlodipine besylate-benazepril hcl	1		fenofibrate oral tablet 120 mg, 40 mg	E	

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fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		nifedipine er	1	
FENOGLIDE	E		nifedipine er osmotic release	1	
flecainide acetate	1		nitroglycerin sublingual	1	
FUROSCIX	E	PA, QL	NITROSTAT	4	
furosemide oral tablet	1		NORLIQVA	4	PA
gemfibrozil oral	1		NORVASC	E	
hydralazine hcl oral	1		olmesartan medoxomil oral	1	
hydrochlorothiazide oral	1		olmesartan medoxomil-hctz	1	
HYZAAR	E		omega-3-acid ethyl esters	1	
INDERAL LA	E		PACERONE ORAL TABLET 100 MG, 400 MG	3	
irbesartan	1		PACERONE ORAL TABLET 200 MG	4	
irbesartan-hydrochlorothiazide	1		pravastatin sodium	1	
isosorb dinitrate-hydralazine	1		prazosin hcl oral	1	
isosorbide mononitrate er	1		PROCARDIA XL	E	
labetalol hcl oral	1		propranolol hcl er	1	
LASIX	4		propranolol hcl oral tablet	1	
LIPITOR	E		ramipril	1	
lisinopril oral	1		REPATHA	2	PA, ST, QL
lisinopril-hydrochlorothiazide	1		REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
LOPID	4		REPATHA SURECLICK	2	PA, ST, QL
LOPRESSOR	4		rosuvastatin calcium	1	
losartan potassium oral	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
losartan potassium-hctz	1		simvastatin oral tablet 80 mg	1	
LOTENSIN	4		SOAANZ	E	QL
LOTREL	E		spironolactone oral	1	
lovastatin oral	1	H	TEKTURNA	3	
LOVAZA	E		TEKTURNA HCT	3	
MAXZIDE	4		telmisartan	1	
MAXZIDE-25	4		TENORETIC 100	E	
metoprolol succinate er	1		TENORETIC 50	E	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		TENORMIN	E	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		THALITONE	E	
MICARDIS	E		TOPROL XL	E	
MINIPRESS	4		torsemide	1	
MULTAQ	4	PA	triamterene-hctz	1	
NEXLETOL	2	PA, ST, QL	TRICOR	E	
NEXLIZET	2	PA, ST, QL	valsartan oral tablet	1	
			valsartan-hydrochlorothiazide	1	

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VASOTEC	E		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
verapamil hcl er oral tablet extended release	1		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
VERQUVO	4	PA, QL	methylphenidate hcl er (xr)	E	QL
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA, QL	methylphenidate hcl er oral tablet extended release	1	QL
ZESTORETIC	E		methylphenidate hcl oral tablet	1	
ZESTRIL	E		MYDAYIS	E	QL
ZETIA	E		RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	E	QL
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		RITALIN	E	
ZIAC ORAL TABLET 5-6.25 MG	4		RITALIN LA	E	QL
ZOCOR	E		STRATTERA	E	QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder			VYVANSE	3	QL
ADDERALL	E		VYVANSE ORAL CAPSULE	3	QL
ADDERALL XR	1	QL	Central Nervous System Agents - Drugs for Multiple Sclerosis		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL	AUBAGIO	3	PA, QL, SP
amphetamine-dextroamphetamine	1		AVONEX PEN	2	PA, QL, SP
amphetamine-dextroamphetamine er	E	QL	AVONEX PREFILLED	2	PA, QL, SP
APTENSIO XR	E	QL	BAFIERTAM	2	PA, QL, SP
atomoxetine hcl	1	QL	BETASERON	2	PA, QL, SP
CONCERTA	1	QL	COPAXONE	E	PA, QL, SP
dexmethylphenidate hcl	1		EXTAVIA	E	PA, ST, QL, SP
dexmethylphenidate hcl er	1	QL	ingolimod hcl	1	PA, QL, SP
FOCALIN	4		GILENYA	E	PA, QL, SP
FOCALIN XR	E	QL	glatiramer acetate	1	PA, QL, SP
guanfacine hcl er	1		glatopa	1	PA, QL, SP
INTUNIV	E		KESIMPTA	2	PA, QL, SP
JORNAY PM	E	QL	MAVENCLAD	3	PA, ST, QL, SP
methylphenidate hcl er (cd)	1	QL	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1		PLEGRIDY INTRAMUSCULAR	3	PA, QL
			PLEGRIDY STARTER PACK	3	PA, QL, SP

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PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP	clindamycin phosphate external solution	1	
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP	clindamycin phosphate external swab	1	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP	clindamycin phosphate gel 1 % external	E	QL
Central Nervous System Agents - Miscellaneous			clindamycin phosphate gel 1 % external	1	QL
AUSTEDO	2	PA, QL, SP	clobetasol propionate external cream	1	QL
