Maricopa County
OptumRx® HDHP
Prescription Plan

Your July 1, 2021 – December 31, 2021

Prescription Drug List

Maricopa County OptumRx® HDHP Prescription Plan – effective July 1, 2021

United Healthcare

MARICOPA ARIZONA COUNTY

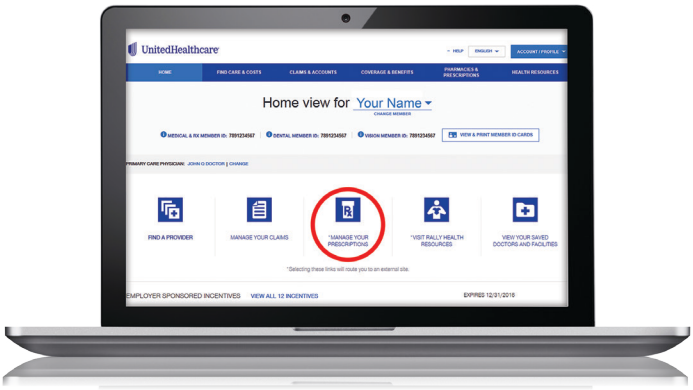
Your Prescription Drug List

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers. An important part of the PDL is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to myuhc.com® for complete drug information

Since the PDL may change, we encourage you to visit our website, **myuhc.com**. This website is the best source for up-to-date information about the medications your prescription benefit covers, possible lower-cost options, and cost comparisons.

At UnitedHealthcare, we want to help you ...



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Understand your medications options

Your prescription benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your prescription benefit, we've included some of the most commonly asked questions about the Prescription Drug List.

What is a Prescription Drug List (PDL)?

This document is a list of commonly prescribed medications. Drugs are listed by common categories or class. They are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications. You may also log on to **myuhc.com** or call the toll-free member phone number on your health plan ID card for more information.

How do I use my Prescription Drug List?

When choosing a medication, you and your doctor should consult the PDL. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special programs apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed in this document, please visit **myuhc.com** 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, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific prescription plan costs.

Drug Tier	Description
Tier 1 **Lowest Cost** $	**Lower-cost drugs. Some brands and generics are also included.** *Use Tier 1 drugs for the lowest out-of-pocket costs.*
Tier 2 **Mid-range Cost** $ $	**Mix of brands and generics.** *Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.*
Tier 3 **Highest Cost** $ $ $	**Mostly higher-cost brand as well as select generic drugs.** *Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.*

Please note: If you have a high deductible health plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan materials on **myuhc.com**, or call the toll-free number on your health plan ID card for more information about your benefit plan.

Please read: This document contains information about commonly prescribed medications.

For additional information:
Call us toll-free at
1-888-876-7098, TTY 711
Habla Español? Podemos ayudar.

Visit myuhc.com®
- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1.

When a medication changes tiers, you may have to pay a different amount for that medication. For the most up-to-date list, call member services at the number on your ID card.

Why are some medications excluded from coverage?

Medications may be excluded from coverage under your prescription benefit when they work the same or similar as another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

Should I talk to my doctor about over-the-counter (OTC) medications?

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options.

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 of 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.

Is it a generic or brand-name drug?

The drug list shows brand-name drugs in blue type (for example, Invokana) and generic drugs in plain type (for example, Metformin).

Programs and Limits

Some medications are noted with letters next to them. The letters refer to our prescription benefit programs. Your benefit plan determines how these medications are covered. Call the number for Member Services listed on your ID card if you have any questions about your prescription drug coverage.

Code	Pharmacy Benefit Programs
DSP	**Designated Specialty Program** Specialty medications need to be filled at a designated specialty pharmacy for in-network coverage. Call the number on your ID card or call Optum Specialty Pharmacy at **1-855-427-4682** for more information.
H	**Health Care Reform Preventive** This medication is part of a health care reform preventive and may be available at no cost to you.
P	**Preventive Medication** Medications are not subject to the deductible. Medications listed in Tier 1 and Tier 2 are not subject to coinsurance. Medications listed in Tier 3 are subject to 50% coinsurance.
PA	**Prior Authorization Required*** Your doctor is required to provide additional information to us to determine coverage.
QL	**Quantity Limits** Specifies the largest quantity of medication covered with coinsurance or in a defined period of time.
ST	**Step Therapy** Trial of a different medication is required before another medication may be covered.

*Depending on your benefit you may have notification or prior authorization requirements for select medications.

To learn more about a pharmacy program or to find out if it applies to you, please visit **myuhc.com** or call the toll-free member phone number on your health plan ID card.

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. For your benefit plan if a brand-name drug is prescribed and a generic equivalent is available, your cost share will be the coinsurance for the brand-name drug PLUS the cost difference between the brand-name drug and generic equivalent.

Are you 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 your plan, 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 **UHCSpecialtyRx.com** or call the toll-free phone number on your health plan ID card to learn more. Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on Tier 3, call the toll-free number on your health plan ID card to talk with a pharmacist about finding a lower-cost one.

How do I get updated information about my prescription benefit?

Since the PDL may change during your plan year, we encourage you to visit **myuhc.com** or call the toll-free member phone number on your health plan ID card for more current information.

Log on to myuhc.com for the following prescription information and tools:

- Prescription benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by ZIP code
- Your prescription history

Mail Service is included in your prescription benefit. You can also:

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

For more information

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

Or, visit **myuhc.com®**

Medications are categorized by common therapeutic conditions in this PDL for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines coverage for these medications .

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of medicine and strength	Drug Tier	I take this medicine for	Directions	Doctor
Example: Lisinopril, 20mg	Tier 1	High blood pressure	One tablet daily	Dr . Johnson

2021 Prescription Drug List

Drug Name	Drug Tier	Requirement and Limits
Antibiotics		
Amoxicillin	1	
Amoxicillin-Potassium Clavulanate Oral	1	
Arakoda	3	QL
Atovaquone-Proguanil HCL	2	
Avidoxy	1	
Azithromycin Oral	1	
Bactrim	3	
Bactrim DS	3	
Cefadroxil	1	
Cefdinir	1	
Cefuroxime Axetil	1	
Centany	3	QL
Cephalexin	1	
Cipro Oral Tablet	3	
Ciprodex	3	
Ciprofloxacin HCL Oral	1	
Clarithromycin ER	2	
Clarithromycin Oral Suspension Reconstituted	2	
Clarithromycin Oral Tablet	1	
Cleocin Oral Capsule 150 mg, 300 mg	3	
Cleocin Oral Capsule 75 mg	2	
Clindamycin HCL Oral	1	
Clindesse	2	
Dificid	3	QL
Doxycycline Hyclate Oral Capsule	2	
Doxycycline Hyclate Oral Tablet 100 mg	2	
Doxycycline Hyclate Oral Tablet 20 mg	1	
Doxycycline Monohydrate Oral Capsule 100 mg, 50 mg	1	
Doxycycline Monohydrate Oral Suspension Reconstituted	3	
Doxycycline Monohydrate Oral Tablet	1	
Elimite	3	
Flagyl	3	
Hydroxychloroquine Sulfate Oral	1	
Keflex	3	
Krintafel	1	QL
Levaquin Oral Tablet 500 mg, 750 mg	3	
Levofloxacin Oral	1	
Macrobid	3	
Macrodantin	3	
Malarone	3	

Drug Name	Drug Tier	Requirement and Limits
Metronidazole Oral	1	
Metronidazole Vaginal	2	
Minocycline HCL Oral Capsule	1	
Mondoxyne NI Oral Capsule 100 mg	1	
Morgidox Oral	2	
Mupirocin Calcium	3	QL
Mupirocin External	1	QL
Neomycin-Polymyxin-HC Otic	1	
Nitrofurantoin Macrocrystal Oral	1	
Nitrofurantoin Monohydrate Macrocrystals	1	
Ofloxacin Otic	2	
Penicillin V Potassium	1	
Permethrin External	1	
Sulfamethoxazole-Trimethoprim Oral	1	
Sulfatrim Pediatric	1	
Vandazole	2	
Vibramycin Oral Capsule	3	
Vibramycin Oral Suspension Reconstituted	3	
Xepi	3	QL
Zithromax Oral Packet	3	
Zithromax Oral Suspension Reconstituted	3	
Zithromax Oral Tablet 250 mg, 500 mg	3	
Zithromax Oral Tablet 600 mg	3	
Zithromax Tri-Pak	3	
Zithromax Z-Pak	3	
Antifungals		
Ciclodan	1	
Ciclopirox External Gel	1	
Ciclopirox External Shampoo	2	
Ciclopirox External Solution	1	
Cresemba Oral	3	
Diflucan Oral Suspension Reconstituted	3	
Diflucan Oral Tablet 100 mg, 150 mg, 200 mg	3	
Diflucan Oral Tablet 50 mg	3	
Extina	3	QL
Fluconazole Oral	1	
Gynazole-1	3	
Ketoconazole External Cream	1	QL
Ketoconazole External Foam	3	QL

Blue type = Brand-name drug
Plain type = Generic drug

DSP = Designated specialty program
P = Preventive medication
H = Health care reform preventive

