



**Wyoming
Individual & Family plans**

2025 Prescription Drug List

Effective as of Jan. 1, 2025

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of prescribed medications or other pharmacy care products or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Individual & Family plan Pharmacy Management Committee. This group reviews which medications will be covered, based on how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your healthcare provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your healthcare provider. If your medication is not listed here, please visit myuhc.com/exchange or call the Member Services 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, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications can help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your healthcare provider if a lower-tier medication can work for your condition. In the chart below, the overall value is based on factors such as medication effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

Tier	Cost-share	Includes
1	\$0	\$0 Cost-share Medications available at no cost to you, which includes preventive medications .
2	\$	Lower cost-share Medications that offer the highest overall value , which includes preferred generic medications .
3	\$\$	Mid-range cost-share Medications that provide good overall value , which includes preferred brand name and non-preferred generic medications .
4	\$\$\$	Higher cost-share Medications that provide lower overall value , which includes non-preferred brand name medications and non-preferred generic medications .
5	\$\$\$\$	Highest cost-share Medications that provide the lowest overall value , which includes most specialty medications .

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

Can the PDL change?

Most changes in drug coverage happen on January 1st , but during the year UnitedHealthcare may add or remove drugs on the PDL, move them to different cost-sharing tiers, or add or remove rules.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your healthcare provider to learn about alternatives.

Why are some medications not covered?

A medication may not be covered under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), step therapy (ST), and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the “Prior authorization and exception requests” section.

PA	Prior authorization required UnitedHealthcare requires you or your healthcare provider to obtain prior authorization for certain drugs to be sure the drug is most appropriate for your condition. This means that you will need to get approval from UnitedHealthcare before you fill your prescriptions. If you don't get approval, the drug may not be covered.
QL	Quantity limit For certain drugs, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time. We update quantity limits based on medical guidance and Food and Drug Administration (FDA) recommendations. This helps reduce waste and ensures medications are used appropriately.
ST	Step therapy In some cases, UnitedHealthcare requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step Therapy makes sure you are filling medically appropriate and affordable medications.
SP	Specialty medication Limited to a 1-month supply per prescription.
MME	Morphine milligram equivalent Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your healthcare provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your healthcare provider can ask the plan to cover the additional quantity.

7D

7 day limit if you have not filled an opioid prescription recently

If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive (PrEP) medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your healthcare provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the “Prior authorization and exception requests” section. If you qualify, you can receive these drugs at \$0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
 - 7-day supply limit for members who have not filled an opioid prescription recently or
 - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your healthcare provider to submit a request. Healthcare providers can submit a request:

- Online: professionals.optumrx.com/prior-authorization.html
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your healthcare provider and request additional information.

If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.

We'll send written notification of the decision to both you and your healthcare provider. If your healthcare provider does not agree with the decision, this notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

You and your healthcare provider can learn more and find clinical criteria by visiting uhcprovider.com/exchange.

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.

What if my healthcare provider writes a brand-name prescription?

If your healthcare provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your healthcare provider about available OTC options. Even though OTC 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 for rare or complex conditions and are usually higher-cost medications. Specialty medications are indicated with SP throughout the PDL.

Please note, not all specialty medications may be available at a retail pharmacy. If you have a question on how to access covered specialty medications, call the number on your health plan ID card or visit myuhc.com/exchange.

Reading your PDL

The PDL gives you choices so you and your healthcare provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are two ways to find your drug within the PDL:

1. The drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug .
2. Alphabetical listing – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list .

Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



Register or login to your online account at myuhc.com/exchange to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Drug name	Tier	Notes	Drug name	Tier	Notes
Analgesics					
Nonsteroidal anti-inflammatory drugs					
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 16 to 49 years.	ft aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.	ft aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low strength	1	\$0 Copay for members between ages of 16 to 49 years.	goodsense aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin childrens	1	\$0 Copay for members between ages of 16 to 49 years.	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
aspirin ec adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.	indomethacin er	2	
aspirin ec low dose	1	\$0 Copay for members between ages of 16 to 49 years.	indomethacin oral capsule	2	QL
aspirin ec low strength	1	\$0 Copay for members between ages of 16 to 49 years.	ketoprofen er	4	ST
aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.	ketoprofen oral	3	ST
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.	ketorolac tromethamine oral	2	
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 16 to 49 years.	KIPROFEN	3	ST
aspirin regimen	1	\$0 Copay for members between ages of 16 to 49 years.	meclofenamate sodium oral	4	
celecoxib oral	2	QL	mefenamic acid oral	4	
diclofenac potassium oral tablet 50 mg	2		meloxicam oral tablet	2	
diclofenac sodium er	3		mm aspirin	1	\$0 Copay for members between ages of 16 to 49 years.
diclofenac sodium external gel 1%	3	QL	nabumetone oral	2	
diclofenac sodium oral	2		naproxen dr	2	
diclofenac-misoprostol	3		naproxen oral suspension	4	PA
diflunisal oral	2		naproxen oral tablet	2	
ec-naproxen	2		naproxen oral tablet delayed release	2	
etodolac	2		naproxen sodium oral tablet 275 mg, 550 mg	2	
etodolac er	3		oxaprozin oral tablet	3	
fenoprofen calcium oral tablet	4		piroxicam oral	2	
flurbiprofen oral tablet 100 mg	2		salsalate oral	2	
Opioid analgesics, long-acting					
fentanyl transdermal patch 72 hour	3	PA; QL; MME; 7D			
100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr					
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D			
hydromorphone hcl er	4	PA; QL; MME; 7D			
levorphanol tartrate oral	4	PA; QL; MME; 7D			
methadone hcl intensol	2	PA; QL; MME; 7D			
methadone hcl oral concentrate	2	PA; QL; MME; 7D			
methadone hcl oral solution	2	PA; QL; MME; 7D			
methadone hcl oral tablet	2	PA; QL; MME; 7D			
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D			

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
NUCYNTA ER	4	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er tablet	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
Opioid analgesics, short-acting		
acetaminophen-codeine	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet	3	QL
butalbital-apap-caff-cod	4	QL; MME; 7D
butalbital-apap-caffeine oral capsule	4	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	3	QL
butorphanol tartrate nasal	3	QL; MME; 7D
codeine sulfate	2	QL; MME; 7D
endocet	2	QL; MME; 7D
fentanyl citrate buccal lozenge on a handle	4	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate)	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
TENCON	3	QL
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-addiction/substance abuse treatment agents		
Alcohol deterrents/anti-craving		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid dependence treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
ZUBSOLV	3	
Opioid reversal agents		
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
Smoking cessation agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum 2 mg	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr	1	
NICOTROL	1	PA
NICOTROL NS	1	PA
varenicline tartrate	1	PA
varenicline tartrate (starter)	1	PA
varenicline tartrate(continue)	1	PA
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	3	
HUMATIN	4	
neomycin sulfate oral	2	
Antibacterials, other		
clindamycin hcl oral	2	