LYRICA ORAL CAPSULE	4	PA	clobetasol propionate external ointment	1	QL
pregabalin oral capsule	1		clobetasol propionate external solution	1	QL
TIGLUTIK	4	PA	clotrimazole-betamethasone external cream	1	QL
ZEPOSIA	3	PA, ST, QL, SP	DAZOMON	E	PA
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
chlorhexidine gluconate mouth/throat	1		EFUDEX	4	
lidocaine hcl mouth/throat	1		ENSTILAR	4	QL
lidocaine viscous hcl	1		EUCRISA	3	ST, QL
PERIDEX	4		FINACEA	4	
periogard	1		FLUOROPLEX	4	
Dermatological Agents - Drugs for Skin Conditions			FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
ABSORICA	E	PA	fluorouracil external cream 5 %	1	
accutane	1		hydrocortisone external cream 1 %	E	
ala-cort external cream 1 %	E		hydrocortisone external cream 2.5 %	1	
ala-cort external cream 2.5 %	1		hydrocortisone external ointment 1 %, 2.5 %	1	
amnestem	1		IMPOYZ	E	QL
AMZEEQ	4	PA, QL	isotretinoin capsule 10 mg oral	E	PA
AVITA EXTERNAL CREAM	E	PA, QL	isotretinoin capsule 10 mg oral	1	
brimonidine tartrate external	1	PA, QL	isotretinoin capsule 20 mg oral	E	PA
CARAC	E		isotretinoin capsule 20 mg oral	1	
CIBINQO	2	PA, QL, SP			
claravis	1				
CLEOCIN-T	4				
clindacin etz external swab	1				
clindacin-p	1				
CLINDAGEL	E	QL			
clindamycin phosphate external lotion	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
isotretinoin capsule 30 mg oral	E	PA	Diabetes - Glucose Monitoring and Supplies		
isotretinoin capsule 30 mg oral	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
isotretinoin capsule 40 mg oral	E	PA	ACCU-CHEK FASTCLIX LANCET KIT	1	
isotretinoin capsule 40 mg oral	1		ACCU-CHEK FASTCLIX LANCETS	1	
isotretinoin oral capsule 25 mg, 35 mg	E	PA	ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
KLISYRI	4	ST, QL	ACCU-CHEK GUIDE TEST STRIPS	3	QL
METROCREAM	4		ACCU-CHEK MULTICLIX LANCET KIT	1	
metronidazole external cream	1		ACCU-CHEK MULTICLIX LANCETS	1	
myorisan	1		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
NORITATE	E		ACCU-CHEK SOFT TOUCH LANCETS	1	
OPZELURA	4	PA, QL, SP	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
PICATO	3	QL	ACCU-CHEK SOFTCLIX LANCETS	1	
PROTOPIC	E	QL	ACCUTREND GLUCOSE	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL	bd autoshield duo pen needles	2	
RHOFADE	4	PA, QL	bd U-500 insulin syringes	2	
rosadan external cream	1		bd ultra-fine insulin syringes	2	
SANTYL	3	QL	bd ultra-fine pen needles	2	
SOOLANTRA	1	QL	BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
TACLONEX EXTERNAL OINTMENT	E	QL	bd veo ultra-fine insulin syringes	2	
tacrolimus external	1	QL	BLOOD GLUCOSE TEST STRIPS	E	QL
tretinoin external cream	1	QL	BLOOD GLUCOSE TEST STRIPS 333	E	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		CARETOUCH MONITOR SYSTEM	E	
triamcinolone acetonide external cream 0.5 %	1	QL	CARETOUCH TEST	E	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		CONTOUR MONITOR KIT W/DEVICE	E	
triamcinolone acetonide external ointment 0.05 %	E		CONTOUR NEXT EZ KIT W/DEVICE	E	
triamcinolone in absorbase	E		CONTOUR NEXT GEN MONITOR	E	
TRIANEX	E		CONTOUR NEXT GEN TEST STRIPS	2	QL
triderm external cream 0.1 %	1		CONTOUR NEXT LINK KIT W/DEVICE	4	
triderm external cream 0.5 %	1	QL			
tritocin	E				
VTAMA	4	PA, QL			
XEPI	3	QL			
zenatane	1				
ZILXI	4	PA, ST, QL			
ZORYVE	4	PA, QL			

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CONTOUR NEXT LINK KIT W/DEVICE	E		FREESTYLE LIBRE READER	3	PA, QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2		FREESTYLE PRECISION NEO SYSTEM	E	
CONTOUR NEXT ONE KIT	2		FREESTYLE PRECISION NEO TEST	E	QL
CONTOUR NEXT TEST STRIPS	2	QL	FREESTYLE TEST	E	QL
CONTOUR TEST STRIPS	E	QL	GLUCOCARD EXPRESSION TEST	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL	GLUCOCARD SHINE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL	GLUCOCARD VITAL TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
D-CARE GLUCOMETER	E		GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL	GUARDIAN REAL-TIME REPLACE PED	3	PA