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ST = Step therapy

Drug Name	Drug Tier	Requirement and Limits
Ketoconazole External Shampoo	1	
Nizoral	3	
Nyamyc	1	
Nystatin External	1	
Nystatin Mouth/Throat	1	
Nystop	1	
Terbinafine HCL Oral	1	QL
Terconazole	1	
Xolegel	3	

Antivirals /Hepatitis C		
Acyclovir Oral	1	
Baraclude Oral Solution	2	DSP
Cimduo	2	QL
Dovato	2	QL
Entecavir	1	DSP
Epclusa	2	PA, QL, DSP
Genvoya	3	QL
Harvoni Oral Tablet	2	PA, QL, DSP
Isentress	2	
Isentress HD	2	
Juluca	2	QL
Ledipasvir-Sofosbuvir	2	PA, QL, DSP
Mavyret	2	PA, QL, DSP
Norvir Oral Packet	2	
Norvir Oral Solution	2	
Odefsey	3	QL
Oseltamivir Phosphate Oral Capsule	2	
Oseltamivir Phosphate Oral Suspension Reconstituted	2	QL
Prezcobix	2	
Prezista	2	
Ritonavir	2	
Sofosbuvir-Velpatasvir	2	PA, QL, DSP
Stribild	3	QL
Symfi	2	QL
Symfi Lo	2	QL
Tenofovir Disoproxil Fumarate	2	
Tivicay	3	
Triumeq	2	QL
Truvada	3	QL
Valacyclovir HCL Oral	1	QL
Vemlidy	3	ST, DSP
Viread Oral Powder	3	
Viread Oral Tablet 150 mg, 200 mg, 250 mg	2	

Drug Name	Drug Tier	Requirement and Limits
Vosevi	2	PA, QL, DSP
Xofluza	3	QL
Zepatier	2	PA, QL, DSP
Zovirax Oral	3	

Anxiety		
Afstyla Intravenous Kit	3	PA, DSP
Alprazolam ER	1	
Alprazolam Intensol	1	
Alprazolam Oral	1	
Alprazolam XR	1	
Aranesp (Albumin Free)	2	QL, DSP

Blood Disorders		
Buspirone HCL Oral	1	
Clonazepam Oral	1	
Diazepam Intensol	1	
Diazepam Oral	1	
Eloctate	3	PA, DSP
Hydroxyzine HCL Oral	1	
Hydroxyzine Pamoate Oral	1	
Jivi	3	PA, DSP
Kogenate Fs	2	DSP
Kovaltry	2	DSP
Lorazepam Intensol	1	
Lorazepam Oral Concentrate 2 mg/mi	1	
Lorazepam Oral Tablet	1	
Mulpleta	2	PA, QL, DSP
Neulasta	3	DSP
Novoeight	2	DSP
Nuwiq	2	DSP
Recombinate	3	PA, ST, DSP
Retacrit	2	QL, DSP
Triazolam	1	
Trientine hydrochloride	3	
Vistaril	3	
Zarxio	2	DSP

Breast Cancer Prevention		
Anastrozole	1	P
Exemestane	2	P
Letrozole	1	P
Tamoxifen	2	P
Toremifene	2	P

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Drug Name	Drug Tier	Requirement and Limits
Cancer		
Abiraterone 250 mg	2	
Anastrozole Oral	1	
Capecitabine	1	
ERleada	2	PA, QL, DSP
Ibrance	2	PA, QL, DSP
Idhifa	2	PA, QL, DSP
Imatinib Mesylate	1	PA, QL, DSP
Letrozole Oral	1	
Lynparza	2	PA, QL, DSP
Mercaptopurine Oral	1	
Nubeqa	2	PA, QL, DSP
Purixan	3	PA, DSP
Revlimid	2	PA, QL, DSP
Tamoxifen Citrate Oral Tablet 10 mg	1	
Tamoxifen Citrate Oral Tablet 20 mg	1	H, PA
Targretin External	3	QL, DSP
Targretin Oral	2	DSP
Tasigna	2	PA, ST, QL, DSP
Verzenio	2	PA, QL, DSP
Zejula	2	PA, QL, DSP

Drug Name	Drug Tier	Requirement and Limits
Cardiovascular/Heart Disease: Blood Clot/Platelet Therapy		
Aggrenox	3	P
Arixtra	2	P
Aspirin-Dipyridamole	1	P
Bevyxxa	3	P
Brilinta	3	QL, P
Cilostazol	1	P
Clopidogrel	1	P
Clopidogrel Bisulfate Oral	1	
Coumadin	3	P
Dipyridamole	1	P
Eliquis	2	P
Enoxaparin	2	P
Fondaparinux	3	P
Fragmin	2	P
Heparin	1	P
Jantoven	1	P
Pletal	1	P
Pradaxa	2	P
Prasugrel	3	P
Savaysa	3	P
Warfarin	1	P
Xarelto	2	P
Zontivity	3	QL, P

Drug Name	Drug Tier	Requirement and Limits
Cardiovascular/Heart Disease: Coagulation Therapy		
Bevyxxa	3	QL
Coumadin	3	QL
Eliquis	2	QL
Enoxaparin Sodium	2	QL
Jantoven	1	
Pradaxa	2	QL
Warfarin Sodium Oral	1	
Xarelto	2	QL

Drug Name	Drug Tier	Requirement and Limits
Cardiovascular/Heart Disease: High Blood Pressure		
Accupril	3	P
Accuretic	3	P
Acebutolol	1	P
Acetazolamide ER	1	
Acetazolamide Oral	1	
Adalat Cc	3	P
Afeditab	1	P
Aldactazide	3	P
Aldactone	3	P
Aliskiren	3	P
Aliskiren Fumarate Oral Tablet	3	QL
Altace	3	P
Amiloride	1	P
Amiloride-Hydrochlorothiazide	1	P
Amiodarone HCL Oral	1	
Amlodipine	1	P
Amlodipine Besylate Oral	1	
Amlodipine Besylate-Benazepril HCL	1	
Amlodipine Besylate-Valsartan	2	
Amlodipine-Benazepril	1	P
Amlodipine-Valsartan	2	P
Atenolol	1	P
Atenolol Oral	1	
Atenolol-Chlorthalidone	1	P
Atorvastatin Calcium Oral Tablet 10 mg, 20 mg	1	QL, H, PA
Atorvastatin Calcium Oral Tablet 40 mg, 80 mg	1	QL
Avalide	3	P
Benazepril	3	P
Benazepril HCL Oral	1	
Benazepril-Hydrochlorothiazide	1	P
Betaxolol	1	P
Bidil	2	P
Bisoprolol	1	P
Bisoprolol Fumarate	1	

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Drug Name	Drug Tier	Requirement and Limits
Bisoprolol-Hydrochlorothiazide	1	P
Bumetanide	1	P
Byvalson	2	P
Calan	2	P
Calan Sr	3	P
Candesartan	3	P
Candesartan-Hydrochlorothiazide	3	P
Captopril	1	P
Captopril-Hydrochlorothiazide	1	P
Cardura	3	P
Carospir	3	PA, P
Cartia Xt	3	P
Carvedilol	1	P
Catapres	3	P
Catapres TTS	3	P
Chlorothiazide	1	P
Chlorthalidone	1	
Clonidine	1	P
Clonidine HCL Oral	1	
Clonidine Patch	3	P
Coreg	3	P
Corgard	3	P
Corlanor	3	PA, QL
Corzide	3	P
Demadex	3	P
Dilacor XR	3	P
Dilt XR	1	P
Diltiazem	1	P
Diltiazem ER	1	P
Diltiazem HCL ER Coated Beads	2	
Diltiazem HCL ER Oral Capsule Extended Release 12 Hour	1	
Diltiazem HCL Oral	1	
Dilt-XR	1	
Diuril	2	P
Doxazosin	1	P
Doxazosin Mesylate Oral	1	
Dyazide	3	P
Dyrenium	3	P
Edarbi	3	P
Edarbyclor	3	P
Edecrin	3	P
Enalapril	1	P
Enalapril Maleate Oral	1	
Enalapril-Hydrochlorothiazide	1	P
Epaned	3	PA, P

Drug Name	Drug Tier	Requirement and Limits
Eplerenone	2	P
Eprosartan	3	P
Ethacrynic Acid	3	P
Ezetimibe	2	
Ezetimibe-Simvastatin	3	
Felodipine ER	1	P
Fenofibrate Oral Tablet 160 mg, 54 mg	2	
Flecainide Acetate	1	
Flolipid	3	PA
Fosinopril	1	P
Fosinopril-Hydrochlorothiazide	1	P
Furosemide	1	P
Furosemide Oral	1	
Gemfibrozil Oral	1	
Guanfacine	2	P
Guanfacine HCL	1	
Hydralazine	1	P
Hydralazine HCL Oral	1	
Hydrochlorothiazide	1	P
Hydrochlorothiazide Oral	1	
Hyzaar	3	P
Indapamide	1	P
Inspra	3	P
Irbesartan	1	P
Irbesartan - Hydrochlorothiazide	1	P
Irbesartan-Hydrochlorothiazide	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Isradipine	2	P
Kapspargo	3	P
Kapspargo Sprinkle	3	
Labetalol	1	P
Labetalol HCL Oral	1	
Lasix	3	P
Lisinopril	2	P
Lisinopril Oral	1	
Lisinopril-Hydrochlorothiazide	1	P
Lopid	3	
Lopressor	1	P
Losartan Potassium	1	
Losartan Potassium-HCTZ	1	
Lotensin	1	P
Lotensin Hct	1	P
Lovastatin	1	H
Matzim La	2	P
Mavik	1	P