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
fosfomycin tromethamine	4	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
mafénide acetate external	4	
methenamine hippurate	3	
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin cream	4	QL
mupirocin ointment	2	QL
NEO-SYNALAR	4	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
SIVEXTRO ORAL	4	PA; QL
SOLOSEC	4	QL
ssd	2	
SULFAMYLON	4	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE	3	
XIFAXAN	5	PA; QL
Beta-lactam, cephalosporins		
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefpodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, penicillins		
amoxicillin	2	
amoxicillin-potassium clavulanate	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
Macrolides		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
Tetracyclines		
avodox	2	
demeclocycline hcl	4	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
monodoxine nl	2	
tetracycline hcl oral capsule	2	
Anticonvulsants		
Anticonvulsants, other		
levetiracetam er	2	
levetiracetam oral	2	
NAYZILAM	5	PA
roweepra	2	
Calcium channel modifying agents		
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
Gamma-aminobutyric acid (GABA) augmenting agents		
clobazam	4	PA; QL

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
DIACOMIT	5	PA; QL; SP
diazepam rectal	4	QL
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
phenobarbital oral	2	
primidone oral	2	
tiagabine hcl	4	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin	5	PA; QL; SP
vigadrone	5	PA; QL; SP
vigoder	5	PA; QL; SP
Glutamate reducing agents		
felbamate	4	
FYCOMPA ORAL SUSPENSION	4	PA; QL
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
subvenite	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium channel agents		
APTIOM	4	PA; QL
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
DILANTIN ORAL CAPSULE 30 MG	4	
epitol	2	
lacosamide oral	4	PA; QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral	2	
phenytoin sodium extended	2	
rufinamide	4	PA
Antidementia agents		
Cholinesterase inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL
galantamine hydrobromide oral tablet	3	QL
rivastigmine	4	QL
rivastigmine tartrate	2	QL

Drug name	Tier	Notes
N-methyl-D-aspartate (NMDA) receptor antagonist		
memantine hcl oral solution	4	QL
memantine hcl oral tablet	2	QL
Antidepressants		
Antidepressants, other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	3	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
Monoamine oxidase inhibitors		
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
SSRI/SNRI (selective serotonin reuptake inhibitors/ serotonin and norepinephrine reuptake inhibitors)		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
FETZIMA	4	ST; QL
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate	2	
fluvoxamine maleate er	4	QL
nefazodone hcl	3	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
vilazodone hcl	4	QL
Tricyclics		
amitriptyline hcl oral	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes			
amoxapine	2		griseofulvin ultramicrosize	3				
clomipramine hcl oral	4		GYNAZOLE-1	4				
desipramine hcl oral	3		itraconazole oral	4	QL			
doxepin hcl oral capsule	2		ketoconazole external cream	2	QL			
doxepin hcl oral concentrate	2		ketoconazole external shampoo	2				
imipramine hcl oral	2		ketoconazole oral	2				
imipramine pamoate	4		klayesta	2	QL			
nortriptyline hcl oral capsule	2		LULICONAZOLE	4	QL			
nortriptyline hcl oral solution	3		miconazole 3	2				
protriptyline hcl	3		naftifine hcl external cream	4				
trimipramine maleate oral	4		nyamyc	2	QL			
Antiemetics								
Antiemetics, other								
doxylamine-pyridoxine	4		nystatin external cream	2				
meclizine hcl oral tablet 25 mg	2		nystatin external ointment	2				
meclizine hcl oral tablet 50 mg	3		nystatin external powder	2	QL			
metoclopramide hcl oral solution 5 mg/5ml	2		nystatin mouth/throat	2				
metoclopramide hcl oral tablet	2		nystatin oral	2				
perphenazine oral	2		nystatin-triamcinolone	2				
prochlorperazine	3		nystop	2	QL			
prochlorperazine maleate oral	2		oxiconazole nitrate	4	QL			
promethazine hcl oral	2		posaconazole oral tablet delayed release	3	QL			
promethazine hcl rectal	3	QL	SULCONAZOLE NITRATE	4				
promethegan	3	QL	tavaborole	3	QL			
scopolamine	3		terbinafine hcl oral	2	QL			
trimethobenzamide hcl oral	2		terconazole vaginal cream	2				
Emetogenic therapy adjuncts								
ANZEMET	4	QL	terconazole vaginal suppository	3				
aprepitant	3	QL	voriconazole oral suspension reconstituted	4				
dronabinol	4		voriconazole oral tablet	4	QL			
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL	Antigout agents					
granisetron hcl oral	3	QL	allopurinol oral tablet 100 mg, 300 mg	2				
ondansetron hcl oral	2		colchicine oral tablet	2	QL			
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2		colchicine-probenecid	2				
VARUBI (180 MG DOSE)	3	QL	febuxostat	2	ST; QL			
Antifungals			probenecid	2				
ciclodan	2		Antimigraine agents					
ciclopirox external	2		Calcitonin gene-related peptide (CGRP) receptor antagonist					
ciclopirox olamine external	2		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL			
clotrimazole mouth/throat	2		EMGALITY	3	PA; QL			
clotrimazole-betamethasone external cream	2	QL	UBRELVY	3	PA; QL			
clotrimazole-betamethasone external lotion	3		Ergot alkaloids					
CRESEMBA ORAL	4	PA	dihydroergotamine mesylate injection	4	QL			
econazole nitrate external	3	QL	ERGOMAR	4	QL			
EXELDERM	4		ergotamine-caffeine	4				
fluconazole oral	2		MIGERGOT	4				
flucytosine oral	4		Serotonin (5-HT) receptor agonists					
griseofulvin microsize oral	3		almotriptan malate	3	ST; QL			
			eletriptan hydrobromide	3	ST; QL			

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
frovatriptan succinate	4	ST; QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	ST; QL
zolmitriptan nasal	4	ST; QL
zolmitriptan oral	3	ST; QL
Antimyasthenic agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, other		
dapsone oral	2	
rifabutin	4	
Antituberculars		
cycloserine oral	4	
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN	3	
pyrazinamide oral	3	
rifampin oral	2	
SIRTURO	5	PA
TRECATOR	3	
Antineoplastics		
Alkylating agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	PA; SP
VALCHLOR	5	PA; QL; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
ERLEADA	5	PA; QL; SP
nilutamide	5	SP
NUBEQA	5	PA; QL; SP
Antiangiogenic agents		
lenalidomide	5	PA; QL; SP
POMALYST	5	PA; QL; SP

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

Drug name	Tier	Notes
THALOMID	5	PA; QL; SP
Antiestrogens/modifiers		
EMCYT	4	
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	4	
Antimetabolites		
capecitabine	5	SP
DROXIA	4	
hydroxyurea oral	2	
mercaptopurine oral	2	
TABLOID	5	SP
Antineoplastics, other		
diclofenac sodium external gel 3 %	4	QL
fluorouracil external cream	2	QL
fluorouracil external solution	2	
leucovorin calcium oral	2	
PIQRAY	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP
VERZENIO	5	PA; QL; SP
ZOLINZA	5	QL; SP
Aromatase inhibitors, 3rd generation		
anastrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	4	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme inhibitors		
etoposide oral	5	SP