DEXCOM G6 SENSOR	3	PA, QL	GUARDIAN SENSOR (3)	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	GUARDIAN SENSOR 3	3	PA, QL
DEXCOM G7 RECEIVER	3	PA	GVOKE HYOPEN 1-PACK	2	QL
DEXCOM G7 SENSOR	3	PA	GVOKE HYOPEN 2-PACK	2	QL
DIABETES MONITOR DIGIT ADD-ON	E		GVOKE KIT	2	
DIABETES MONITOR DIGIT SOLN	E		GVOKE PFS	2	QL
EASY TOUCH HEALTHPRO GLUCOSE	E		HEALTHPRO BLOOD GLUCOSE MONITO	E	
EASY TOUCH TEST	E	QL	INSULIN PEN NEEDLES	2	QL
EASYGLUCO	E		MICRODOT TEST	E	QL
EASYMAX 15 TEST	E	QL	MINILINK REAL-TIME TRANSMITTER	3	PA
EASYMAX NG BLOOD GLUCOSE KIT	E		MINIMED 630G GUARDIAN PRESS	3	PA
ENLITE GLUCOSE SENSOR	3	PA	MM EASY TOUCH GLUCOSE METER	E	
EQ BLOOD GLUCOSE TEST	E	QL	NEUTEK 2TEK TEST	E	QL
EVERSENSE SENSOR/HOLDER	3	PA	NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
EVERSENSE SMART TRANSMITTER	3	PA	NOVOFINE PEN NEEDLE	2	QL
FORTISCARE G1 TEST STRIP	E	QL	NOVOFINE PLUS PEN NEEDLE	2	QL
FORTISCARE TEST	E	QL	NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	NOVOTWIST	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL	OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	ON CALL EXPRESS BLOOD GLUCOSE	E	QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL			

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ON CALL EXPRESS MONITORING SYS	E		QUINTET BLOOD GLUCOSE TEST	E	QL
ONETOUCH CLUB LANCETS FINE PT	1		RELION TRUE MET AIR GLUC METER	E	
ONETOUCH DELICA LANCETS 30G	1		RELION TRUE METRIX TEST STRIPS	E	QL
ONETOUCH DELICA LANCETS 33G	1		RELION ULTIMA GLUCOSE SYSTEM	E	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)	RELION ULTIMA TEST	E	QL
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)	RIGHTEST GT333 GLUCOSE TEST	E	QL
ONETOUCH FINEPOINT LANCETS	1		TECHLITE INSULIN SYRINGES	2	(Arkay) QL
ONETOUCH SOLUTIONS STARTER KIT	4		TECHLITE PEN NEEDLES	2	(Arkay) QL
ONETOUCH ULTRA 2 KIT W/DEVICE	1		TEMPO REFILL	E	
ONETOUCH ULTRA MINI KIT W/DEVICE	1		TEMPO WELCOME	E	
ONETOUCH ULTRA TEST STRIPS	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)	TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH VERIO FLEX SYSTEM	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH VERIO IQ SYSTEM	1		TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TRUE METRIX METER KIT	E	
ONETOUCH VERIO KIT W/DEVICE	1		TRUE METRIX PRO BLOOD GLUCOSE	E	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE TRACK TEST	E	QL
ONETOUCH VERIO TEST STRIPS	1	QL	UNISTrip1 GENERIC	E	QL
OPTIUMEZ TEST	E	QL	Diabetes - Insulin		
PARADIGM REAL-TIME TRANSMITTER	3	PA	ADMELOG	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	ADMELOG SOLOSTAR	E	QL
PRECISION XTRA	E		BASAGLAR KWIKPEN	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL	BASAGLAR TEMPO PEN	E	
PREMIUM BLOOD GLUCOSE TEST	E	QL	HUMALOG INJECTION	1	QL
PTS PANELS EGLU TEST	E	QL	HUMALOG KWIKPEN	2	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
			HUMALOG MIX 50/50 VIAL	1	QL
			HUMALOG MIX 75/25 KWIKPEN	2	QL
			HUMALOG MIX 75/25 VIAL	1	QL
			HUMALOG SUBCUTANEOUS (cartridge)	2	QL
			HUMALOG TEMPO PEN	E	
			HUMALOG U-100 JUNIOR KWIKPEN	2	QL

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HUMULIN 70/30 KWIKPEN	2	QL	ALOGLIPTIN-METFORMIN HCL	E	QL
HUMULIN 70/30 VIAL	1	QL	ALOGLIPTIN-PIOGLITAZONE	E	QL
HUMULIN N KWIKPEN	2	QL	AMARYL	E	
HUMULIN N VIAL	1	QL	BAQSIMI ONE PACK	2	QL
HUMULIN R U-500 KWIKPEN	2	QL	BAQSIMI TWO PACK	2	QL
HUMULIN R U-500 VIAL	1	QL	BYDUREON BCISE	2	PA, QL
HUMULIN R VIAL	1	QL	BYETTA 10 MCG PEN	2	PA, ST, QL
INSULIN GLARGINE	E	QL	BYETTA 5 MCG PEN	2	PA, ST, QL
INSULIN GLARGINE SOLOSTAR	E	QL	glimepiride	1	
INSULIN LISPRO	E	QL	glipizide er	1	
INSULIN LISPRO (1 UNIT DIAL)	E	QL	glipizide ir	1	
INSULIN LISPRO JUNIOR KWIKPEN	E	QL	glipizide xl	1	
INSULIN LISPRO KWIKPEN	E	QL	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
INSULIN LISPRO PROT & LISPRO	E	QL	GLUCOTROL XL	4	
LANTUS SOLOSTAR	1	QL	GLUMETZA	E	PA
LANTUS U-100 VIAL	1	QL	glyburide oral	1	
LYUMJEV KWIKPEN	2	QL	GLYXAMBI	2	ST, QL
LYUMJEV TEMPO PEN	E		JARDIANCE	2	QL