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Drug Name	Drug Tier	Requirement and Limits
Maxzide	3	P
Maxzide-25	3	
Methyclothiazide	1	P
Methyldopa	1	P
Methyldopa-Hydrochlorothiazide	1	P
Metolazone	1	P
Metoprolol Succinate	2	P
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 mg, 200 mg, 50 mg	2	
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 mg	1	
Metoprolol Tartrate	1	P
Metoprolol Tartrate Oral Tablet 100 mg, 25 mg, 50 mg	1	
Metoprolol-Hydrochlorothiazide	1	P
Microzide	1	P
Midamor	1	P
Minipress	3	P
Minitran	1	
Minoxidil	1	P
Moexipril	1	P
Moexipril-Hydrochlorothiazide	1	P
Multaq	3	PA
Nadolol	1	P
Nadolol Oral	1	
Nadolol-Bendroflumethazide	1	P
Niacin (Antihyperlipidemic)	2	
Niacin ER (Antihyperlipidemic)	3	
Niaspan	2	
Nicardipine	1	P
Nifedipine	1	P
Nifedipine ER	1	P
Nifedipine ER Osmotic Release	1	
Nifedipine Oral	1	
Nimodipine	1	P
Nisoldipine	2	P
Nitro-Bid	2	
Nitro-Dur	3	
Nitroglycerin Sublingual	1	
Nitroglycerin Transdermal	1	
Nitromist	3	QL
Nitrostat	3	
Nitro-Time	1	
Olmesartan	2	P
Olmesartan Medoxomil Oral	2	
Olmesartan Medoxomil-HCTZ	2	

Drug Name	Drug Tier	Requirement and Limits
Olmesartan-Hydrochlorothiazide	2	P
Omega-3-Acid Ethyl Esters	3	
Pacerone Oral Tablet 100 mg, 400 mg	3	
Pacerone Oral Tablet 200 mg	1	
Perindopril	2	P
Pindolol	1	P
Praluent Subcutaneous Solution Auto-Injector 75 mg/mi	2	PA, ST, QL
Praluent Subcutaneous Solution Pen-Injector 150 mg/mi, 75 mg/mi	2	PA, ST, QL
Pravachol	3	
Pravastatin Sodium	1	
Prazosin	1	P
Prazosin HCL Oral	1	
Prinivil	3	P
Procardia	3	P
Procardia XI	3	P
Propranolol	1	P
Propranolol HCL ER	2	
Propranolol HCL Oral	1	
Propranolol-Hydrochlorothiazide	1	P
Qbrelis	3	PA
Quinapril	1	P
Quinapril HCL	1	
Quinapril-Hydrochlorothiazide	1	P
Ramipril	1	P
Ranolazine ER	2	
Repatha	2	PA, ST, QL
Repatha Pushtronex System	2	PA, ST, QL
Repatha Sureclick	2	PA, ST, QL
Rosuvastatin Calcium	2	QL
Simvastatin Oral Tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H, PA
Simvastatin Oral Tablet 80 mg	1	
Sotalol HCL Oral	1	
Sotylize	3	PA
Spironolactone	1	P
Spironolactone Oral	1	
Spironolactone-Hydrochlorothiazide	1	P
Sular	3	P
Tarka	3	P
Taztia Xt	2	P
Tekturna	2	P
Tekturna Hct	3	QL, P
Tekturna Oral Tablet	3	QL
Telmisartan	2	P
Telmisartan-Hydrochlorothiazide	2	P

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Terazosin	1	P
Tiazac	1	P
Timolol	3	P
Toprol XI	3	P
Torsemide	2	P
Trandolapril	3	P
Trandolapril-Verapamil	3	P
Triamterene	3	P
Triamterene-Hctz	1	
Triamterene-Hydrochlorothiazide	1	P
Valsartan	2	P
Valsartan-Hydrochlorothiazide	1	P
Verapamil	1	P
Verapamil ER	3	P
Verapamil HCL ER Oral Capsule Extended Release 24 Hour 100 mg, 200 mg, 300 mg	3	
Verapamil HCL ER Oral Capsule Extended Release 24 Hour 120 mg, 180 mg, 240 mg, 360 mg	1	
Verapamil HCL ER Oral Tablet Extended Release	1	
Verapamil HCL Oral	1	
Verelan	3	P
Verelan Pm	3	P
Welchol	2	
Ziac	3	P
Ziac Oral Tablet 10-6.25 mg, 5-6.25 mg, 2.5-6.25 mg	3	
Zocor Oral Tablet 10 mg, 20 mg, 40 mg, 80 mg	3	

Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	P
Cholestyramine	1	P
Cholestyramine Light	1	P
Colestid	3	P
Colestipol	1	P
Ezetimibe	2	P
Fenofibrate 54, 160 mg Tablet	2	P
Flolipid	3	P
Fluvastatin	1	P
Fluvastatin ER	3	P
Gemfibrozil	1	P
Lescol	3	P
Lopid	3	P
Lovastatin	1	P

Drug Name	Drug Tier	Requirement and Limits
Mevacor	1	P
Niacin Extended-Release	3	P
Niaspan	2	P
Omega-3 Acid Ethyl Esters	3	P
Pravachol	3	P
Pravastatin	1	P
Prevalite	1	P
Questran	3	P
Questran Light	3	P
Rosuvastatin	2	P
Simvastatin	1	P
Simvastatin/Ezetimibe	3	P
Welchol	2	P
Zocor	3	P

Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	QL
Amphetamine-Dextroamphetamine	1	PA
Atomoxetine HCL	3	QL
Concerta	2	PA, QL
Dexmethylphenidate HCL	1	PA
Dexmethylphenidate HCL ER	3	PA, QL
Dextroamphetamine Sulfate ER	3	PA, QL
Dextroamphetamine Sulfate Oral Solution	1	PA
Dextroamphetamine Sulfate Oral Tablet	3	PA
Focalin	3	PA
Guanfacine HCL ER	2	QL
Metadate ER	3	PA, QL
Methylin	3	PA
Methylphenidate HCL ER (Cd)	2	PA, QL
Methylphenidate HCL ER (La) Oral Capsule Extended Release 24 Hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	2	PA, QL
Methylphenidate HCL ER Oral Tablet Extended Release 10 mg, 20 mg	3	PA, QL
Methylphenidate HCL Oral Solution	1	PA
Methylphenidate HCL Oral Tablet	1	PA
Methylphenidate HCL Oral Tablet Chewable	3	PA
Procentra	3	PA
Ritalin	3	PA
Vyvanse	3	PA, QL

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Drug Name	Drug Tier	Requirement and Limits
Central Nervous System: Depression		
Amitriptyline HCL Oral	1	
Bupropion HCL ER (Sr)	1	
Bupropion HCL ER (XI) Oral Tablet Extended Release 24 Hour 150 mg, 300 mg	1	
Bupropion HCL Oral	1	
Celexa	3	P
Citalopram	1	P
Citalopram Hydrobromide	1	
Desvenlafaxine Succinate ER	3	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
Escitalopram	1	P
Escitalopram Oxalate Oral Solution	3	
Escitalopram Oxalate Oral Tablet	1	
Fluoxetine	3	P
Fluoxetine 10 mg, 20 mg Tablets	3	P
Fluoxetine Capsules	1	P
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	
Fluvoxamine	1	P
Fluvoxamine Extended-Release	3	P
Fluvoxamine Maleate	1	
Fluvoxamine Maleate ER	3	QL
Lexapro	3	P
Mirtazapine Oral	1	
Nortriptyline HCL Oral	1	
Pamelor	3	
Paroxetine	1	P
Paroxetine Extended-Release	3	P
Paroxetine HCL	1	
Paroxetine HCL ER	3	QL
Paxil	3	P
Paxil Oral Suspension	3	
Paxil Oral Tablet	3	
Pexeva	3	P
Prozac	3	P
Remeron	3	

Drug Name	Drug Tier	Requirement and Limits
Remeron Soltab	3	
Sertraline	1	P
Sertraline HCL Oral	1	
Trazodone HCL Oral	1	
Trintellix	3	ST, QL
Venlafaxine HCL	1	
Venlafaxine HCL ER Oral Capsule Extended Release 24 Hour	1	
Viibryd	3	QL
Zoloft	3	P
Central Nervous System: Mental Health		
Aripiprazole	2	P
Aripiprazole Oral Solution	3	
Aripiprazole Oral Tablet	2	QL
Aripiprazole Oral Tablet Dispersible	2	QL
Chlorpromazine	1	P
Clozapine	1	P
Clozaril	1	P
Fanapt	3	P
Fazaclo	3	P
Fluphenazine	2	P
Haloperidol	1	P
Latuda	3	QL, P
Loxapine	1	P
Molindone	3	P
Olanzapine	1	P
Olanzapine Oral Tablet	1	QL
Olanzapine Oral Tablet Dispersible	2	QL
Paliperidone ER	3	P
Perphenazine	1	P
Quetiapine	1	P
Quetiapine ER	3	P
Quetiapine Fumarate	1	
Quetiapine Fumarate ER	3	QL
Rexulti	3	P
Risperidone	1	P
Saphris	3	QL, P
Thioridazine	1	P
Thiothixene	1	P
Trifluoperazine	1	P
Vraylar	3	P
Ziprasidone	2	P
Ziprasidone HCL	2	QL