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes			
HYCAMTIN ORAL	5	PA; QL; SP	nitazoxanide oral	3	QL			
TALZENNA	5	PA; QL; SP	pentamidine isethionate inhalation	3	QL			
Molecular target inhibitors								
ALECensa	5	PA; QL; SP	primaquine phosphate	2				
BOSULIF	5	PA; QL; SP	pyrimethamine oral	5	PA; SP			
CAPRELSA	5	PA; QL; SP	quinine sulfate	3				
COMETRIQ	5	PA; QL; SP	Pediculicides/scabicides					
COTELLIC	5	PA; QL; SP	CROTAN	4				
erlotinib hcl	5	PA; QL; SP	malathion	4				
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL; SP	permethrin external	2				
gefitinib	5	PA; QL; SP	spinosad	4				
imatinib mesylate	5	PA; QL; SP	Anti-Parkinson's agents					
IMBRUvICA	5	PA; QL; SP	Anticholinergics					
JAKAFI	5	PA; QL; SP	benztropine mesylate oral	2				
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA; QL; SP	trihexyphenidyl hcl	2				
LORBRENA	5	PA; QL; SP	Anti-Parkinson's agents, other					
sorafenib tosylate	5	PA; QL; SP	amantadine hcl oral	2				
STIVARGA	5	PA; QL; SP	carbidopa-levodopa-entacapone	4				
sunitinib malate	5	PA; QL; SP	entacapone	3				
TURALIO	5	PA; QL; SP	tolcapone	4	QL			
VENCLEXTA	5	PA; QL; SP	Dopamine agonists					
VENCLEXTA STARTING PACK	5	PA; QL; SP	apomorphine hcl subcutaneous	5	QL; SP			
VITRAKVI	5	PA; QL; SP	bromocriptine mesylate oral capsule	4				
XOSPATA	5	PA; QL; SP	bromocriptine mesylate oral tablet	3				
ZELBORAF	5	PA; QL; SP	NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	4				
ZYKADIA	5	PA; QL; SP	pramipexole dihydrochloride	2				
Retinoids			ropinirole hcl	2				
bexarotene external	5	QL; SP	Dopamine precursors/L-amino acid decarboxylase inhibitors					
bexarotene oral	5	SP	carbidopa oral	4				
tretinoin oral	5	QL; SP	carbidopa-levodopa er	2				
Treatment adjuncts			carbidopa-levodopa oral tablet	2				
MESNEX ORAL	5	SP	carbidopa-levodopa oral tablet dispersible	3				
Antiparasitics			DUOPA	4	PA			
Anthelmintics			Monoamine oxidase B (MAO-B) inhibitors					
albendazole oral	4	PA; QL	rasagiline mesylate oral	4	ST			
EGATEN	4	PA	selegiline hcl oral	3				
ivermectin oral	2	PA; QL	Antipsychotics					
praziquantel oral	4		1st generation/typical					
Antiprotozoals			chlorpromazine hcl oral tablet	2				
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	3	QL	fluphenazine hcl oral	3				
atovaquone	4		haloperidol lactate oral concentrate 2 mg/ml	2				
atovaquone-proguanil hcl	3		haloperidol oral	2				
BENZNIDAZOLE	3	PA; QL	loxapine succinate	2				
chloroquine phosphate oral	2	QL	pimozide	3				
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	QL	thioridazine hcl oral	2				
KRINTAFEL	3	QL	thiothixene	2				
mefloquine hcl	2		trifluoperazine hcl	2				

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PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
aripiprazole oral solution	4	QL
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	QL
olanzapine oral tablet dispersible	3	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	3	QL
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	3	QL
Treatment-resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
Antivirals		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100)	4	QL
Anti-cytomegalovirus (CMV) agents		
valganciclovir hcl oral solution reconstituted	4	QL
valganciclovir hcl oral tablet	2	QL
Anti-hepatitis B (HBV) agents		
adefovir dipivoxil	5	
BARACLUDE ORAL SOLUTION	5	
entecavir	3	
lamivudine oral tablet 100 mg	3	
Anti-hepatitis C (HCV) agents		
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	5	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
SOVALDI	5	PA; QL; SP
VOSEVI	4	PA; QL; SP
Antiherpetic agents		
acyclovir external ointment	3	QL
acyclovir oral	2	
famciclovir oral	2	QL
penciclovir	4	QL
valacyclovir hcl oral	2	QL
Anti-HIV agents, integrase inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
JULUCA	4	QL
STRIBILD	4	QL
TIVICAY	4	QL
Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)		

Drug name	Tier	Notes
COMPLERA	4	QL
EDURANT	4	QL
efavirenz	2	QL
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine	2	QL
nevirapine er	2	QL
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)		
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	2	QL
abacavir sulfate-lamivudine	2	QL
emtricitabine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	2	QL
ODEFSEY	4	QL
tenofovir disoproxil fumarate	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	4	QL
zidovudine	2	QL
Anti-HIV agents, other		
FUZEON	5	QL
maraviroc	2	QL
SELZENTRY ORAL SOLUTION	4	QL
Anti-HIV agents, protease inhibitors		
APTVUS	4	QL
atazanavir sulfate	2	QL
darunavir	2	QL
EVOTAZ	4	QL
fosamprenavir calcium	4	QL

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QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
lopinavir-ritonavir	2	QL
NORVIR ORAL PACKET	4	QL
PREZISTA ORAL SUSPENSION	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	2	QL
VIRACEPT	4	QL
Anti-influenza agents		
oseltamivir phosphate oral	2	QL
RELENZA DISKHALER	4	QL
rimantadine hcl	3	
Anxiolytics		
Anxiolytics, other		
buspirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	
meprobamate	4	
Benzodiazepines		
alprazolam er	3	QL
alprazolam intensol	3	QL
alprazolam oral tablet	2	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	3	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
clonazepam oral tablet dispersible	3	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
estazolam	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
quazepam	4	
Bipolar agents		
Mood stabilizers		
divalproex sodium er	2	
divalproex sodium oral	2	
EQUETRO	4	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	2	
Blood glucose monitoring		
ACCU-CHEK AVIVA DEVICE	3	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	QL
ACCU-CHEK FASTCLIX LANCET KIT	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK GUIDE CONTROL	3	QL