LYUMJEV VIAL	1	QL	JENTADUETO	2	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL	JENTADUETO XR	2	QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	KAZANO	2	QL
NOVOLIN 70/30 RELION	E	ST, QL	KOMBIGLYZE XR	2	QL
NOVOLIN 70/30 VIAL	E	ST, QL	metformin hcl er	1	
NOVOLIN N FLEXPEN	E	ST, QL	metformin hcl er (mod)	E	PA
NOVOLIN N FLEXPEN RELION	E	ST, QL	metformin hcl er (osm)	E	PA
NOVOLIN N RELION	E	ST, QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
NOVOLIN N VIAL	E	ST, QL	metformin hcl oral tablet 625 mg	E	
NOVOLIN R FLEXPEN	E	ST, QL	MOUNJARO	2	PA, ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL	NESINA	2	QL
NOVOLIN R RELION	E	ST, QL	ONGLYZA	2	QL
NOVOLIN R VIAL	E	ST, QL	OSENI	2	QL
TOUJEO MAX SOLOSTAR	2	QL	OZEMPIC	2	PA, ST, QL
TOUJEO SOLOSTAR	2	QL	pioglitazone hcl	1	QL
Diabetes - Non-Insulin Agents			RYBELSUS	2	PA, ST, QL
ACTOS	E	QL	SOLIQUA	2	QL
ADLYXIN	4	PA, ST, QL	SYMLINPEN 120	3	QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	PA, ST, QL	SYMLINPEN 60	3	QL
ALOGLIPTIN BENZOATE	E	QL			

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SYNJARDY	2	QL	RECOMBINATE	2	SP
SYNJARDY XR	2	QL	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
TRADJENTA	2	QL	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TRIJARDY XR	2	QL	TAVALISSE	4	PA, QL, SP
TRULICITY	2	PA, ST, QL	WILATE	2	
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL	ZARXIO	2	
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL	ZIEXTENZO	3	SP
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL	Drugs for Sexual Dysfunction		
Drugs for Blood Disorders			ADDYI	4	PA, QL
ADVATE	2	SP	CIALIS	E	QL
ADYNOVATE	4	PA, SP	IMVEXXY MAINTENANCE PACK	2	QL
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA	IMVEXXY STARTER PACK	2	QL
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP	OSPHENA	3	PA, QL
ALPHANATE	2	SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
ARANESP (ALBUMIN FREE)	2	QL, SP	STENDRA	4	PA, QL
DOPTLET	4	PA, QL, SP	tadalafil oral	1	QL
ELOCTATE	4	PA, SP	VIAGRA	E	QL
HEMLIBRA	2	PA, SP	VYLEESI	4	PA, QL
HEMOFIL M	2	SP	Electrolytes / Vitamins		
HUMATE-P	2	SP	cyanocobalamin injection solution 1000 mcg/ml	1	
JIVI	4	PA, SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
KOATE	2	SP	DODEX	4	
KOATE-DVI	2	SP	DRISDOL	4	
KOGENATE FS	2	SP	ergocalciferol oral capsule	1	
KOVALTRY	2	SP	folic acid oral tablet 1 mg	1	
MULPLETA	2	PA, QL, SP	klor-con 10	1	
NEULASTA	3		klor-con m10	1	
NOVOEIGHT	2	SP	klor-con m15	1	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP	klor-con m20	1	
NUWIQ INTRAVENOUS KIT 1500 UNIT	2		klor-con oral tablet extended release	1	
			K-TAB	3	
			LOKELMA	3	PA, QL
			multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3		PYLERA	3	QL
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1		rabeprazole sodium oral tablet delayed release	1	QL
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3		sucralfate oral tablet	1	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1		Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3		CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
MULTI-VIT-FLOR	3		dicyclomine hcl oral capsule	1	
NASCOBAL	3		dicyclomine hcl tablet 20 mg oral	1	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3		GLYCATE	E	
potassium chloride crys er	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
potassium chloride er	1		GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
potassium citrate er	1		LINZESS	2	PA, QL
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3		MOTEGRITY	3	PA, QL
UROCIT-K 10	4		MOVIPREP	3	QL
UROCIT-K 15	4		na sulfate-k sulfate-mg sulf	1	QL
UROCIT-K 5	4		peg 3350-kcl-na bicarb-nacl	1	QL, H
VELTASSA	3	PA, QL	peg-3350/electrolytes/ascorbat	1	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		peg-kcl-nacl-nasulf-na asc-c	1	QL
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			PLENVU	3	QL
ACIPHEX	E	QL	ROBINUL	E	
CARAFATE ORAL TABLET	E		ROBINUL-FORTE	E	
CYTOTEC	4		SUPREP BOWEL PREP KIT	3	QL
dexlansoprazole	E	QL	SUTAB	3	