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Drug Name	Drug Tier	Requirement and Limits
Central Nervous System: Migraine		
Aimovig	2	PA, ST, QL
Amerge	3	QL
Eletriptan Hydrobromide	2	QL
Emgality	2	PA, ST, QL
Naratriptan HCL	1	QL
Rizatriptan Benzoate	1	QL
Sumatriptan Succinate Oral	1	QL
Sumatriptan Succinate Subcutaneous	1	QL
Central Nervous System: Multiple Sclerosis		
Aubagio	3	PA, QL, DSP, P
Avonex	2	P
Avonex Pen	2	PA, QL, DSP
Avonex Prefilled	2	PA, QL, DSP
Bafiertam	2	
Betaseron	2	PA, QL, DSP, P
Dalfampridine ER	2	PA, QL, DSP
Gilenya	3	P
Gilenya Oral Capsule	3	PA, QL, DSP
Glatiramer Acetate	2	PA, QL, DSP
Glatiramer Acetate [Mylan Only (Generic Copaxone)]	2	P
Mavenclad	3	PA, ST, QL, DSP
Mayzent	3	PA, QL, DSP
Plegridy	3	PA, QL, DSP, P
Rebif	3	PA, ST, QL, DSP, P
Rebif Rebidose	3	PA, ST, QL, DSP
Central Nervous System: Other		
Aricept Oral Tablet 10 mg, 5 mg	3	
Austedo	2	PA, QL, DSP
Buprenorphine HCL Sublingual	1	QL
Buprenorphine HCL-Naloxone HCL	2	QL
Carbidopa-Levodopa	1	
Carbidopa-Levodopa ER	1	
Chantix	3	PA, H
Chantix Continuing Month Pak	3	PA, H
Chantix Starting Month Pak	3	PA, H
Donepezil HCL Oral Tablet 10 mg, 5 mg	1	
Donepezil HCL Oral Tablet Dispersible	1	
Duopa	3	PA
Inbrija	3	PA, QL, DSP
Lithium Carbonate ER	1	
Lithium Carbonate Oral	1	
Lithobid	3	

Drug Name	Drug Tier	Requirement and Limits
Mirapex	3	
Naloxone HCL Injection	1	
Naltrexone HCL Oral	1	
Narcan	2	QL
Nuedexta	2	PA
Pramipexole Dihydrochloride	1	
Pregabalin Oral Capsule	2	QL
Pregabalin Oral Solution	3	QL
Rilutek	3	DSP
Riluzole	1	DSP
Ropinirole HCL	1	
Sinemet	3	
Sinemet Cr	3	
Tiglutik	3	PA
Zubsolv	2	QL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone	2	QL
Modafinil	2	PA, QL
Restoril	3	
Sunosi	3	PA, QL
Temazepam	1	
Wakix	3	PA, QL, DSP
Xyrem	3	PA, QL, DSP
Zolpidem Tartrate Oral	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine ER Oral Capsule Extended Release 12 Hour	2	
Carbamazepine ER Oral Tablet Extended Release 12 Hour	3	
Carbamazepine Oral	1	
Carbatrol	3	
Depakote	3	PA
Depakote ER	3	PA, ST
Depakote Sprinkles	3	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	3	PA, ST
Keppra XR	3	PA, ST

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Drug Name	Drug Tier	Requirement and Limits
Lamictal	3	PA, ST
Lamictal Odt Oral Tablet Dispersible	3	PA, ST
Lamictal XR	3	PA, ST
Lamotrigine ER	3	PA, ST
Lamotrigine Oral Tablet	1	
Lamotrigine Oral Tablet Chewable	1	
Lamotrigine Oral Tablet Dispersible	3	PA, ST
Levetiracetam ER	2	
Levetiracetam Oral	1	
Neurontin	3	PA, ST
Oxcarbazepine	1	
Roweepra	1	
Roweepra XR	2	
Tegretol	3	
Tegretol-XR	3	
Topamax	3	PA, ST
Topiramate Oral	1	
Trileptal	3	PA, ST
Vimpat Oral	3	PA
Zonegran	3	PA, ST
Zonisamide Oral	1	

Drugs for Mouth and Throat Conditions		
Cavarest	1	
Chlorhexidine Gluconate Mouth/Throat	1	
Clinpro 5000	1	
Denta 5000 Plus	1	
Dentagel	1	
Fluoridex	1	
Fluoridex Enhanced Whitening	1	
Lidocaine HCL Mouth/Throat	1	
Lidocaine Viscous Mouth/Throat Solution 2%	1	
Nafrinse Daily/Neutral	2	
Nafrinse Weekly	3	
Neutral Sodium Fluoride	1	
Paroex	1	
Peridex	3	
Periogard	1	
Prevident 5000 Booster Plus	3	
Prevident 5000 Dry Mouth	3	
Prevident 5000 Ortho Defense	3	
Prevident 5000 Plus	3	
Prevident Dental	3	
Prevident Mouth/Throat	3	

Drug Name	Drug Tier	Requirement and Limits
SF	1	
SF 5000 Plus	1	
Sodium Fluoride 5000 Plus	1	
Sodium Fluoride Dental	1	

Dermatology		
Aczone	3	QL
Ala Scalp	3	
Ala-Cort External Cream 2.5%	1	
Aldara	3	QL
Amnesteem	2	
Avar Cleanser	1	
Azelaic Acid External	3	
Betamethasone Dipropionate Aug External Cream	1	
Betamethasone Dipropionate Aug External Gel	1	
Betamethasone Dipropionate Aug External Lotion	3	
Betamethasone Dipropionate Aug External Ointment	3	
Betamethasone Dipropionate External Cream	2	
Betamethasone Dipropionate External Lotion	1	
Betamethasone Dipropionate External Ointment	2	
BP 10-1	1	
Calcipotriene-Betameth Diprop	3	QL
Calcitriol External	1	QL
Capex	2	
Carac	2	
Claravis	2	
Cleocin-T External Gel	3	QL
Cleocin-T External Lotion	3	
Clindacin Etz External Swab	1	
Clindacin-P	1	
Clindamycin Phos-Benzoyl Perox External Gel 1.2-5%	3	QL
Clindamycin Phosphate External Foam	3	
Clindamycin Phosphate External Lotion	3	
Clindamycin Phosphate External Solution	1	QL
Clindamycin Phosphate External Swab	1	
Clindamycin Phosphate Gel 1% External	3	QL
Clobetasol Propionate External Cream	2	QL
Clobetasol Propionate External Gel	2	QL
Clobetasol Propionate External Liquid	1	QL
Clobetasol Propionate External Ointment	2	QL

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Drug Name	Drug Tier	Requirement and Limits
Clobetasol Propionate External Solution	1	QL
Clotrimazole-Betamethasone External Cream	1	QL
Clotrimazole-Betamethasone External Lotion	1	
Derma-Smoothe/Fs Body	3	QL
Derma-Smoothe/Fs Scalp	3	
Desonate	3	ST, QL
Desonide External	3	QL
Desowen	3	QL
Diprolene	3	
Diprolene Af	3	
Dupixent	3	PA, ST, QL, DSP
Efudex	3	
Elocon	3	
Enstilar	3	QL
Eucrisa	3	ST, QL
Evoclin	3	
Finacea	3	
Fluocinolone Acetonide Body	3	QL
Fluocinolone Acetonide External Cream	3	QL
Fluocinolone Acetonide External Ointment	2	QL
Fluocinolone Acetonide External Solution	3	QL
Fluocinolone Acetonide Scalp	3	
Fluocinonide External Cream 0.05%	1	
Fluocinonide External Gel	1	
Fluocinonide External Ointment	1	
Fluocinonide External Solution	1	
Fluoroplex	3	
Fluorouracil External Cream 0.5%	3	
Fluorouracil External Cream 5%	1	
Fluorouracil External Solution	1	
Hydrocortisone External Cream 2.5%	1	
Hydrocortisone External Lotion 2.5%	1	
Hydrocortisone External Ointment 1%, 2.5%	1	
Imiquimod External	1	QL
Isotretinoin Oral	2	
Lotrisone	3	QL
Metrocream	3	
Metrolotion	3	
Metronidazole External Cream	1	
Metronidazole External Gel 0.75%	1	
Metronidazole External Lotion	1	
Mirvaso	3	QL, PA