Drug name	Tier	Notes
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	3	QL
AUTOLET LANCING DEVICE	3	
CARESENS LANCETS 30G	3	QL
CARETOUCH LANCING/EJECTOR	3	
CHEMSTRIP K	3	
CHEMSTRIP MICRAL	3	
CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	3	QL
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	3	QL
CLEVER CHOICE COMFORT EZ	3	QL
COMFORT TOUCH TWIST LANCET 30G	3	QL
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL	3	QL
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	4	PA; QL
DEXCOM G6 SENSOR	4	PA; QL
DEXCOM G6 TRANSMITTER	4	PA; QL
DEXCOM G7 RECEIVER	4	PA; QL
DEXCOM G7 SENSOR	4	PA; QL
DIASTIX REAGENT	3	
FORA TEST N'GO ADV-VOICE-6 CON	3	
FREESTYLE LIBRE 14 DAY READER	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
FREESTYLE LIBRE READER	4	PA; QL
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	3	
LANCETS SUPER THIN	3	QL
MICROLET NEXT LANCING DEVICE	3	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH	3	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
ONETOUCH VERIO TEST STRIPS	3	QL	GLUCAGON EMERGENCY KIT	1	QL
PERFECT POINT SAFETY LANCETS	3	QL	GLUCO TO GO	3	
TECHLITE LANCETS 26G	3	QL	GVOKE HYPOPEN 1-PACK	1	QL
VERIFINE SAFE LANCET MINI 21G	3	QL	GVOKE HYPOPEN 2-PACK	1	QL
VERIFINE SAFE LANCET MINI 23G	3	QL	GVOKE KIT	1	QL
VERIFINE SAFE LANCET MINI 28G	3	QL	GVOKE PFS	1	QL
VERIFINE SAFE LANCET MINI 30G	3	QL	ZEGALOGUE	1	QL
VIVAGUARD LANCETS 30G	3	QL	Insulins		
VIVAGUARD LANCING DEVICE	3		BASAGLAR KWIKPEN	1	QL
VIVAGUARD SAFETY LANCETS 28G	3	QL	HUMALOG	1	QL
Blood glucose regulators			HUMALOG KWIKPEN	1	QL
Antidiabetic agents			HUMALOG MIX 50/50 KWIKPEN	1	QL
acarbose oral	2	QL	HUMALOG MIX 50/50 VIAL	1	QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL	HUMALOG MIX 75/25 KWIKPEN	1	QL
FARXIGA	3	QL	HUMALOG MIX 75/25 VIAL	1	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	2	QL	HUMALOG U-100 JUNIOR KWIKPEN	1	QL
glipizide er	2	QL	HUMULIN 70/30 KWIKPEN	1	QL
glipizide ir	2	QL	HUMULIN 70/30 VIAL	1	QL
glipizide xl	2	QL	HUMULIN N KWIKPEN	1	QL
glipizide-metformin hcl	3	QL	HUMULIN N VIAL	1	QL
glyburide micronized	2	QL	HUMULIN R U-500 KWIKPEN	1	QL
glyburide oral	2	QL	HUMULIN R U-500 VIAL	1	QL
glyburide-metformin	2	QL	HUMULIN R VIAL	1	QL
JARDIANCE	3	QL	INSULIN ASPART PROT & ASPART	1	QL
JENTADUETO	3	QL	INSULIN DEGLUDEC	1	QL
JENTADUETO XR	3	QL	INSULIN DEGLUDEC FLEXTOUCH	1	QL
metformin hcl er	2	QL	INSULIN LISPRO	1	QL
metformin hcl oral solution	4	QL	INSULIN LISPRO (1 UNIT DIAL)	1	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL	INSULIN LISPRO JUNIOR KWIKPEN	1	QL
miglitol	3	QL	INSULIN LISPRO PROT & LISPRO	1	QL
MOUNJARO	3	PA; QL	LEVEMIR FLEXPEN	1	QL
nateglinide	3	QL	LEVEMIR U-100 VIAL	1	QL
OZEMPIC	3	PA; QL	REZVOGLAR KWIKPEN	1	QL
pioglitazone hcl	2	QL	TRESIBA	1	QL
pioglitazone hcl-metformin hcl	3	QL	TRESIBA FLEXTOUCH	1	QL
repaglinide	2	QL	Blood products and modifiers		
RYBELSUS	3	PA; QL	Anticoagulants		
saxagliptin hcl	3	QL	ELIQUIS	3	QL
saxagliptin-metformin er	3	QL	ELIQUIS DVT/PE STARTER PACK	3	QL
SOLIQUA	3	QL	enoxaparin sodium	3	QL
SYNJARDY	3	QL	fondaparinux sodium	4	QL
SYNJARDY XR	3	QL	FRAZMIN	4	QL
TRADJENTA	3	QL	heparin sodium (porcine)	2	
TRULICITY	3	PA; QL	heparin sodium (porcine) pf	2	
XIGDUO XR	3	QL	jantoven	2	
Glycemic agents			warfarin sodium oral	2	
BAQSIMI ONE PACK	1	QL	XARELTO	3	QL
BAQSIMI TWO PACK	1	QL	XARELTO STARTER PACK	3	QL
diazoxide oral	4		Blood formation modifiers		
glucagon emergency kit	1	QL	anagrelide hcl	4	
			ARANESP (ALBUMIN FREE)	5	QL; SP

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
LEUKINE	5	SP
NEULASTA	5	SP
NEULASTA ONPRO	5	SP
plerixafor	5	SP
PROMACTA	5	PA; QL; SP
RETACRIT	5	QL; SP
ZARXIO	5	SP
Hemostasis agents		
aminocaproic acid oral	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	4	
RECOTHROM SPRAY KIT	4	
THROMBIN-JMI EPISTAXIS	4	
THROMBIN-JMI EXTERNAL KIT	4	
tranexamic acid oral	3	QL
Platelet modifying agents		
aspirin-dipyridamole er	4	QL
BRILINTA	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
YOSPRALA	3	QL
Cardiovascular agents		
Alpha-adrenergic agonists		
clonidine	3	
clonidine hcl oral	2	
guanfacine hcl	2	QL
METHYLDOPA	2	
midodrine hcl	2	
Alpha-adrenergic blocking agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II receptor antagonists		
candesartan cilexetil	3	QL
EDARBI	4	QL
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
telmisartan	3	QL
valsartan oral tablet	2	QL
Angiotensin-converting enzyme (ACE) inhibitors		
benazepril hcl oral	2	QL
captopril oral	2	QL
enalapril maleate oral tablet	2	QL
fosinopril sodium	2	QL
lisinopril oral	2	QL
moexipril hcl	2	QL
perindopril erbumine	2	QL
quinapril hcl	2	QL
ramipril	2	QL

KEY: **7D** 7 day limit
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Drug name	Tier	Notes
trandolapril	2	QL
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ	4	PA; QL
NORPACE CR	3	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	
SOTYLIZE	4	PA
Beta-adrenergic blocking agents		
acebutolol hcl oral	2	
atenolol oral	2	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	2	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
nadolol oral	2	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral	2	
timolol maleate oral	2	
Calcium channel blocking agents		
amlodipine besylate oral	2	
cartia xt	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	3	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	3	
diltiazem hcl oral	2	
dilt-xr	2	
felodipine er	2	
isradipine	2	
matzim la	3	
nicardipine hcl oral	3	
nifedipine er	2	QL
nifedipine er osmotic release	2	QL
nifedipine oral	2	
nimodipine oral	4	
nisoldipine er	3	