famotidine oral suspension reconstituted	1		SYMPROIC	2	PA, QL
misoprostol oral	1		VIBERZI	3	PA, QL
OMECLAMOX-PAK	3	QL	ZELNORM	3	PA, ST, QL
omeprazole oral capsule delayed release	1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
pantoprazole sodium oral tablet delayed release	1		CERDELGA	2	PA, SP
PROTONIX ORAL TABLET DELAYED RELEASE	E		CREON	2	
			DEPEN TITRATABS	2	SP
			ORFADIN ORAL CAPSULE	1	PA, SP
			ORFADIN ORAL SUSPENSION	2	PA, SP
			PANCREAZE	3	ST
			PERTZYE	4	ST

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STRENSIQ	2	PA, QL, SP	BIJUVA	3	
TEGSEDI	2	PA, QL, SP	blisovi 24 fe	1	H
ZENPEP	2		blisovi fe 1.5/30	1	H
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			blisovi fe 1/20	1	H
DITROPAN XL	E		camila	1	H
oxybutynin chloride er	1		chateal eq	1	H
oxybutynin chloride oral tablet 5 mg	1		chateal oral tablet 0.15-30 mg-mcg	1	H
phenazo oral tablet 200 mg	1		CLIMARA	E	QL
phenazopyridine hcl oral	1		CLIMARA PRO	3	QL
PYRIDIUM	3		cryselle-28	1	H
solifenacin succinate	1		cyred	1	H
THIOLA	4	SP	cyred eq	1	H
THIOLA EC	3	SP	deblitane	1	H
VELPHORO	2		delyla	1	H
VESICARE	E		DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
Genitourinary Agents - Drugs for Prostate Conditions			DEPO-SUBQ PROVERA 104	2	QL
alfuzosin hcl er	1		desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
finasteride oral tablet 5 mg	1		DIVIGEL	3	
FLOMAX	E		dotti	1	QL
PROSCAR	E		drosiprenone-ethinyl estradiol	1	H
tamsulosin hcl	1		DUAVEE	3	QL
UROXATRAL	E		ELESTRIN	3	
Hormonal Agents - Hormone Replacement and Birth Control			elinest	1	H
afirmelle	1	H	eluryng	1	H
ALORA	3	QL	enskyce	1	H
altavera	1	H	errin	1	H
ANNOVERA	3	QL	estarylla	1	H
apri	1	H	ESTRACE	E	
aubra eq	1	H	estradiol oral	1	
aubra oral tablet 0.1-20 mg-mcg	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
aurovela 1.5/30	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
aurovela 1/20	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
aurovela 24 fe	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
aurovela fe 1.5/30	1	H			
aurovela fe 1/20	1	H			
aviane	1	H			
AYGESTIN	4				
ayuna	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL	larin 1.5/30	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	larin 1/20	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL	larin 24 fe	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL	larin fe 1.5/30	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	larin fe 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL	lessina	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
estradiol transdermal gel	1		levora 0.15/30 (28)	1	H
estradiol transdermal patch weekly	1	(generic for Climara), QL	LO LOESTRIN FE	1	H
estradiol vaginal	1		LOESTRIN 1.5/30 (21)	E	
ESTRING	2	QL	LOESTRIN 1/20 (21)	E	
ESTROGEL	3	QL	LOESTRIN FE 1.5/30	E	
etonogestrel-ethinyl estradiol	1	H	LOESTRIN FE 1/20	E	
EVAMIST	2		loryna	1	H
falmina	1	H	low-ogestrel	1	H
hailey 1.5/30	1	H	lo-zumandimine	1	H
hailey 24 fe	1	H	lutura	1	H
hailey fe 1.5/30	1	H	lyleq	1	H
hailey fe 1/20	1	H	lyllana	1	QL
haloette	1	H	lyza	1	H
heather	1	H	marlissa	1	H
incassia	1	H	medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
isibloom	1	H	medroxyprogesterone acetate oral	1	
jasmiel	1	H	MENOSTAR	3	QL
jencycla	1	H	microgestin 1.5/30	1	H
juleber	1	H	microgestin 1/20	1	H
junel 1.5/30	1	H	microgestin 24 fe	1	H
junel 1/20	1	H	microgestin fe 1.5/30	1	H
junel fe 1.5/30	1	H	microgestin fe 1/20	1	H
junel fe 1/20	1	H	mili	1	H
junel fe 24	1	H	MINIVELLE	E	QL
kalliga	1	H	mono-lynyah	1	H
kurvelo	1	H	MYFEMBREE	2	PA, QL
			NATAZIA	1	
			nikki	1	H
			nora-be	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
norethin ace-eth estrad-fe oral tablet	1	H	vestura	1	H
norethindrone acetate oral	1		vienva	1	H
norethindrone acet-ethinyl est	1	H	VIVELLE-DOT	E	QL
norethindrone oral	1	H	vylibra	1	H
norgestimate-eth estradiol	1	H	xulane	1	H
norgestimate-ethinyl estradiol triphasic	1	H	YASMIN 28	3	
norlyroc	1	H	YAZ	3	
NUVARING	E		yuvaferm	1	
nymyo	1	H	zafemy	1	H