Drug Name	Drug Tier	Requirement and Limits
Mometasone Furoate External	1	
Myorisan	2	
Neuac External Gel	3	QL
Picato	3	QL
Rosadan External Cream	1	
Rosadan External Gel	1	
SSS 10-5	1	
Sulfacetamide Sodium-Sulfur External Cream 10-2%, 10-5%	1	
Sulfacetamide Sodium-Sulfur External Emulsion	1	
Sulfacetamide Sodium-Sulfur External Liquid 9-4%, 9-4.5%	1	
Sulfacetamide Sodium-Sulfur External Lotion 10-5%	1	
Sulfacetamide Sodium-Sulfur External Pad	1	
Sulfacetamide Sodium-Sulfur External Suspension 10-5%	1	
Sulfamez Wash	1	
Sumaxin	3	
Sumaxin Wash	3	
Taclonex External Suspension	3	QL
Tazorac	3	PA, QL
Temovate	3	QL
Texacort	2	
Tretinoin Cream 0.025% External	3	PA, QL
Tretinoin External Cream 0.05%, 0.1%	3	PA, QL
Triamcinolone Acetonide External Aerosol Solution	2	QL
Triamcinolone Acetonide External Cream 0.025%, 0.1%	1	
Triamcinolone Acetonide External Cream 0.5%	1	QL
Triamcinolone Acetonide External Lotion	1	
Triamcinolone Acetonide External Ointment 0.025%, 0.1%, 0.5%	1	
Triderm External Cream 0.1%	1	
Triderm External Cream 0.5%	1	QL
Tridesilon	3	QL
Zenatane	2	

Diabetes: Blood Glucose Monitoring		
Accu-Chek Guide Blood Glucose Meter	3	
Accu-Chek Guide Blood Glucose Test	3	
Bd Autoshield Duo Pen Needles	2	
Bd Ultra-Fine Insulin Syringes	2	

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Drug Name	Drug Tier	Requirement and Limits
Bd Ultra-Fine Pen Needles	2	
Contour Next Ez Meters	2	P
Contour Next Meters	2	P
Contour Next Monitor	2	
Contour Next One Meters	2	P
Contour Next Test Strips	2	QL, P
Dexcom G4 / G5 / G6 Receiver, Transmitter, Sensor (Including Platinum, Platinum Pediatric)	3	PA, QL
Dexcom G4 / G5 / G6 Receiver, Transmitter, Sensor (Including Platinum, Platinum Pediatric) Device	3	PA, QL
Diabetic Testing - Lancets	3	P
Easyplus Blood Glucose Test	3	QL
Fastclix	1	
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
Insulin Needles/Syringes	2	P
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 Diabetic Meters	1	P
Onetouch Diabetic Test Strips	1	P
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		
Humalog	2	P
Humalog Junior	2	P
Humalog Kwikpen	2	QL
Humalog Mix 50/50	2	P
Humalog Mix 50/50 Kwikpen	2	QL
Humalog Mix 50/50 Vial	1	QL
Humalog Mix 75/25	2	P
Humalog Mix 75/25 Kwikpen	2	QL
Humalog Mix 75/25 Vial	1	QL
Humalog Subcutaneous Solution	1	QL
Humalog Subcutaneous Solution Cartridge	2	QL
Humalog U-100 Junior Kwikpen	2	QL
Humulin 50/50	2	P
Humulin 70/30	2	P
Humulin 70/30 Kwikpen	2	QL
Humulin 70/30 Vial	1	QL
Humulin N	2	P
Humulin N Kwikpen	2	QL
Humulin N Vial	1	QL
Humulin R	2	P
Humulin R U-500 Kwikpen	2	QL
Humulin R U-500 Vial (Concentrated)	1	QL
Humulin R Vial	1	QL
Lantus	1	P
Lantus Solostar	1	QL
Lantus U-100 Vial	1	QL
Soliqua	2	P
Toujeo	2	P
Toujeo Max Solostar	2	QL
Toujeo Solostar	2	QL

Diabetes: Non-Insulin		
Acarbose	1	P
Actoplus Met	3	P
Actoplus Met XR	3	P
Adlyxin	3	ST, QL, P
Amaryl	3	P
Avandia	3	P
Baqsimi One Pack	2	QL
Baqsimi Two Pack	2	QL
Bydureon	2	ST, QL, P
Bydureon Bcise	2	P
Bydureon Bcise Autoinjector	2	ST, QL
Byetta	2	P
Byetta 10 mcg Pen	2	ST, QL
Byetta 5 mcg Pen	2	ST, QL
Cycloset	3	P
Duetact	3	P
Glimepiride	1	P
Glipizide	1	P
Glipizide ER	1	P
Glipizide Ir	1	
Glipizide Xl	1	
Glipizide-Metformin	1	P

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Drug Name	Drug Tier	Requirement and Limits
Glucagon Emergency Injection Kit	2	QL
Glucophage	3	P
Glucophage XR	3	PA, P
Glucotrol	3	P
Glucotrol XI	3	P
Glucovance	3	P
Glucovance Oral Tablet 5-500 mg	3	
Glyburide	3	P
Glyburide Micronized	1	P
Glyburide Oral	1	
Glyburide-Metformin	1	P
Glynase	3	P
Glyset	3	P
Glyxambi	2	ST, QL, P
Gvoke Pfs	2	QL
Jardiance	2	ST, QL, P
Jentadueto	2	QL, P
Jentadueto XR	2	QL, P
Kazano	2	QL, P
Kombiglyze XR	2	QL, P
Metformin	3	P
Metformin ER (Generic Glucophage XR)	1	P
Metformin HCL ER	1	
Metformin HCL Oral Solution	3	
Metformin HCL Oral Tablet	1	
Miglitol	2	P
Nateglinide	1	P
Nesina	2	QL, P
Onglyza	2	QL, P
Oseni	2	QL, P
Ozempic	2	ST, QL, P
Pioglitazone	1	P
Pioglitazone HCL	1	QL
Pioglitazone-Glimepiride	1	P
Pioglitazone-Metformin	2	P
Prandin	3	P
Precose	3	P
Repaglinide	2	P
Repaglinide-Metformin	3	P
Rybelsus	2	ST, QL, P
Soliqua	2	QL
Starlix	3	P
Symlinpen	3	P
Synjardy	2	QL, P
Synjardy XR	2	QL, P
Tolbutamide	1	P

Drug Name	Drug Tier	Requirement and Limits
Tradjenta	2	QL, P
Trulicity	2	ST, QL, P
Victoza	2	P
Victoza Solution Pen-Injector 18 mg/3ml Subcutaneous (2 Pak)	2	ST, QL
Victoza Solution Pen-Injector 18 mg/3ml Subcutaneous (3 Pak)	3	ST, QL

Endocrine: Growth Hormone		
Cabergoline	2	
Ddavp Injection	3	
Ddavp Oral	3	
Desmopressin Acetate Injection	1	
Desmopressin Acetate Oral	1	
Nocdurna	3	PA, QL
Nutropin AQ Nuspin 10	2	PA, QL, DSP
Nutropin AQ Nuspin 20	2	PA, QL, DSP
Nutropin AQ Nuspin 5	2	PA, QL, DSP
Orilissa	3	PA, QL
Stimate	3	

Endocrine: Other		
Androderm	2	PA, QL
Cortef	3	
Depo-Testosterone Intramuscular Solution 100 mg/mi	3	
Depo-Testosterone Intramuscular Solution 200 mg/mi	3	
Dexamethasone Intensol	1	
Dexamethasone Oral Elixir	1	
Dexamethasone Oral Solution	1	
Dexamethasone Oral Tablet	1	
Hydrocortisone Oral	1	
Medrol Oral Tablet 16 mg, 32 mg, 4 mg, 8 mg	3	
Medrol Oral Tablet 2 mg	2	
Methylprednisolone Oral	1	
Millipred	2	
Millipred DP	2	
Orapred ODT	3	
Orfadin capsules	2	
Orfadin suspension	2	
Pediapred	2	
Prednisolone Oral Solution	1	
Prednisolone Sodium Phosphate Oral	1	
Prednisone Intensol	1	
Prednisone Oral	1	

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Striant	3	PA, QL
Testim	2	PA, QL
Testosterone Cypionate Injection	3	
Testosterone Cypionate Intramuscular	1	
Testosterone Enanthate Intramuscular	1	

Endocrine: Thyroid Hormone Replacement		
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	
Tapazole	3	
Thyroid Oral Tablet 120 mg, 15 mg	1	
Tirosint-Sol	3	PA
Unithroid	1	
Westhroid	3	
WP Thyroid	3	

Eye Conditions: Allergies, Antibiotics and Others		
Acular	3	
Acular LS	3	
Alrex	3	QL
Azasite	3	
Azelastine HCL Ophthalmic	1	
Besivance	3	
Ciloxan Ophthalmic Ointment	3	
Ciloxan Ophthalmic Solution	3	
Ciprofloxacin HCL Ophthalmic	1	
ERythromycin Ophthalmic	1	H
Inveltys	3	
Ketorolac Tromethamine Ophthalmic	1	
Lastacaft	3	QL
Lotemax Ophthalmic Ointment	3	
Lotemax Ophthalmic Suspension	3	QL
Lotemax SM	3	QL
Loteprednol Etabonate	3	QL
Maxitrol	3	
Moxeza	3	
Moxifloxacin HCL Ophthalmic	3	