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
tiadylt er	2		chlorthalidone	2	
verapamil hcl er oral capsule extended release 24 hour	3		DIURIL	3	
verapamil hcl er oral tablet extended release	2		hydrochlorothiazide oral	2	
verapamil hcl oral	2		indapamide	2	
Cardiovascular agents, other			metolazone	2	
aliskiren fumarate	4	QL	Dyslipidemics, fibric acid derivatives		
amiloride-hydrochlorothiazide	2		fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
amlodipine besylate-benazepril hcl	2	QL	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
amlodipine besylate-valsartan	3	QL	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
atenolol-chlorthalidone	2		gemfibrozil oral	2	
benazepril-hydrochlorothiazide	3	QL	Dyslipidemics, HMG COA reductase inhibitors		
bisoprolol-hydrochlorothiazide	2	QL	atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
candesartan cilexetil-hctz	3	QL	atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
captopril-hydrochlorothiazide	3	QL	QL; \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.		
CORLANOR	4	PA; QL	fluvastatin sodium	3	
digoxin oral solution	3		lovastatin oral	2	QL; \$0 Copay for members between ages 40 to 75 years.
digoxin oral tablet 125 mcg, 250 mcg	2		pravastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.
digoxin oral tablet 62.5 mcg	4		rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.
EDARBYCLOR	4	QL	rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
enalapril-hydrochlorothiazide	2	QL	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
ENTRESTO	4	PA; QL	simvastatin oral tablet 80 mg	2	QL
fosinopril sodium-hctz	3	QL	Dyslipidemics, other		
irbesartan-hydrochlorothiazide	2	QL	cholestyramine light	3	
isosorb dinitrate-hydralazine	3	QL			
ivabradine hcl	4	PA; QL			
lisinopril-hydrochlorothiazide	2	QL			
losartan potassium-hctz	2	QL			
metoprolol-hydrochlorothiazide	3				
olmesartan medoxomil-hctz	2	QL			
pentoxifylline er	2				
quinapril-hydrochlorothiazide	3	QL			
ranolazine er	4	QL			
spironolactone-hctz	2				
telmisartan-hctz	3	QL			
triamterene-hctz	2				
valsartan-hydrochlorothiazide	2	QL			
Diuretics, carbonic anhydrase inhibitors					
acetazolamide er	3				
acetazolamide oral	3				
methazolamide oral	4				
Diuretics, loop					
bumetanide oral	2				
ethacrynic acid	4				
furosemide oral	2				
torsemide	2				
Diuretics, potassium-sparing					
amiloride hcl oral	2				
eplerenone	3				
spironolactone oral tablet	2				
Diuretics, thiazide					

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
cholestyramine oral	3		methylphenidate hcl er (la)	3	PA; QL
colesevelam hcl	3		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
colestipol hcl oral granules	3		methylphenidate hcl er oral tablet extended release	3	PA; QL
colestipol hcl oral packet	3		methylphenidate hcl oral solution	3	PA; QL
colestipol hcl oral tablet	2		methylphenidate hcl oral tablet	2	PA; QL
ezetimibe	2	QL	methylphenidate hcl oral tablet chewable	3	PA; QL
ezetimibe-simvastatin	3	QL	Central nervous system, other		
icosapent ethyl	4	PA	AUSTEDO	5	PA; QL; SP
niacin (antihyperlipidemic)	3		caffeine citrate oral	2	
niacin er (antihyperlipidemic)	3		DAYBUE	5	PA; QL; SP
niacor	3		INGREZZA	5	PA; QL; SP
omega-3-acid ethyl esters	2	PA; QL	riluzole	4	SP
prevalite	3		tetrabenazine	5	PA; QL; SP
REPATHA	4	PA; QL	Fibromyalgia agents		
REPATHA PUSHTRONEX SYSTEM	4	PA; QL	pregabalin oral capsule	2	QL
REPATHA SURECLICK	4	PA; QL	SAVELLA	4	ST; QL
Vasodilators, direct-acting arterial/venous			SAVELLA TITRATION PACK	4	ST; QL
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2		Multiple sclerosis agents		
isosorbide mononitrate	2		AVONEX PEN	5	PA; QL; SP
isosorbide mononitrate er	2		AVONEX PREFILLED	5	PA; QL; SP
NITRO-BID	3		BETASERON	5	PA; QL; SP
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4		dalfampridine er	4	PA; QL; SP
nitroglycerin rectal	4	QL	dimethyl fumarate oral	4	PA; QL; SP
nitroglycerin sublingual	2		dimethyl fumarate starter pack	4	PA; QL; SP
nitroglycerin transdermal	2		fingolimod hcl	5	PA; QL; SP
Vasodilators, direct-acting arterial			glatiramer acetate	4	PA; QL; SP
hydralazine hcl oral	2		glatopa	4	PA; QL; SP
minoxidil oral	2		PLEGRIDY	5	PA; QL; SP
Central nervous system agents			PLEGRIDY STARTER PACK	5	PA; QL; SP
Attention deficit hyperactivity disorder agents, amphetamines			teriflunomide	5	PA; QL; SP
amphetamine sulfate	4	PA	Dental and oral agents		
amphetamine-dextroamphetamine	2	PA; QL	cevimeline hcl	4	
amphetamine-dextroamphetamine er	3	PA; QL	chlorhexidine gluconate mouth/throat	2	
dextroamphetamine sulfate er	3	PA; QL	kourzeq	2	
dextroamphetamine sulfate oral solution	3	PA	oralone	2	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL	periogard	2	
lisdexamfetamine dimesylate oral capsule	4	PA; QL	pilocarpine hcl oral	3	
methamphetamine hcl	4	PA	triamcinolone acetonide mouth/throat	2	
Attention deficit hyperactivity disorder agents, non-amphetamines			Dermatological agents		
atomoxetine hcl	3	QL	accutane	4	
clonidine hcl er oral tablet extended release 12 hour	3		acitretin	4	
dexmethylphenidate hcl	2	PA; QL	adapalene external cream	4	PA; QL
dexmethylphenidate hcl er	3	PA; QL	adapalene external gel	4	PA; QL
guanfacine hcl er	2	QL	ammonium lactate external cream	2	
methylphenidate hcl er (cd)	3	PA; QL	amnesteem	4	

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QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
brimonidine tartrate external	4	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop	4	QL
calcitriol external	4	QL
claravis	4	
CLINDACIN ETZ EXTERNAL KIT	2	QL
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external gel	3	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL
clindamycin phosphate external swab	2	QL
doxepin hcl external	4	PA; QL
DUOBRII	4	ST; QL
DUPIXENT	5	PA; QL; SP
ery pad 2%	2	
erythromycin external	3	
ESKATA	4	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
methoxsalen rapid	4	
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
pimecrolimus	4	ST; QL
podofilox external gel	4	
podofilox external solution	2	
REGRANEX	3	PA; QL
SANTYL	4	QL
selenium sulfide external lotion	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
STELARA SUBCUTANEOUS	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	4	ST; QL
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL
VEREGEN	4	QL
zenatane	4	

Electrolytes/minerals/metals/vitamins

Electrolyte/mineral replacement

carglumic acid	5	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	

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Drug name	Tier	Notes
effer-k oral tablet effervescent 25 meq	2	
GALZIN	4	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
klor-con/ef	2	
k-prime	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet	4	
potassium chloride oral solution	2	
potassium citrate er	3	
sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.

