Your 2019 Prescription Drug List

Student Resources Traditional 3-Tier

Effective July 1, 2019

This Prescription Drug List (PDL) is accurate as of July 1, 2019 and is subject to change after this date. The next anticipated update will be Jan. 1, 2020. This PDL applies to members of our Student Resources medical plans with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

UnitedHealthcare®

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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 a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan ID card.

About this PDL

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

Over-the-counter (OTC) medications

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

What if I am taking a specialty medication?

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

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

Reading your PDL

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

Tier information.

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	$ **Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$ **Mid-range cost** Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	$$$ **Highest-cost** Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option 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 determines how these medications may be covered for you.

E	**May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). (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** Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	**Quantity Limits** Specifies the largest quantity of medication covered per copayment or in a defined period of time.
SP	**Specialty Medication** Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.

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

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

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

Questions

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
apap-caff-dihydrocodeine oral tablet	E	QL
ARYMO ER	E	QL
BELBUCA	3	QL
butalbital-apap-caffeine	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	QL
DURAGESIC-12	E	QL
DURAGESIC-25	E	QL
DURAGESIC-50	E	QL
DURAGESIC-75	E	QL
DVORAH	E	QL
endocet	1	QL
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl er	1	QL
hydromorphone hcl oral	1	
HYSINGLA ER	E	QL
KADIAN	E	QL
lidocaine external ointment	1	QL
lidocaine external patch	1	QL
lidocaine-prilocaine cream 2.5-2.5 % external	1	
LIDODERM	E	QL
lorcet	1	QL
lorcet hd	1	QL
lorcet plus	1	QL
LORTAB	3	
MORPHABOND ER	E	QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral	1	
MS CONTIN	3	QL
NALOCET	E	QL
NORCO	3	QL
NUCYNTA	3	QL
NUCYNTA ER	3	QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	QL
PERCOCET	E	QL
phrenilin forte	1	QL
premium lidocaine	1	QL
PRIMLEV	E	QL
ROXICODONE	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E	QL
SUBSYS	E	QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	
trezix	1	QL
TYLENOL WITH CODEINE #3	3	QL
TYLENOL WITH CODEINE #4	3	QL
ULTRAM	3	
VANATOL LQ	2	QL
VANATOL S	2	QL
verdrocet	1	
vicodin	E	QL
vicodin es	E	QL
vicodin hp	E	QL
XTAMPZA ER	2	QL
zebutal	1	QL
ZOHYDRO ER	3	QL
ZTLIDO	E	QL

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
etodolac	1	
etodolac er	1	
hydromorphone hcl rectal	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
klofensaid ii	E	
LODINE	E	
meloxicam oral	1	
MOBIC	3	
MORPHINE SULFATE RECTAL SUPPOSITORY 10 MG	3	
morphine sulfate rectal suppository 20 mg, 30 mg, 5 mg	1	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	3	
naproxen dr	1	
naproxen oral	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PENNSAID	E	
SPRIX	3	
TIVORBEX	E	
VIVLODEX	E	QL
VOLTAREN	1	
ZIPSOR	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	E	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
EVZIO	E	QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
BACTROBAN	3	QL
cefadroxil	1	

Drug Name	Drug Tier	Requirements & Limits
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet delayed release	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
levofloxacin oral	1	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
MACROBID	3	
MACRODANTIN	3	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 65 mg	E	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	
MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG	E	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	
mondoxyne nl oral capsule 100 mg, 50 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	1	
mupirocin calcium	1	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
okebo	E	
penicillin v potassium	1	
SOLODYN	E	
soloxide	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	

Drug Name	Drug Tier	Requirements & Limits
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XIMINO	E	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	3	QL
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	1	QL
jantoven	1	
LOVENOX	3	QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral capsule	1	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
LAMICTAL	3	
LAMICTAL ODT ORAL KIT	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NEURONTIN	3	
oxcarbazepine	1	
OXTELLAR XR	E	
QUDEXY XR	E	
roweepra	1	
roweepra xr	1	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	