Drug Name	Drug Tier	Requirement and Limits
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment	1	
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	1	
Nevanac	3	
Ocuflox	3	
Ofloxacin Ophthalmic	1	
Olopatadine HCL Ophthalmic Solution 0.1%	3	QL
Polymyxin B-Trimethoprim	1	
Polytrim	3	
Pred Forte	3	
Pred Mild	3	
Prednisolone Acetate Ophthalmic	1	
Restasis	3	PA, QL
Tobradex Ophthalmic Ointment	3	
Tobradex Ophthalmic Suspension	3	
Tobramycin Ophthalmic	1	
Tobramycin-Dexamethasone	2	
Tobrex Ophthalmic Ointment	3	
Tobrex Ophthalmic Solution	3	
Xiidra	3	PA, QL

Eye Conditions: Glaucoma		
Alphagan P Ophthalmic Solution 0.1%	2	QL
Alphagan P Ophthalmic Solution 0.15%	3	QL
Azopt	2	QL
Betimol	2	QL
Brimonidine Tartrate Ophthalmic Solution 0.15%	2	QL
Brimonidine Tartrate Ophthalmic Solution 0.2%	1	
Combigan	2	QL
Cosopt	3	
Dorzolamide HCL-Timolol Mal	2	
Istalol	3	
Latanoprost Ophthalmic	1	
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	

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Drug Name	Drug Tier	Requirement and Limits
Timoptic	3	
Timoptic Ocudose	2	
Timoptic-XE	3	
Travoprost (Bak Free)	2	QL
Xelpros	3	QL

Gastrointestinal: Acid Suppression		
Cytotec	3	
Dexilant	3	QL
Misoprostol Oral	1	
Omeclamox-Pak	3	QL
Omeprazole Oral Capsule Delayed Release	1	
Pantoprazole Sodium Tablet Delayed Release 20 mg, 40 mg Oral	1	
Pylera	3	QL
Rabeprazole Sodium Oral Tablet Delayed Release	2	QL
Ranitidine HCL Oral Syrup	1	
Sucralfate Oral Tablet	1	

Gastrointestinal: Nausea/Vomiting		
Cerdelga	2	PA, DSP
Creon	2	
Endari	3	PA, QL
Metoclopramide HCL Oral Solution 5 mg/5ml	1	
Metoclopramide HCL Oral Tablet	1	
Ondansetron HCL Oral	1	
Ondansetron ODT	1	
Pancreaze	3	ST
Pertzye	3	ST
Phenadoz	1	
Prochlorperazine Maleate Oral	1	
Promethazine HCL Oral Syrup	1	
Promethazine HCL Oral Tablet	1	
Promethazine HCL Rectal	1	
Promethegan	1	
Reglan	3	
Scopolamine	3	
Strensiq	2	PA, QL, DSP
Tegsedi	2	PA, QL, DSP
Transderm Scop (1.5 mg)	3	
Viokace	3	ST
Zenpep	2	
Zofran	3	

Drug Name	Drug Tier	Requirement and Limits
Gastrointestinal: Other		
Actigall	3	
Anaspaz	2	
Apriso	2	
Azulfidine	3	
Azulfidine En-Tabs	3	
Budesonide Oral	2	
Clenpiq	3	
Colyte With Flavor Packs	3	
Cortifoam	2	
Dicyclomine HCL Oral	1	
Dipentum	3	
Diphenoxylate-Atropine	1	
Ed-Spaz	1	
Gavilyte-C	1	H
Golytely Oral Solution Reconstituted 227.1 Gm	2	QL
Golytely Oral Solution Reconstituted 236 Gm	3	QL
Hydrocortisone Ace-Pramoxine	1	
Hyoscyamine Sulfate ER	1	
Hyoscyamine Sulfate Oral	1	
Hyoscyamine Sulfate SL	1	
Hyoscyamine Sulfate Sublingual	1	
Hyosyne	1	
Levbid	3	
Levsin Oral	3	
Levsin/SL	3	
Lialda	2	
Linzess	2	PA, QL
Lomotil	3	
Mesalamine Rectal Enema	1	
Mesalamine Rectal Suppository	2	
Motegrity	3	PA, QL
Moviprep	3	QL
Nulev	3	
Oscimin	1	
Oscimin Sr	1	
Peg-3350/Electrolytes	1	QL, H
Plenvu	3	
Prepopik	3	QL
Proctofoam HC	2	
Sfrowasa	3	
Sulfasalazine Oral	1	
Suprep Bowel Prep Kit	**3**	**QL**
Symax Duotab	3	
Symax-SL	1	

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Drug Name	Drug Tier	Requirement and Limits
Symax-SR	1	
Symproic	2	PA, QL
Uceris Oral	3	
Uceris Rectal	2	
Urso 250	3	
Urso Forte	3	
Ursodiol Oral	1	
Viberzi	3	PA, QL
Zelnorm	3	PA, QL

Genitourinary: Prostate Conditions		
Alfuzosin HCL ER	1	
Finasteride Oral Tablet 5 mg	1	
Proscar	3	
Tamsulosin HCL	1	
Terazosin HCL	1	

Gout		
Allopurinol Oral	1	
Febuxostat	3	ST, QL
Mitigare	2	
Zyloprim	3	

HIV / Aids		
Abacavir	1	P
Abacavir-Lamivudine	2	P
Abacavir-Lamivudine-Zidovudine	1	P
Aptivus	2	P
Atazanavir	2	P
Biktarvy	3	P
Cimduo	2	P
Combivir	3	P
Complera	3	P
Crixivan	2	P
Delstrigo	2	P
Didanosine	1	P
Dovato	2	P
Edurant	2	P
Efavirenz	2	P
Emtriva	2	P
Epivir	3	P
Evotaz	2	P
Fosamprenavir	2	P
Fuzeon	3	P, PA
Genvoya	3	P
Invirase	2	P
Isentress	2	P
Isentress HD	2	P
Juluca	2	P
Kaletra	3	P
Lamivudine	1	P
Lamivudine-Zidovudine	1	P
Lexiva	3	P
Nevirapine	1	P
Odefsey	3	P
Pifeltro	3	P
Prezcobix	2	P
Prezista	2	P
Rescriptor	2	P
Retrovir	3	P
Ritonavir	2	P
Selzentry	2	P
Stavudine	1	P
Stribild	3	P
Symfi	2	P
Symfi Lo	2	P
Tenofovir	2	P
Tivicay	3	P
Triumeq	2	P
Trizivir	3	P
Truvada	2	P
Videx	3	P
Videx EC	3	P
Viracept	2	P
Zerit	3	P
Ziagen	3	P
Zidovudine	3	P

Infertility		
Chorionic Gonadotropin Intramuscular	3	DSP
Crinone Vaginal Gel 4%	3	PA, ST
Crinone Vaginal Gel 8%	3	PA, ST
Endometrin	2	PA
Follistim AQ	2	DSP
Ganirelix Acetate Solution Prefilled Syringe 250 mcg/0.5ml Subcutaneous (Ferring)	3	DSP
Ganirelix Acetate Solution Prefilled Syringe 250 mcg/0.5ml Subcutaneous (Merck/Organon)	2	DSP
Gonal-F	3	DSP, ST
Gonal-F RFF	3	DSP, ST

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Drug Name	Drug Tier	Requirement and Limits
Novarel Intramuscular Solution Reconstituted 5000 Unit	3	DSP
Ovidrel	3	DSP
Pregnyl	1	DSP

Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra Actpen	3	PA, ST, QL, DSP
Actemra Subcutaneous	3	PA, ST, QL, DSP
Azasan	3	
Azathioprine Oral	1	
Cimzia Prefilled Kit	2	PA, QL, DSP
Cosentyx (300 mg Dose)	3	PA, ST, QL, DSP
Cosentyx 150 mg/Ml	3	PA, ST, QL, DSP
Cosentyx Sensoready (300 mg)	3	PA, ST, QL, DSP
Cosentyx Sensoready Pen	3	PA, ST, QL, DSP
Cyclosporine Modified	1	
Enbrel	3	PA, ST, QL, DSP
Enbrel Mini	3	PA, ST, QL, DSP
Enbrel Sureclick	3	PA, ST, QL, DSP
Firazyr	3	PA, QL, DSP
Gengraf	1	
Haegarda	2	PA, QL, DSP
Humira	2	PA, QL, DSP
Humira Pen	2	PA, QL, DSP
Methotrexate Oral	1	
Methotrexate Sodium Oral	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	2	
Olumiant Oral Tablet	2	PA, QL, DSP
Orencia	3	PA, QL, DSP
Otezla	2	PA, QL, DSP
Prograf Oral Packet	3	
Rapamune Oral Solution	3	
Rasuvo	3	ST, QL
Rinvoq	2	PA, QL, DSP
Ruconest	3	PA, QL, DSP
Simponi	2	PA, QL, DSP
Sirolimus Oral Solution	2	
Sirolimus Oral Tablet	1	
Skyrizi (150 mg Dose)	2	PA, QL, DSP
Stelara Subcutaneous Solution	2	PA, QL, DSP
Stelara Subcutaneous Solution Prefilled Syringe	2	PA, QL, DSP
Tacrolimus Oral	1	
Takhzyro	2	PA, QL, DSP