Electrolyte/mineral/metal modifiers

CHEMET	3	
deferasirox granules	5	PA; SP
deferasirox oral packet	5	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	5	PA; SP
LOKELMA	4	PA; QL
sodium polystyrene sulfonate SPS	2	
trientine hcl oral capsule 250 mg	5	PA; QL; SP
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	PA; QL

Phosphate binders

AURYXIA	4	SP
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
FOSRENOL ORAL PACKET	4	
lanthanum carbonate	4	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
VELPHORO	3	SP

Vitamins

ATABEX OB	2	
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
DODEX	3	
ergocaliferol oral capsule	2	
folic acid oral tablet 1 mg	2	

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATRIX	2	
PRENATRYL	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
VINATE ONE ORAL TABLET 60-1 MG	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER	2	
WESNATAL DHA COMPLETE	2	
WESTAB PLUS	2	
Gastrointestinal agents		
Antispasmodics, gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	3	
Gastrointestinal agents, other		
alvimopan	4	
amoxicill-clarithro-lansopraz	4	QL
cromolyn sodium oral	4	
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
RELISTOR SUBCUTANEOUS	4	PA; QL
SYMPROIC	3	PA; QL
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
Histamine2 (H2) receptor antagonists		
cimetidine hcl	2	
cimetidine oral	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine	3	
Irritable bowel syndrome agents		
alosetron hcl	4	PA; QL

KEY: **7D** 7 day limit
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Drug name	Tier	Notes
LINZESS	3	PA; QL
Iubiprostone	4	QL
VIBERZI	4	PA; QL; SP
Laxatives		
bisacodyl ec	1	QL
bisacodyl oral	1	QL
citroma	1	QL
clearlax	1	QL
		\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CLENPIQ	4	
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE	1	QL
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
		QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n with flavor pack	2	
generlac	2	
gentle laxative oral tablet delayed release	1	QL
gentrelax	1	QL
glycolax	1	QL
KRISTALOSE	4	
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral packet	4	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
mm clearlax	1	QL

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
na sulfate-k sulfate-mg sulf	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	omeprazole oral capsule delayed release 20 mg, 40 mg	2	
ONELAX MAGNESIUM CITRATE	1	QL	pantoprazole sodium oral tablet delayed release	2	QL
peg 3350-kcl-na bicarb-nacl	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	rabeprazole sodium oral tablet delayed release	3	QL
peg-3350/electrolytes	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	sm lansoprazole	2	QL
peg-3350/electrolytes/ascorbat	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	Genetic or enzyme disorder: replacement, modifiers, treatment		
peg-kcl-nacl-nasulf-na asc-c	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	betaine	5	SP
PLENUVU	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.	CREON	3	
polyethylene glycol 3350 oral powder	1	QL	CYSTAGON	5	SP
TRUE LAXATIVE	1	QL	MYALEPT	5	PA; QL; SP
Protectants			sapropterin dihydrochloride	5	PA; QL; SP
misoprostol oral	2		SUCRAID	5	PA; SP
sucralfate oral suspension	4	PA	ZENPEP	3	
sucralfate oral tablet	2		Genitourinary agents		
Proton pump inhibitors			darifenacin hydrobromide er	3	ST; QL
dexlansoprazole	4	QL	fesoterodine fumarate er	4	ST; QL
esomeprazole magnesium oral capsule delayed release	2	QL	flavoxate hcl	2	
ft acid reducer oral capsule delayed release 15 mg	2	QL	oxybutynin chloride er	2	QL
lansoprazole oral capsule delayed release	2	QL	oxybutynin chloride oral solution	2	
omeprazole oral capsule delayed release 10 mg	2	QL	oxybutynin chloride oral tablet 5 mg	2	
Hormonal agents, stimulant/replacement/modifying (adrenal)			solifenacain succinate	2	QL
bethanechol chloride oral			tolterodine tartrate	3	
ELMIRON			tolterodine tartrate er	3	
ENCARE			trospium chloride	3	
OPTIONS GYNOL II CONTRACEPTIVE			trospium chloride er	3	ST
penicillamine oral			Benign prostatic hypertrophy agents		
phenazo oral tablet 200 mg			alfuzosin hcl er	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg			CARDURA XL	4	QL
tadalafil oral tablet 2.5 mg, 5 mg			dutasteride oral	2	QL
tiopronin oral tablet			dutasteride-tamsulosin hcl	4	
VCF VAGINAL CONTRACEPTIVE			finasteride oral tablet 5 mg	2	

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MME Morphine milligram equivalent
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QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
ALA SCALP	4	
alclometasone dipropionate	2	
amcinonide	4	
APEXICON E	3	QL
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
clocortolone pivalate	4	ST; QL
CORDRAN	4	QL
desonide external cream	3	QL
desonide external lotion	3	QL
desonide external ointment	3	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
diflorasone diacetate external cream	4	QL
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide external lotion	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	

Drug name	Tier	Notes
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
PANDEL	4	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisolone sodium phosphate oral tablet dispersible	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
TEXACORT	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal agents, stimulant/replacement/modifying (pituitary)		
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
OMNITROPE	4	PA; QL; SP
Selective estrogen receptor modifying agents		
CLOMID	3	PA
Hormonal agents, stimulant/replacement/modifying (prostaglandins)		
PREPIDIL	4	
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)		
Androgens		
ANDRODERM	3	PA; QL
danazol oral	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	PA
testosterone enanthate intramuscular	2	PA

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MME Morphine milligram equivalent
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QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL	estradiol transdermal patch twice weekly	3	QL
Estrogens			estradiol transdermal patch weekly	2	QL
afirmelle	1		estradiol vaginal cream	3	
altavera	1		estradiol vaginal tablet	3	QL
alyacen 1/35	1		estradiol valerate intramuscular	2	
alyacen 7/7/7	1		estradiol-norethindrone acet	3	
amethyst	1		ESTRING	3	QL
ANNOVERA	1	QL	ethynodiol diac-eth estradiol	1	
apri	1		etonogestrel-ethinyl estradiol	1	
aranelle	1		falmina	1	
ashlyna	1		finzala	1	
aubra eq	1		fyavolv	3	
aurovela 1.5/30	1		gemma	1	
aurovela 1/20	1		hailey 1.5/30	1	
aurovela 24 fe	1		hailey 24 fe	1	
aurovela fe 1.5/30	1		hailey fe 1.5/30	1	
aurovela fe 1/20	1		hailey fe 1/20	1	
aviane	1		haloette	1	
ayuna	1		iclevia	1	
azurette	1		introvale	1	
balziva	1		isibloom	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	4		jaimiess	1	
blisovi 24 fe	1		jasmiel	1	
blisovi fe 1.5/30	1		jintel	3	
blisovi fe 1/20	1		jolessa	1	
briellyn	1		joyeaux	1	
camrese	1		juleber	1	
camrese lo	1		junel 1.5/30	1	
charlotte 24 fe	1		junel 1/20	1	
chateal eq	1		junel fe 1.5/30	1	
CLIMARA PRO	4	QL	junel fe 1/20	1	
cryselle-28	1		junel fe 24	1	
cyred eq	1		kaitlib fe	1	
dasetta 1/35	1		kalliga	1	
dasetta 7/7/7	1		kariva	1	
daysee	1		kelnor 1/35	1	
delyla	1		kelnor 1/50	1	
desogestrel-ethinyl estradiol	1		kurvelo	1	
dolishale	1		larin 1.5/30	1	
dotti	3	QL	larin 1/20	1	
drospirene-eth estrad-levomefol	1		larin 24 fe	1	
drospirenone-ethinyl estradiol	1		larin fe 1.5/30	1	
DUAVEE	4	QL	larin fe 1/20	1	
elinest	1		layolis fe	1	
eluryng	1		leena	1	
enilloring	1		lessina	1	
enpresse-28	1		levonest	1	
enskyce	1		levonorgest-eth est & eth est	1	
estarrylla	1		levonorgest-eth estrad 91-day	1	
estradiol oral	2		levonorgest-eth estradiol-iron	1	
			levonorgestrel-ethinyl estrad	1	
			levonorg-eth estrad triphasic	1	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
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QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
levora 0.15/30 (28)	1	
LO LOESTRIN FE	1	
lojaimess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
lyllana	3	QL
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
milii	1	
mimvey	3	
mono-linyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norethindron-ethinyl estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo oral tablet 0.25-35 mg-mcg	1	
ocella	1	
philith	1	
pimtreia	1	
portia-28	1	
PREMARIN VAGINAL	4	
reclipsen	1	
rivilsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	