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

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL	3	
PAXIL CR	3	QL
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
REGLAN	3	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI ORAL	2	QL
ZOFRAN	3	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
CICLODAN SOLUTION	E	
ciclopirox	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	3	
EXTINA	3	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	1	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
NIZORAL	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	
DUZALLO	3	QL
MITIGARE	2	
ULORIC	3	QL
ZURAMPIC	3	QL
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	QL
AMERGE	3	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL

Drug Name	Drug Tier	Requirements & Limits
RELPAX	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	E	PA, SP, QL
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
BOSULIF ORAL TABLET 100 MG, 500 MG	2	PA, SP, QL
BOSULIF ORAL TABLET 400 MG	2	PA, SP, QL
capecitabine	E	SP, QL
ERLEADA	2	PA, SP, QL
FEMARA	E	
GLEEVEC	E	PA, SP, QL
IBRANCE	2	PA, SP, QL
IDHIFA	2	PA, SP, QL
imatinib mesylate	1	PA, SP, QL
letrozole oral	1	
mercaptopurine oral	1	SP
PURIXAN	3	PA, SP
raloxifene	1	H-PA
REVLIMID	2	PA, SP, QL
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA, H
TARGRETIN EXTERNAL	3	SP, QL
TARGRETIN ORAL	1	SP

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA, SP, QL
TASIGNA ORAL CAPSULE 50 MG	2	PA, SP, QL
VERZENIO	2	PA, SP, QL
XELODA	1	SP, QL
YONSA	E	PA, SP
ZYTIGA ORAL TABLET 250 MG	1	PA, SP, QL
ZYTIGA ORAL TABLET 500 MG	2	PA, SP, QL
Antiparasitics - Drugs for Parasitic Infections		
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	3	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	
MIRAPEX	3	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP ORAL TABLET 4 MG, 5 MG	3	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	3	
SINEMET CR	3	
ZELAPAR	3	

Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
ABILIFY MYCITE	E	QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
RISPERDAL	E	
risperidone	1	
risperidone m-tab	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	SP
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	SP
DESCOVY	3	SP

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
entecavir	1	SP
EPCLUSA	2	PA, SP, QL
GENVOYA	3	SP
HARVONI	2	PA, SP, QL
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
LEDIPASVIR-SOFOSBUVIR	2	PA, SP, QL
MAVYRET	2	PA, SP, QL
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	1	SP
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, SP, QL
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU	E	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	3	SP
TRIUMEQ	2	SP
TRUVADA	3	SP
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA, SP, QL
ZEPATIER	2	PA, SP, QL
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral solution 1 mg/ml	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	3	
ALDACTONE	3	
ALTACE	3	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA, QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	
AVAPRO	3	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
BYVALSON	2	QL
CALAN	3	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
CATAPRES	3	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	3	
CORGARD	3	
CORLANOR	3	QL
COZAAR	3	
CRESTOR	E	QL
DEMADEX	3	
diltiazem hcl er	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	3	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	
EXFORGE	E	
ezetimibe	1	QL
ezetimibe-simvastatin	1	QL
fenofibrate oral capsule 150 mg, 50 mg	E	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 160 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	

Drug Name	Drug Tier	Requirements & Limits
lovastatin	1	H-PA
LOVAZA	E	
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
minitran	1	
MULTAQ	3	
nadolol oral	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
NIASPAN	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	3	QL
NITROSTAT	3	
nitro-time	1	
NORVASC	3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
pacerone oral tablet 200 mg	1	
PRALUENT	2	PA, SP, QL
PRAVACHOL	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	3	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
ramipril	1	
RANEXA	2	
REPATHA	2	PA, SP, QL
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA, H
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	QL
TEKTURNA HCT	3	QL
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
torsemide	1	
triamterene-hctz	1	