ocella	1	H	zumandimine	1	H
portia-28	1	H	Hormonal Agents - Oral Steroids		
PREMARIN ORAL	3		CORTEF	4	
PREMARIN VAGINAL	3		DEXABLISS	E	
PREMPHASE	3		dexamethasone oral tablet	1	
PREMPRO	3		dexamethasone oral tablet therapy pack	1	
progesterone oral	1		DXEVO 11-DAY	E	
PROMETRIUM	E		HEMADY	E	
PROVERA	4		HIDEX 6-DAY	E	
reclipsen	1	H	hydrocortisone oral	1	
sharobel	1	H	MEDROL ORAL TABLET THERAPY PACK	4	
sprintec 28	1	H	methylprednisolone oral tablet therapy pack	1	
sronyx	1	H	PEDIAPRED	2	
syeda	1	H	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
tarina 24 fe	1	H	prednisolone sodium phosphate oral solution 15 mg/5ml	1	
tarina fe 1/20 eq	1	H	prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
tri-estarylla	1	H	prednisone oral tablet	1	
tri-lynyah	1	H	prednisone oral tablet therapy pack	1	
tri-lo-estarylla	1	H	TAPERDEX 12-DAY	3	
tri-lo-marzia	1	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
tri-lo-mili	1	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
tri-lo-sprintec	1	H	TAPERDEX 7-DAY	3	
tri-mili	1	H			
tri-nymyo	1	H			
tri-sprintec	1	H			
tri-vylibra	1	H			
tri-vylibra lo	1	H			
VAGIFEM	E				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other			levo-t	1	
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA	levothyroxine sodium oral tablet	1	
LANREOTIDE ACETATE	E	SP	levoxyl	1	
leuprolide acetate injection	1	PA	liothyronine sodium oral	1	
MENOPUR	E	SP	methimazole oral	1	
NOC DURNA	3	PA, QL	np thyroid	1	
NORDITROPIN FLEXPUR	2	PA, QL, SP	SYNTHROID	E	
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP	THYQUIDITY	E	PA
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP	TIROSINT-SOL	2	PA
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP	unithroid	1	
ORIAHNN	2	PA, QL	Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ORILISSA	2	PA, QL	ACTEMRA ACTPEN	3	PA, ST, QL, SP
SOMATULINE DEPOT	4	SP	ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
Hormonal Agents - Testosterone Replacement			ADBRY	2	PA, SP
ANDRODERM	2	PA, QL	AMJEVITA	2	PA, QL, SP
ANDROGEL PUMP	E	PA, QL	AZASAN	4	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	E	PA, QL	azathioprine oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3		BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4		CELLCEPT ORAL TABLET	E	
FORTESTA	E	PA, QL	CIMZIA STARTER KIT	2	PA, QL, SP
NATESTO	E	PA, QL	CIMZIA SUBCUTANEOUS KIT	E	PA
TESTIM	1	PA, QL	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
testosterone cypionate intramuscular	1		CINRYZE	E	PA, QL, SP
VOGELXO	E	PA, QL	COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
VOGELXO PUMP	E	PA, QL	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
Hormonal Agents - Thyroid			COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
ADTHYZA	3		COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3		COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
ARMOUR THYROID	3		EMPAVELI	2	PA, QL, SP
CYTOMEL	E		ENBREL MINI	2	PA, QL, SP
ERMEZA	E	PA	ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL
euthyrox	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
FIRAZYR	E	PA, QL, SP	TREMFYA	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP	TREXALL	2	
HUMIRA	2	PA, QL, SP	XELJANZ	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP	XELJANZ ORAL SOLUTION	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP	Immunological Agents - Drugs for Vaccination		
HYFTOR	4	PA, QL	AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
IMURAN	E		BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
LUPKYNIS	4	PA, QL, SP	COMIRNATY	3	H
methotrexate oral	1		FLUARIX QUADRIVALENT	3	H
methotrexate sodium oral	1		FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
mycophenolate mofetil oral tablet	1		FLULAVAL QUADRIVALENT	3	H
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP	MODERNA COVID-19 VAC (BOOSTER)	3	H
ORENCIA CLICKJECT	3	PA, ST, QL, SP	MODERNA COVID-19 VACC 6M-5Y	3	H
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP	MODERNA COVID-19 VACCINE	3	H