Drug name	Tier	Notes
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarrylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarrylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	1	
TYBLUME	1	
tydemy	1	
velivet	1	
vestura	1	
vienna	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL; Available under pharmacy or medical benefit
econtra one-step	1	
ELLA	1	QL
emzahh	1	
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	

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Drug name	Tier	Notes
KYLEENA	1	Available under pharmacy or medical benefit
levonorgestrel	1	
LILETTA (52 MG)	1	Available under pharmacy or medical benefit
lyeq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension	1	QL; Available under pharmacy or medical benefit
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	Available under pharmacy or medical benefit
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
MIRENA (52 MG)	1	Available under pharmacy or medical benefit
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL; Available under pharmacy or medical benefit
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SKYLA	1	Available under pharmacy or medical benefit
take action	1	
Selective estrogen receptor modifying agents		
OSPHENA	4	PA; QL
raloxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.

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Drug name	Tier	Notes
Hormonal agents, stimulant/replacement/modifying (thyroid)		
ARMOUR THYROID	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	
Hormonal agents, suppressant (adrenal)		
LYSODREN	4	
Hormonal agents, suppressant (pituitary)		
ELIGARD	5	PA; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate	4	PA; SP
ORILISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; SP
SYNAREL	3	
Hormonal agents, suppressant (thyroid)		
Antithyroid agents		
methimazole oral	2	
propylthiouracil oral	2	
Immunological agents		
Angioedema agents		
HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
sajazir	4	PA; QL; SP
Immune suppressants		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	5	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER)	5	PA; SP
AMJEVITA FOR NUVAILA	5	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	5	PA; QL; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; QL; SP

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Drug name	Tier	Notes	Drug name	Tier	Notes
CIMZIA (2 SYRINGE)	5	PA; QL; SP	ACTHIB	1	QL
CIMZIA STARTER KIT	5	PA; QL; SP	ADACEL	1	QL
cyclosporine modified	2		AFLURIA	1	QL; \$0 copay for members 6 months of age or older.
cyclosporine oral	3		AFLURIA PRESERVATIVE FREE	1	QL; \$0 copay for members 6 months of age or older.
gengraf	3		AREXVY	1	QL; \$0 Copay for members 60 years of age or older.
HADLIMA	5	PA; QL; SP	BEXSERO	1	QL; \$0 copay for members 10 years of age or older.
HADLIMA PUSHTOUCH	5	PA; QL; SP	BOOSTRIX	1	QL
HUMIRA (2 PEN)	5	PA; QL; SP	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	QL
HUMIRA (2 SYRINGE)	5	PA; QL; SP	CAPVAXIVE	1	QL; \$0 copay for members 19 years of age or older.
HUMIRA-CD/UC/HS STARTER	5	PA; SP	COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
HUMIRA-PSORIASIS/UVEIT STARTER	5	PA; QL; SP	COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	1	QL; \$0 copay for members 12 years of age or older.
methotrexate sodium	2		DAPTACEL	1	QL
methotrexate sodium (pf)	2		DENGVAXIA	1	QL; \$0 copay for members between ages of 9 to 16 years.
mycophenolate mofetil oral capsule	3		ENGERIX-B	1	QL
mycophenolate mofetil oral suspension reconstituted	4		FLUAD	1	QL; \$0 copay for members 65 years of age or older.
mycophenolate mofetil oral tablet	3		FLUARIX	1	QL; \$0 copay for members 6 months of age or older.
mycophenolate sodium	4		FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
mycophenolic acid	4		FLULAVAL	1	QL; \$0 copay for members 6 months of age or older.
OLUMIANT	5	PA; QL; SP	FLUMIST	1	QL; \$0 copay for members between ages of 2 to 49 years.
SIMPONI	5	PA; QL; SP			
sirolimus oral solution	5				
sirolimus oral tablet	4				
SKYRIZI PEN	5	PA; QL; SP			
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP			
tacrolimus oral	2				
TALTZ	5	PA; SP			
XELJANZ	5	PA; QL; SP			
XELJANZ XR	5	PA; QL; SP			
Immunomodulators					
ACTEMRA ACTPEN	5	PA; QL; SP			
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP			
ACTIMMUNE	5	PA; QL; SP			
BEYFORTUS	1	QL; \$0 copay for members 19 months of age or younger.			
leflunomide oral	2				
OTEZLA	5	PA; QL; SP			
RIDAURA	5	SP			
RINVOQ	5	PA; QL; SP			
RINVOQ LQ	5	PA; QL; SP			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA; QL			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL; SP			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL			
Vaccines					
ABRYSVO	1	QL			

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FLUMIST QUADRIVALENT NASAL SUSPENSION	1	QL; \$0 copay for members between ages of 2 to 49 years.	PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12 years.
FLUZONE HIGH-DOSE	1	QL; \$0 copay for members 65 years of age or older.	QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.	RECOMBIVAX HB	1	QL
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45 years.	ROTARIX	1	QL; \$0 copay for members 8 months of age or younger.
HAVRIX	1	QL	ROTATEQ	1	QL; \$0 copay for members 8 months of age or younger.
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.	SHINGRIX	1	QL; \$0 Copay for members 19 years of age or older.
HIBERIX	1	QL	SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.
INFANRIX	1	QL	TDVAX	1	QL
IPOP	1	QL	TENIVAC	1	QL
MENQUADFI	1	QL	TETANUS-DIPHTHERIA TOXOIDS TD	1	QL
MENVEO	1	QL	TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.
M-M-R II	1	QL	TWINRIX	1	QL
PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.	VAQTA	1	QL
PEDVAX HIB	1	QL	VARIVAX	1	QL
PENBRAYA	1	QL; \$0 copay for members between ages of 10 to 25 years.	VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.
PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.	VAXNEUVANCE	1	QL; \$0 copay for members 1 month of age or older.
PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL; \$0 copay for members between ages of 5 to 11 years.	Inflammatory bowel disease agents		
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL; \$0 copay for members between ages of 6 months to 4 years.	Aminosalicylates		
PNEUMOVAX 23	1	QL	balsalazide disodium	3	
PREHEVBRI	1	QL; \$0 copay for members 18 years of age or older.	DIPENTUM	4	
PREVNAR 20	1	QL; \$0 copay for members 1 month of age or older.	mesalamine er oral capsule 0.375 gm	3	QL
PRIORIX	1	QL	mesalamine oral tablet delayed release 1.2 gm	3	QL
			mesalamine rectal	4	QL
			mesalamine-cleanser	4	QL
			Glucocorticoids		
			ANALPRAM-HC EXTERNAL LOTION	4	
			budesonide oral	4	
			budesonide rectal	3	
			CORTIFOAM	3	
			hydrocortisone (perianal) external cream 2.5 %	2	