Drug Name	Drug Tier	Requirements & Limits
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	QL
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	QL
ZIAC	3	
ZOCOR	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
DEXEDRINE	3	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate	1	
dextroamphetamine sulfate er	1	
FOCALIN	3	
FOCALIN XR	E	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
guanfacine hcl er	1	QL
INTUNIV	E	QL
metadate er	1	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	E	QL
PROCENTRA	3	
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
relexxii	E	QL
RITALIN	3	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	2	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, SP, QL
AUBAGIO	3	PA, SP, QL
AVONEX PEN	2	PA, SP, QL
AVONEX PREFILLED	2	PA, SP, QL
AVONEX VIAL INTRAMUSCULAR KIT	2	PA, SP, QL
BETASERON	2	PA, SP, QL
COPAXONE	E	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
dalfampridine er	1	PA, SP, QL
EXTAVIA	E	PA, SP, QL
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP, QL
GILENYA ORAL CAPSULE 0.5 MG	3	PA, SP, QL
glatiramer acetate	1	PA, SP, QL
glatopa	E	PA, SP, QL
PLEGRIDY	3	PA, SP, QL
PLEGRIDY STARTER PACK	3	PA, SP, QL
REBIF	3	PA, SP, QL
REBIF REBIDOSE	3	PA, SP, QL
REBIF REBIDOSE TITRATION PACK	3	PA, SP, QL
REBIF TITRATION PACK	3	PA, SP, QL
TECFIDERA	2	PA, SP, QL
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP, QL
LYRICA	3	QL
NUEDEXTA	2	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/ throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	3	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 PLUS	3	
sf	1	
sf 5000 plus	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ACZONE EXTERNAL GEL 5 %	1	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	QL
amnesteem	1	
ATRALIN	E	PA, QL
AVAR	E	
avar cleanser	1	
AVAR LS	E	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA, QL
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop	1	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	1	
CLEOCIN-T EXTERNAL GEL	3	QL
CLEOCIN-T EXTERNAL LOTION	3	
CLEOCIN-T EXTERNAL SOLUTION	3	QL
CLEOCIN-T EXTERNAL SWAB	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	3	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
clotrimazole-betamethasone external lotion	1	
dapsone external	E	
DERMA-SMOOTHE/FS BODY	3	QL
DERMA-SMOOTHE/FS SCALP	3	
DESONATE	3	QL
desonide external	1	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUAC	E	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA, SP, QL
EFUDEX	3	
ELIDEL	3	QL
ELOCON	3	
ENSTILAR	3	QL
EUCRISA	3	QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	1	QL
fluocinolone acetonide external	1	QL
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone in absorbase	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	1	
KENALOG EXTERNAL	E	QL
LIDOTREX	E	
LOTRISONE	3	QL
methoxsalen oral	1	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	QL
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
OLUX	E	QL
ORACEA	3	
OXSORALEN ULTRA	2	
PICATO	3	QL
pimecrolimus	1	QL
PLEXION	E	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	QL
rosadan external cream	1	
rosadan external gel	1	
rosanil cleanser	1	
SERNIVO	E	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	E	PA, QL
TAZORAC EXTERNAL CREAM 0.05 %	3	PA, QL
TAZORAC EXTERNAL CREAM 0.1 %	1	PA, QL
TAZORAC EXTERNAL GEL	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	1	PA, QL
tretinoin external gel 0.01 %, 0.05 %	E	PA, QL
tretinoin gel 0.025 % external	E	PA, QL
triamcinolone acetonide external aerosol solution	1	QL
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
triderm	1	
tridesilon	1	QL
VANOS	E	QL
VECTICAL	3	QL
VERDESO	E	QL
zenatane	1	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
BAYER BREEZE 2 SYSTEM	E	
BAYER BREEZE 2 TEST	E	QL
BAYER CONTOUR LINK MONITOR	E	
BAYER CONTOUR MONITOR KIT	E	
BAYER CONTOUR NEXT MONITOR KIT W/DEVICE	2	
BAYER CONTOUR NEXT TEST IN VITRO STRIP	2	QL
BAYER CONTOUR TEST	E	QL
BD INSULIN PEN NEEDLES	2	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONETOUCH VERIO	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	
RELION BLOOD GLUCOSE TEST	E	QL
RELION ULTIMA TEST	3	QL
TRUE METRIX BLOOD GLUCOSE TEST	3	QL
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	2	
TRUETRACK TEST	3	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 4 (90) & 8 (90) UNIT, 8 (90) & 12 (90) UNIT, 8 UNIT	E	QL
BASAGLAR KWIKPEN	1	QL
FIASP	E	QL
FIASP FLEXTOUCH	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
HUMULIN R VIAL	1	QL
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	E	QL
LANTUS U-100 VIAL	E	QL
LEVEMIR U-100 FLEXTOUCH	3	QL
LEVEMIR U-100 VIAL	3	QL
NOVOLIN 70/30 RELION	E	QL
NOVOLIN 70/30 VIAL	E	QL
NOVOLIN N RELION	E	QL
NOVOLIN N VIAL	E	QL
NOVOLIN R RELION	E	QL
NOVOLIN R VIAL	E	QL
NOVOLOG FLEXPEN	E	QL
NOVOLOG PENFILL	E	QL
NOVOLOG U-100 VIAL	E	QL
TOUJEO MAX SOLOSTAR	E	QL
TOUJEO SOLOSTAR	E	QL
TRESIBA	2	QL
TRESIBA FLEXTOUCH	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	QL
ADLYXIN STARTER PACK	3	QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	3	
BYDUREON	2	QL
BYDUREON BCISE AUTOINJECTOR	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
FARXIGA	E	QL
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON	2	QL
GLUCOPHAGE	3	
GLUCOPHAGE XR	3	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE ORAL TABLET 5-500 MG	3	
GLUMETZA	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	QL
JANUVIA	3	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
OSENI	2	QL
OZEMPIC	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 2-PAK	2	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 3-PAK	3	QL
Drugs for Blood Disorders		
AFSTYLA	3	PA, SP
ARANESP (ALBUMIN FREE)	2	SP, QL
ELOCTATE	3	PA, SP
EPOGEN	2	SP, QL
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP, QL
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIT	2	SP, QL
ZARXIO	2	SP
Electrolytes / Vitamins		
DRISDOL	3	
ENDARI	3	QL
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	