OTEZLA ORAL TABLET	2	PA, QL, SP	PFIZER COVID-19 VAC BIVAL 5-11	3	H
OTREXUP	E	QL	PFIZER COVID-19 VAC BIVALENT	3	H
PROGRAF ORAL CAPSULE	4		PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
RASUVO	2	QL	PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
RINVOQ	2	PA, QL, SP	PFIZER-BIONT COVID-19 VAC-TRIS	3	H
RUCONEST	4	PA, QL, SP			
SIMPONI	2	PA, QL, SP			
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP			
SKYRIZI PEN	2	PA, QL, SP			
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP			
STELARA SUBCUTANEOUS	2	PA, QL, SP			
tacrolimus oral	1				

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Drug Name	Drug Tier	Requirements & Limits
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	1	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	

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Drug Name	Drug Tier	Requirements & Limits
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	

Drug Name	Drug Tier	Requirements & Limits
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold					
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1		BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
azelastine hcl nasal solution 0.15 %	E		COMBIVENT RESPIMAT	3	QL
benzonatate oral capsule 100 mg, 200 mg	1		FASENRA PEN	4	PA, QL
benzonatate oral capsule 150 mg	E		FLOVENT DISKUS	1	QL
cypheptadine hcl oral tablet	1		FLOVENT HFA	1	QL
fluticasone propionate nasal	1	QL	FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ipratropium bromide nasal	1		FLUTICASONE PROPIONATE HFA	E	QL
levocetirizine dihydrochloride oral tablet	1		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL
promethazine-dm	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
pseudoephedrine-bromphen-dm	1		ipratropium-albuterol	1	
ZETONNA	3	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD			montelukast sodium oral tablet	1	
ADVAIR DISKUS	1	QL	montelukast sodium oral tablet chewable	1	
ADVAIR HFA	3	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
AIRDUO DIGIHALER	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
AIRDUO RESPICLICK 113/14	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL, SP
AIRDUO RESPICLICK 232/14	E	QL	PERFOROMIST	4	QL
AIRDUO RESPICLICK 55/14	E	QL	PROVENTIL HFA	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	PULMICORT FLEXHALER	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL	PULMICORT SUSPENSION	E	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL	SEREVENT DISKUS	2	QL
albuterol sulfate inhalation	1		SINGULAIR ORAL TABLET	E	
ANORO ELLIPTA	3	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
ARMONAIR DIGIHALER	E	QL	SPIRIVA HANDIHALER	2	QL
ARNUITY ELLIPTA	1	QL	SPIRIVA RESPIMAT	2	QL
ATROVENT HFA	3	QL	STIOLTO RESPIMAT	2	QL
BEVESPI AEROSPHERE	2	QL			
BREO ELLIPTA	3	QL, RS			
BREZTRI AEROSPHERE	3	QL, RS			
budesonide inhalation	1	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
STRIVERDI RESPIMAT	2	QL	methocarbamol oral tablet 1000 mg	E	
SYMBICORT	3	QL, RS	methocarbamol oral tablet 500 mg, 750 mg	1	
TRELEGY ELLIPTA	3	QL, RS	SOMA	E	
VENTOLIN HFA	E	QL	tizanidine hcl oral tablet	1	
wixela inhub	E	QL	VANADOM	E	
XOPENEX HFA	3	QL	ZANAFLEX ORAL TABLET	4	
YUPELRI	4	PA, QL	Sleep Disorder Agents		
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			AMBIEN	E	
BRONCHITOL	3	PA, ST, QL, SP	AMBIEN CR	E	
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP	BELSOMRA	4	ST, QL
PULMOZYME	2	PA, QL, SP	DAYVIGO	4	ST, QL
TOBI PODHALER	3	PA, QL, SP	eszopiclone	1	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis			LUNESTA	E	
OFEV	4	PA, QL, SP	modafinil	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			PROVIGIL	E	QL
ADEMPAS	2	PA, QL, SP	RESTORIL	4	
OPSUMIT	2	PA, QL, SP	SODIUM OXYBATE	4	PA, QL, SP
REMODULIN	E	PA	SUNOSI	2	PA, QL
REVATIO ORAL TABLET	E	QL	temazepam	1	
sildenafil citrate oral tablet 20 mg	1	QL	WAKIX	4	PA, QL, SP
TADLIQ	3	PA, QL, SP	XYREM	4	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP	XYWAV	4	PA, QL, SP