Drug Name	Drug Tier	Requirement and Limits
Tazarotene 0.1% cream	3	
Tremfya	2	PA, QL, DSP
Trexall	2	
Xeljanz	2	PA, ST, QL, DSP
Xeljanz XR	2	PA, ST, QL, DSP

Miscellaneous		
Addyi	3	PA, QL
Imvexxy Maintenance Pack	3	QL
Intrarosa	3	QL
Osphena	3	PA, QL
Sildenafil Citrate Oral Tablet 100 mg, 25 mg, 50 mg	2	QL
Stendra	3	PA, QL
Tadalafil Oral Tablet 10 mg, 20 mg	2	QL
Tadalafil Oral Tablet 2.5 mg, 5 mg	2	ST, QL
Vyleesi	3	PA, QL

Musculoskeletal: Muscle Spasms		
Baclofen Oral	1	
Carisoprodol Oral Tablet 350 mg	1	
Cyclobenzaprine HCL Oral	1	
Metaxalone	3	
Methocarbamol Oral	1	
Robaxin-750	3	
Soma Oral Tablet 350 mg	3	
Tizanidine HCL Oral Capsule	3	
Tizanidine HCL Oral Tablet	1	
Zanaflex	3	

Musculoskeletal: Osteoporosis		
Alendronate	1	P
Alendronate Sodium	1	
Boniva	3	P
Boniva Oral	3	
Calcitonin (Salmon)	2	P
Calcitriol Oral	1	
Didronel	2	P
Etidronate	1	P
Fosamax	3	P
Fosamax Plus D	3	P
Ibandronate	2	P
Ibandronate Sodium Oral	2	
Miacalcin	1	P
Raloxifene	2	P

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Drug Name	Drug Tier	Requirement and Limits
Risedronate	1	P
Rocaltrol	3	
Tymlos	3	PA, DSP, P

Musculoskeletal: Pain Relief		
Acetaminophen-Codeine	1	
Acetaminophen-Codeine #2	1	
Acetaminophen-Codeine #3	1	
Acetaminophen-Codeine #4	1	
Apap-Caff-Dihydrocodeine	3	QL
Belbuca	3	PA, QL
Butalbital-Apap-Caffeine Oral Capsule 50-300-40 mg	3	QL
Butalbital-Apap-Caffeine Oral Capsule 50-325-40 mg	1	QL
Butalbital-Apap-Caffeine Oral Tablet	1	QL
Celecoxib Oral	2	QL
Diclofenac Potassium	1	
Diclofenac Sodium ER	1	
Diclofenac Sodium Oral	1	
Dilaudid Oral	3	
EC-Naprosyn	3	
EC-Naproxen	1	
Endocet	1	
Esgic	3	QL
Etodolac	1	
Etodolac ER	1	
Fentanyl Transdermal Patch 72 Hour 100 mcg/Hr, 12 mcg/Hr, 25 mcg/Hr, 50 mcg/Hr, 75 mcg/Hr	2	PA, QL
Fioricet	3	QL
Hydrocodone-Acetaminophen Oral Solution 10-325 mg/15ml	1	
Hydrocodone-Acetaminophen Oral Solution 7.5-325 mg/15ml	2	
Hydrocodone-Acetaminophen Oral Tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
Hydromorphone HCL ER	3	PA, ST, QL
Hydromorphone HCL Oral	1	
Hydromorphone HCL Rectal	1	
Ibu	1	
Ibuprofen Oral Tablet 400 mg, 600 mg, 800 mg	1	
Indocin	3	
Indomethacin ER	1	
Indomethacin Oral	1	
Ketorolac Tromethamine Oral	1	

Drug Name	Drug Tier	Requirement and Limits
Lidocaine External Ointment	2	QL
Lidocaine External Patch	3	PA, QL
Lidocaine-Prilocaine External Cream	1	
Lorcet	1	
Lorcet HD	1	
Lorcet Plus	1	
Lortab	3	
Meloxicam Oral	1	
Mobic	3	
Morphine Sulfate (Concentrate) Oral Solution 100 mg/5ml, 20 mg/mi	1	
Morphine Sulfate ER Oral Tablet Extended Release	1	PA, QL
Morphine Sulfate Oral	1	
Morphine Sulfate Rectal	1	
MS Contin	3	PA, ST, QL
Nabumetone Oral	1	
Naprosyn Oral Suspension	3	PA
Naproxen DR	1	
Naproxen Oral Suspension	1	PA
Naproxen Oral Tablet	1	
Naproxen Sodium Oral Tablet 275 mg, 550 mg	1	
Nucynta	3	QL
Nucynta ER	3	PA, QL, ST
Oxycodone HCL Oral Capsule	1	
Oxycodone HCL Oral Concentrate 100 mg/5ml	1	
Oxycodone HCL Oral Solution	1	
Oxycodone HCL Oral Tablet	1	
Oxycodone-Acetaminophen	1	
Premium Lidocaine	2	QL
Sprix	3	QL, ST
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 LR	1	
Trezix	3	QL
Tylenol With Codeine #3	3	
Tylenol With Codeine #4	3	
Ultram	3	
Vanatol LQ	2	PA, QL
Vanatol S	2	PA, QL
Xtampza ER	2	PA, QL
Zebutal	1	QL

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Drug Name	Drug Tier	Requirement and Limits
Overactive Bladder		
Auryxia	3	
D-Penamine	2	DSP
Depen Titratabs	2	DSP
Ditropan XL	3	
Oxybutynin Chloride ER	2	
Oxybutynin Chloride Oral	1	
Penicillamine Oral	3	DSP
Phenazo Oral Tablet 200 mg	1	
Phenazopyridine HCL Oral Tablet 100 mg, 200 mg	1	
Pyridium	3	
Toviaz	3	
Velphoro	2	
Parkinson's Disease		
Apokyn	3	
Carbidopa-Levodopa	1	
Carbidopa-Levodopa ER	1	
Duopa	3	PA
Inbrija	3	PA, QL, DSP
Mirapex	3	
Pramipexole Dihydrochloride	1	
Ropinirole HCL	1	
Sinemet	3	
Sinemet CR	3	
Respiratory: Allergies		
Azelastine HCL Nasal Solution 0.1%, 137 mcg/Spray	3	
Benzonatate Oral Capsule 100 mg, 200 mg	1	
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	3	PA, QL
Ipratropium Bromide Nasal	1	
Levocetirizine Dihydrochloride Oral Solution	3	
Levocetirizine Dihydrochloride Oral Tablet	1	
Promethazine-Codeine	1	PA, QL
Promethazine-DM	1	
Pseudoephedrine-Bromphen-DM	1	
Tessalon Perles	3	

Drug Name	Drug Tier	Requirement and Limits
Tussicaps	3	PA, QL
Zetonna	3	QL
Respiratory: Anaphylaxis		
Azelastine HCL Nasal Solution 0.1%, 137 mcg/Spray	3	
Benzonatate Oral Capsule 100 mg, 200 mg	1	
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
Pulmozyme	2	PA, QL, DSP
Symjepi	2	QL
Tobi Podhaler	3	PA, QL, DSP
Respiratory: Asthma / COPD		
Accolate	3	P
Accuneb	3	P
Advair Diskus	3	QL, P
Advair HFA	3	QL, P
Albuterol HFA (Proair Hfa, Proventil HFA Authorized Generic)	2	P
Albuterol Nebulized Solution	1	P
Albuterol Oral Tablet	3	P, PA
Albuterol Sulfate ER	1	
Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) mcg/act Inhalation (Generic Proair HFA Or Proventil HFA)	3	QL
Albuterol Sulfate 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	
Anoro Ellipta	3	QL, P
Arcapta Neohaler	3	QL, P
Arnuity Ellipta	1	QL
Atrovent HFA	3	QL, P
Bevespi Aerosphere	2	QL, P
Breo Ellipta	3	QL, RS, P
Brovana	3	P
Budesonide Inhalation	2	QL
Budesonide Nebulized Solution	2	P
Combivent Respimat	3	QL, P
Cromolyn	1	P
Daliresp	3	P
Elixophyllin	3	P

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Drug Name	Drug Tier	Requirement and Limits
Fasenra	3	PA, QL, DSP
Fasenra Pen	3	PA, DSP
Flovent Diskus	1	QL
Flovent HFA	1	QL
Fluticasone/Salmeterol Respiclick	2	P
Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	QL
Gastrocrom	3	P
Ipratropium	1	P
Ipratropium/Albuterol	2	P
Ipratropium-Albuterol	2	
Levalbuterol HFA	3	P
Levalbuterol HFA Inhalation Aerosol 45 mcg/act	3	QL
Levalbuterol Nebulized Solution	3	P
Metaproterenol	1	P
Montelukast	1	P
Montelukast Sodium Oral Packet	2	
Montelukast Sodium Oral Tablet	1	
Montelukast Sodium Oral Tablet Chewable	1	
Nucala	3	PA, QL, DSP
Perforomist	3	QL, P
Pulmicort Flexhaler	1	QL
Seebri Neohaler	3	P
Serevent Diskus	3	P
Singulair Oral Packet	3	
Spiriva Handihaler	2	QL, P
Spiriva Respimat	2	QL, P
Striverdi Respimat	2	QL, P
Symbicort	3	QL, RS, P
Terbutaline	1	P
Theo-24	3	P
Theophylline	1	P
Theophylline/Guaifenesin	1	P
Trelegy Ellipta	3	QL, RS, P
Xopenex HFA	3	QL, P
Yupelri	3	PA, QL,P
Zafirlukast	1	P
Zyflo	3	P
Zyflo CR	3	P