Drug Name	Drug Tier	Requirements & Limits
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	QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL	3	
multivitamin/fluoride tablet chewable 0.25 mg oral	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
SYPRINE	1	PA, SP
trientine hcl	E	PA, SP
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	3	
CYTOTEC	3	
DEXILANT	3	QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	E	QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	3	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
hyoscyamine sulfate er	1	

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	QL
LOMOTIL	3	
MOVANTIK	E	QL
MOVIPREP	3	QL
NULEV	3	
OMECLAMOX-PAK	3	QL
oscimin	1	
oscimin sr	1	
peg 3350/electrolytes	1	H
peg-3350/electrolytes	1	H
PLENVU	3	
PREPOPIK	3	
PYLERA	3	QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	2	PA, SP
CREON	2	
NITYR	2	PA, SP
ORFADIN	E	PA, SP
PANCREAZE	3	
PERTZYE	3	
STRENSIQ	2	PA, SP, QL
VIOKACE	3	
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Condition		
AURYXIA	3	
CUPRIMINE	3	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	E	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	E	
GELNIQUE PUMP	E	
lanthanum carbonate	1	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
RAPAFLO	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	3	
Hormonal Agents - Hormone Replacement and Birth Control		
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aviane	1	H
AYGESTIN	3	
azurette	1	H
balziva	1	H
bekyree	1	H
BEYAZ	E	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
camrese	1	H
camrese lo	1	H
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	E	
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
emoquette	1	H
enskyce	1	H
errin	1	H