treprostinil	E	PA	zolpidem tartrate er	1	
TYVASO	2	PA, SP	zolpidem tartrate oral	1	
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP			
TYVASO DPI TITRATION KIT	2	PA, QL, SP			
TYVASO REFILL	2	PA, SP			
TYVASO STARTER	2	PA, SP			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm					
baclofen oral tablet	1				
carisoprodol oral tablet 250 mg	E				
carisoprodol oral tablet 350 mg	1				
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1				
cyclobenzaprine hcl oral tablet 7.5 mg	E				
FEXMID	E				

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acetaminophen-codeine #4	8	AIRDUO RESPICLICK 55/14	30	amlodipine besylate-valsartan	13
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ACIPHEX	22	ala-cort external cream 2.5 %	16	amoxicillin oral capsule	8
ACTEMRA ACTPEN	26	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	30	amoxicillin oral suspension reconstituted	8
ACTEMRA SUBCUTANEOUS	26	albuterol sulfate inhalation	30	amoxicillin oral tablet	8
ACTOS	20	ALDACTONE	13	amoxicillin-potassium clavulanate oral suspension reconstituted	8
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CELEBREX	8	clindamycin phosphate external swab.	16	COSENTYX SENSOREADY (300 MG)	26
celecoxib oral	8	clindamycin phosphate gel 1 % external	16	COSENTYX SENSOREADY PEN	26
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CENTANY	9	clobetasol propionate external ointment	16	COZAAR	13
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CERDELGA	22	clonazepam oral tablet	13	CRESTOR	13
chateal eq	23	clonidine hcl oral	13	cryselle-28	23
chateal oral tablet 0.15-30 mg-mcg	23	clopidogrel bisulfate oral	12	CVS ADVANCED GLUCOSE TEST	18
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CIALIS	21	COMBIVENT RESPIMAT	30	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	31
CIBINQO	16	COMIRNATY	27	cyclobenzaprine hcl oral tablet 7.5 mg	31
ciclodan	11	CONCERTA	15	CYCLOSPORINE IN KLARITY	29
ciclopirox external solution	11	CONTOUR MONITOR KIT W/DEVICE	17	cyclosporine ophthalmic	29
CIMDUO	12	CONTOUR NEXT EZ KIT W/DEVICE	17	CYMBALTA	10
CIMZIA STARTER KIT	26	CONTOUR NEXT GEN MONITOR	17	cyproheptadine hcl oral tablet	30
CIMZIA SUBCUTANEOUS KIT	26	CONTOUR NEXT GEN TEST STRIPS	17	cyred	23
CIMZIA SUBCUTANEOUS REFILLED SYRINGE KIT	26	CONTOUR NEXT LINK KIT W/DEVICE	17, 18	cyred eq.	23
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DEXCOM G6 TRANSMITTER	18
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ENTRESTO	13	EUCRISA	16	fluoxetine hcl oral tablet 60 mg.	10
EPCLUSA ORAL TABLET 200-50 MG	12	euthyrox.	26	FLUTICASONE FUROATE- VILANTEROL	30
EPCLUSA ORAL TABLET 400-100 MG	12	EVAMIST	24	FLUTICASONE PROPIONATE HFA	30
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epinephrine solution auto-injector 0.15 mg/0.15ml injection	29	EXFORGE	13	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	30
epinephrine solution auto-injector 0.15 mg/0.3ml injection	29	EXKIVITY	11	fluvoxamine maleate	10
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LOTEMAX OPHTHALMIC SUSPENSION	28	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.	15	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
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lyllana	24	methylphenidate hcl er (cd)	15	mirtazapine oral tablet	10
LYMEPAK	9	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	misoprostol oral	22
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Room 509F, HHH Building
Washington, D.C. 20201

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ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क 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)**សម្រាប់ជំនួយភាសាដទៃយកតម្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខស័ព្ទតាមការណែនាំរបស់អ្នក។

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DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déq' t'áá 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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