Respiratory: Pulmonary Arterial Hypertension		
Adempas	2	PA, QL, DSP
Azasan	3	P

Drug Name	Drug Tier	Requirement and Limits
Azathioprine	1	P
Bosentan	2	PA, QL, DSP
Cellcept E	1	P
Cyclosporine	1	P
Gengraf	1	P
Mycophenolate	1	P
Mycophenolic Acid	2	P
Opsumit	2	PA, QL, DSP
Orenitram	3	PA, QL, DSP
Sirolimus	2	P
Tacrolimus	2	P
Tracleer	2	PA, QL, DSP

Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H, PA
Chantix Tablet	3	H, PA
Nicoderm CQ	3	H, PA
Nicorette Gum	3	H, PA
Nicorette Lozenge	3	H, PA
Nicorette Mini-Lozenge	3	H, PA
Nicotine Gum	1	H, PA
Nicotine Lozenge	1	H, PA
Nicotine Patch	1	H, PA
Nicotrol Inhaler	3	H, PA
Nicotrol Nasal Spray	3	H, PA
Thrive Gum	3	H, PA

Transplant		
Tyvaso	2	PA, DSP

Vitamins / Electrolytes		
Cyanocobalamin Injection	1	
Drisdol	3	
ERgocal	3	
ERgocalciferol Oral Capsule	1	
Floriva Plus	3	
Folic Acid Oral Tablet 1 mg	1	
Klor-Con	1	
Klor-Con 10	1	
Klor-Con M10	1	
Klor-Con M15	3	
Klor-Con M20	1	
Klor-Con Sprinkle	1	
K-Tab	3	
Lokelma	3	PA, QL
Multi-Vitamin/Fluoride	1	

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Drug Name	Drug Tier	Requirement and Limits
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	3	
Poly-Vi-Flor	3	
Potassium Chloride Crys ER	1	
Potassium Chloride ER	1	
Potassium Chloride Oral	1	
Potassium Citrate ER	1	
Quflora Pediatric	3	
Urocit-K 10	3	
Urocit-K 15	3	
Urocit-K 5	3	
Veltassa	3	PA, QL
Vitamin D (ERgocalciferol) Oral Capsule 1.25 mg (50000 Ut)	1	
Vitapearl Cap	3	

Women's Health: Hormone Replacement and Birth Control		
Afirmelle	1	H
Alora	3	QL
Altavera	1	H
Alyacen 1/35	1	H
Amethia	3	
Amethia Lo	3	
Apri	1	H
Ashlyna	3	
Aubra	1	H
Aubra EQ	1	H
Aurovela 1.5/30	2	
Aurovela 1/20	2	
Aurovela 24 Fe	3	
Aurovela Fe 1.5/30	1	H
Aurovela Fe 1/20	1	H
Aviane	1	H
Aygestin	3	
Ayuna	1	H
Azurette	2	
Balziva	2	
Bekyree	2	
Bijuva	3	
Blisovi 24 Fe	3	
Blisovi Fe 1.5/30	1	H
Blisovi Fe 1/20	1	H

Drug Name	Drug Tier	Requirement and Limits
Briellyn	2	
Camila	1	H
Camrese	3	
Camrese Lo	3	
Chateal	1	H
Chateal EQ	1	H
Climara Pro	3	QL
Cryselle-28	1	H
Cyclafem 1/35	1	H
Cyred	1	H
Cyred EQ	1	H
Dasetta 1/35	1	H
Daysee	3	
Deblitane	1	H
Delyla	1	H
Depo-Provera Intramuscular Suspension 150 mg/Ml	3	QL
Depo-Provera Intramuscular Suspension Prefilled Syringe	3	QL
Depo-Subq Provera 104	2	QL
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-0.02/0.01 mg (21/5)	2	
Desogestrel-Ethinyl Estradiol Oral Tablet 0.15-30 mg-mcg	1	H
Divigel Transdermal Gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/Gm	3	
Drospirenone-Ethinyl Estradiol	3	
Duavee	3	QL
Elestrin	3	
Elinest	1	H
Emoquette	1	H
Enskyce	1	H
ERrin	1	H
Estarylla	1	H
Estrace Oral	3	
Estradiol Oral	1	
Estradiol Patch Twice Weekly 0.025 mg/24hr Transdermal (Generic For Minivelle)	2	QL
Estradiol Patch Twice Weekly 0.0375 mg/24hr Transdermal (Generic For Minivelle)	2	QL
Estradiol Patch Twice Weekly 0.05 mg/24hr Transdermal (Generic For Minivelle)	2	QL
Estradiol Patch Twice Weekly 0.075 mg/24hr Transdermal (Generic For Minivelle)	2	QL

Blue type = Brand-name drug
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Drug Name	Drug Tier	Requirement and Limits
Estradiol Patch Twice Weekly 0.1 mg/24hr Transdermal (Generic For Minivelle)	2	QL
Estradiol Transdermal Patch Weekly (Generic Climara)	1	QL
Estradiol Vaginal Cream	3	
Estradiol Vaginal Tablet	2	
Estring	2	QL
Estrogel	3	QL
Evamist	2	
Falmina	1	H
Femynor	1	H
Gianvi	3	
Hailey 1.5/30	2	
Hailey 24 FE	3	
Heather	1	H
Incassia	1	H
Introvale	2	H
Isibloom	1	H
Jasmiel	3	
Jencycla	1	H
Jolessa	2	H
Juleber	1	H
Junel 1.5/30	2	
Junel 1/20	2	
Junel FE 1.5/30	1	H
Junel FE 1/20	1	H
Junel FE 24	3	
Kalliga	1	H
Kariva	2	
Kurvelo	1	H
Larin 1.5/30	2	
Larin 1/20	2	
Larin 24 FE	3	
Larin FE 1.5/30	1	H
Larin FE 1/20	1	H
Larissia	1	H
Lessina	1	H
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg	3	
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 mg	2	H
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
Levora 0.15/30 (28)	1	H

Drug Name	Drug Tier	Requirement and Limits
Lillow	1	H
Lo Loestrin FE	3	
Loryna	3	
Loseasonique	3	
Low-Ogestrel	1	H
Lo-Zumandimine	3	
Lutera	1	H
Lyza	1	H
Marlissa	1	H
Medroxyprogesterone Acetate Intramuscular Suspension	1	QL, H
Medroxyprogesterone Acetate Intramuscular Suspension Prefilled Syringe	1	QL, H
Medroxyprogesterone Acetate Oral	1	
Menostar	3	QL
Microgestin 1.5/30	2	
Microgestin 1/20	2	
Microgestin FE 1.5/30	1	H
Microgestin FE 1/20	1	H
Mili	1	H
Mircette	3	
Mono-Linyah	1	H
Natazia	2	
Necon 0.5/35 (28)	1	H
Nikki	3	
Nora-Be	1	H
Norethin Ace-Eth Estrad-Fe Oral Tablet 1-20 mg-mcg(24)	3	
Norethin Ace-Eth Estrad-Fe Oral Tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
Norethindrone Acetate Oral	1	
Norethindrone Acet-Ethinyl Est	2	
Norethindrone Oral	1	H
Norgestimate-Eth Estradiol	1	H
Norgestimate-Ethinyl Estradiol Triphasic Oral Tablet 0.18/0.215/0.25 mg-25 mcg	2	
Norgestimate-Ethinyl Estradiol Triphasic Oral Tablet 0.18/0.215/0.25 mg-35 mcg	1	H
Norlyda	1	H
Norlyroc	1	H
Nortrel 0.5/35 (28)	1	H
Nortrel 1/35 (21)	1	H
Nortrel 1/35 (28)	1	H
Nuvaring	1	H
Ocella	3	
Ogestrel	2	

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Drug Name	Drug Tier	Requirement and Limits
Orsythia	1	H
Philith	2	
Pimtrea	2	
Pirmella 1/35	1	H
Portia-28	1	H
Premarin Oral	3	
Premarin Vaginal	3	
Premphase	3	
Prempro	3	
Previfem	1	H
Progesterone Micronized Oral	2	
Provera	3	
Reclipsen	1	H
Setlakin	2	H
Sharobel	1	H
Simliya	2	
Simpesse	3	
Sprintec 28	1	H
Sronyx	1	H
Syeda	3	
Tarina 24 FE	3	
Tarina FE 1/20	1	H
Tarina FE 1/20 EQ	1	H
Tri Femynor	1	H
Tri-Estarylla	1	H
Tri-Linyah	1	H
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

Drug Name	Drug Tier	Requirement and Limits
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	3	
Zumandimine	3	

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You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.
If you need help with your complaint, please call the toll-free phone number listed on your ID card,
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Complaint forms are available at
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Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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

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

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

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

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

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

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

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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 सेबाएं, 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**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ
គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

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

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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