Drug Name	Drug Tier	Requirements & Limits
estarylla	1	H
ESTRACE ORAL	3	
ESTRACE VAGINAL	1	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal cream	E	
estradiol vaginal tablet	1	
ESTRING	2	QL
ESTROGEL	3	QL
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gianvi	1	H
hailey 24 fe	1	H

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
heather	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jencycla	1	H
jolessa	1	H
jolivette	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kariva	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lutera	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	E	
MENOSTAR	3	QL
mibelas 24 fe	E	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	3	QL
MIRCETTE	3	
mono-linyah	1	H
mononessa	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	H

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Drug Name	Drug Tier	Requirements & Limits
norethindrone acet-ethinyl est oral tablet chewable	E	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	2	H
ocella	1	H
ogestrel	1	H
orsythia	1	H
ORTHO MICRONOR	3	
ORTHO TRI-CYCLEN (28)	3	
ORTHO TRI-CYCLEN LO	E	
ORTHO-CYCLEN (28)	3	
ORTHO-NOVUM 1/35 (28)	3	
philith	1	H
pimtrea	1	H
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	1	
PROMETRIUM	3	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	3	
setlakin	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana	1	H
tydemy	E	
VAGIFEM	E	
vienva	1	H
viorele	1	H
VIVELLE-DOT	1	QL
vyfemla	1	H
vylibra	1	H
wera	1	H

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zarah	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON	E	
deltasone	1	
dexamethasone intensol	1	
dexamethasone oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
MILLIPRED ORAL SOLUTION	3	
MILLIPRED ORAL TABLET	2	
ORAPRED ODT	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
VERIPRED 20	3	
Hormonal Agents - Other		
cabergoline	1	
CETROTIDE	E	SP
DDAVP INJECTION	3	

Drug Name	Drug Tier	Requirements & Limits
DDAVP ORAL	3	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, SP, QL
GENOTROPIN MINIQUICK	E	PA, SP, QL
HUMATROPE	E	PA, SP, QL
NOCDURNA	3	QL
NOCTIVA	E	QL
NORDITROPIN FLEXPRO	E	PA, SP, QL
NUTROPIN AQ NUSPIN 10	2	PA, SP, QL
NUTROPIN AQ NUSPIN 20	2	PA, SP, QL
NUTROPIN AQ NUSPIN 5	2	PA, SP, QL
OMNITROPE	E	PA, SP, QL
ORILISSA	3	QL
STIMATE	3	
ZOMACTON	E	PA, SP, QL
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL	E	QL
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE	3	
FORTESTA	E	QL
METHITEST	2	
methyltestosterone oral	1	
NATESTO	E	QL
STRIANT	3	QL
TESTIM	1	QL
testosterone cypionate intramuscular solution 100 mg/ml	1	
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	3	
testosterone cypionate solution 200 mg/ml intramuscular	1	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
testosterone transdermal	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	E	
unithroid	1	
unithroid direct	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, SP, QL
ACTEMRA SUBCUTANEOUS	3	PA, SP, QL
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	SP
CIMZIA PREFILLED KIT	2	PA, SP, QL
CIMZIA STARTER KIT	2	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
COSENTYX 150 MG/ML	3	PA, SP, QL
COSENTYX 300 DOSE	3	PA, SP, QL
COSENTYX SENSOREADY 300 DOSE	3	PA, SP, QL
COSENTYX SENSOREADY PEN	3	PA, SP, QL
cyclosporine modified	1	SP
ENBREL	3	PA, SP, QL
ENBREL MINI	3	PA, SP, QL
ENBREL SURECLICK	3	PA, SP, QL
ENVARSUS XR	E	SP
FIRAZYR	3	PA, SP, QL
gengraf	1	SP
HAEGARDA	2	PA, SP, QL
HUMIRA PEDIATRIC CROHNS START	2	PA, SP, QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	2	PA, SP, QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, SP, QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	2	PA, SP, QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2	PA, SP, QL
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	1	SP
MYFORTIC	E	SP
NEORAL	E	SP
OTEZLA	2	PA, SP, QL
OTREXUP	E	QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	3	QL
SIMPONI	2	PA, SP, QL
sirolimus oral tablet	1	SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP, QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP, QL
tacrolimus oral	1	SP
TAKHZYRO	2	PA, SP, QL
TREMFYA	2	PA, SP, QL
TREXALL	2	
XELJANZ	3	PA, SP, QL
XELJANZ XR	3	PA, SP, QL
Infertility Agents		
CRINONE VAGINAL GEL 4 %	3	
CRINONE VAGINAL GEL 8 %	3	
ENDOMETRIN	2	
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
OVIDREL	E	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	1	
mesalamine oral	E	
mesalamine rectal	1	
PENTASA	E	
pramcort	1	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL	3	QL
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	QL
ROCALTROL	3	
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
INVELTYS	E	
ketorolac tromethamine ophthalmic solution 0.4 %	1	QL
ketorolac tromethamine ophthalmic solution 0.5 %	1	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
OMNIPRED	3	
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
PRED FORTE	3	
PRED MILD	2	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
tobramycin ophthalmic	1	
TOBREX	3	
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	3	
TRAVATAN Z	2	QL
XALATAN	3	
XELPROS	E	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	QL
LASTACAFT	3	QL
MAXITROL	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
RESTASIS	3	QL
RESTASIS MULTIDOSE	E	QL
TOBRADEX	3	
TOBRADEX ST	E	
tobramycin-dexamethasone	1	
XIIDRA	3	QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	

Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	QL
hydrocodone polst-cpm polst er	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	E	QL
promethazine-codeine oral syrup	1	QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	
TUSSIONEX PENNKINETIC ER	3	QL
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (PROAIR HFA authorized generic)	3	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (VENTOLIN HFA authorized generic)	E	
albuterol sulfate inhalation	1	

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL
ASMANEX 120 METERED DOSES	1	QL
ASMANEX 14 METERED DOSES	1	QL
ASMANEX 30 METERED DOSES	1	QL
ASMANEX 60 METERED DOSES	1	QL
ASMANEX 7 METERED DOSES	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	3	QL
AUVI-Q	E	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL
budesonide inhalation	1	QL
CETYLEV	3	
COMBIVENT RESPIMAT	3	QL
EASIVENT	2	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (ADRENACLICK authorized generic)	E	QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (ADRENACLICK authorized generic)	E	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN)	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral	1	
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	3	QL
PULMICORT SUSPENSION	3	QL
QVAR REDIHALER	1	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL
TRELEGY ELLIPTA	3	QL
TUDORZA PRESSAIR	2	QL
VENTOLIN HFA	2	QL
XOPENEX HFA	3	QL

See page 8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	1	PA, SP, QL
KITABIS PAK	E	PA, SP, QL
PULMOZYME	2	PA, SP, QL
TOBI NEBULIZER	E	PA, SP, QL
TOBI PODHALER	3	PA, SP, QL
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP, QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, SP, QL
ADEMPAS	2	PA, SP, QL
LETAIRIS	2	PA, SP, QL
OPSUMIT	2	PA, SP, QL
ORENITRAM	3	PA, SP, QL
tadalafil (pah)	1	PA, SP, QL
TRACLEER ORAL TABLET	2	PA, SP, QL
TRACLEER ORAL TABLET SOLUBLE	2	PA, SP, QL
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral	1	
FEXMID	3	
metaxall	1	
metaxalone	1	
methocarbamol oral	1	
ROBAXIN ORAL	3	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral	1	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	1	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	1	QL
PROVIGIL	E	QL
RESTORIL	3	
temazepam	1	
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	QL

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Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

Multi-language interpreter services

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

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

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

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, 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 yáníłti'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 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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2019 Prescription Drug List — Student Resources Traditional 3-Tier

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