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Drug name	Tier	Notes	Drug name	Tier	Notes
hydrocortisone ace-pramoxine external cream 1-1 %	3		BREATHE COMFORT CHAMBER/ ADULT	2	QL
hydrocortisone rectal	3		BREATHE COMFORT CHAMBER/ CHILD	2	QL
PROCTOFOAM HC	3		CAYA	1	
procto-med hc	2		COMFORT EZ PRO PEN NEEDLES	1	
proctosol hc	2		CONDOMS	1	QL
proctozone-hc	2		DROPSAFE ALCOHOL PREP	3	
Sulfonamides			DROPSAFE SAFETY SYRINGE/ NEEDLE	1	
sulfasalazine oral	2		DUREX EXTRA SENSITIVE THIN	1	QL
Metabolic bone disease agents			DUREX TROPICAL	1	QL
alendronate sodium oral solution	3		EASIVENT	2	QL
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL	EASY COMFORT SHARPS CONTAINER	3	
calcitonin (salmon) nasal	2	QL	EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
calcitriol oral capsule	2		ergoloid mesylates oral	4	
calcitriol oral solution	3		FC2 FEMALE CONDOM	1	QL
cinacalcet hcl	3	PA; QL	FEMCAP	1	
doxercalciferol oral	4		FLEXICHAMBER	2	QL
ibandronate sodium oral	2	QL	FLEXICHAMBER ADULT MASK/ SMALL	2	QL
paricalcitol oral	3		FLEXICHAMBER CHILD MASK/ LARGE	2	QL
risedronate sodium oral tablet	3	QL	FLEXICHAMBER CHILD MASK/ SMALL	2	QL
TYMLOS	5	PA; QL; SP	GRASTEK	4	PA; QL
Miscellaneous therapeutic agents			INSPIREASE RESERVOIR BAGS	2	QL
ADVOCATE INSULIN PEN NEEDLE	1		INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
AEROCHAMBER HOLDING CHAMBER	2	QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	1	
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL	methergine	4	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL	methylergonovine maleate oral	4	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL	NOVOFINE PEN NEEDLE	1	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL	NOVOFINE PLUS PEN NEEDLE	1	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL	OMNIPOD 5 G6 INTRO (GEN 5)	4	PA; QL
ALCOHOL PREP PADS PAD , 70 %	3		OMNIPOD 5 G6 PODS (GEN 5)	4	PA; QL
AQ INSULIN SYRINGE	1		PARAGARD INTRAUTERINE COPPER	1	Available under pharmacy or medical benefit
AQINJECT PEN NEEDLE	1				
ASSURE ID DUO PRO PEN NEEDLES	1				
ASSURE ID PRO PEN NEEDLES	1				
AUM ALCOHOL PREP PADS	3				
AUM INSULIN SAFETY PEN NEEDLE	1				
AUM MINI INSULIN PEN NEEDLE	1				
AUM PEN NEEDLE	1				
AUM READYGARD DUO PEN NEEDLE	1				
AUM SAFETY PEN NEEDLE	1				
BD AUTOSHIELD DUO PEN NEEDLES	1				
BD SHARPS COLLECTOR	3				
BD ULTRA-FINE INSULIN SYRINGES	1				
BD ULTRA-FINE PEN NEEDLES	1				

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Drug name	Tier	Notes
PARI VORTEX ADULT MASK	2	QL
PHEXXI	1	QL
PURE COMFORT SAFETY PEN NEEDLE	1	
RADIOGARDASE	5	
RAYA SURE PEN NEEDLE	1	
SAFETY PEN NEEDLES	1	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TRUE COVER	1	QL
UNIFINE PROTECT PEN NEEDLE	1	
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
VERIFINE PLUS PEN NEEDLE	1	
VERIFINE SHARPS CONTAINER	3	
VORTEX VALVED HOLDING CHAMBER	2	QL
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
Ophthalmic agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
TOBRADEX	4	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	3	
TOBREX	4	
Antibacterials, other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b	2	
bacitra-neomycin-polymyxin-hc	3	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic	3	
neo-polycin	2	
neo-polycin hc	3	
polycin	2	
polymyxin b-trimethoprim	2	
Anti-cytomegalovirus (CMV) agents		
ZIRGAN	4	
Antifungals		
NATACYN	4	

Drug name	Tier	Notes
Antiherpetic agents		
trifluridine	3	
Macrolides		
AZASITE	4	
erythromycin ophthalmic	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic agents, other		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic	2	
cyclosporine ophthalmic	4	PA; QL
CYSTARAN	5	PA; QL; SP
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET	4	
Ophthalmic anti-allergy agents		
ALOCRIL	4	
ALOMIDE	4	
altafrin	2	
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
epinastine hcl	2	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	2	QL
phenylephrine hcl ophthalmic	2	
Ophthalmic antiglaucoma agents		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
BETIMOL	3	QL
BETOPTIC-S	4	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	3	QL
brinzolamide	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL
dorzolamide hcl-timolol mal pf	3	QL
IOPIDINE	4	
levobunolol hcl	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	2	

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Drug name	Tier	Notes
SIMBRINZA	4	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
Ophthalmic anti-inflammatories		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
fluorometholone	2	
flurbiprofen sodium	2	
INVELTYS	4	QL
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic prostaglandin and prostamide analogs		
latanoprost ophthalmic	2	
LUMIGAN	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL
XELPROS	4	QL
Quinolones		
BESIVANCE	4	
CILOXAN	4	
ciprofloxacin hcl ophthalmic	2	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
Otic agents		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	4	ST
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	

Drug name	Tier	Notes
OTOVEL	4	
Respiratory tract/pulmonary agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet	2	
cypheptadine hcl oral	2	
desloratadine oral tablet	3	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	QL
olopatadine hcl nasal	3	QL
promethazine vc	2	
promethazine-phenylephrine	2	
Anti-inflammatories, inhaled corticosteroids		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	3	QL
ASMANEX (14 METERED DOSES)	3	QL
ASMANEX (30 METERED DOSES)	3	QL
ASMANEX (60 METERED DOSES)	3	QL
ASMANEX HFA	3	QL
BEVESPI AEROSPHERE	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDIHALER	3	QL
wixela inhuh	3	QL
Antileukotrienes		
montelukast sodium oral	2	QL
zaflirlukast	3	QL
zileuton er	4	ST
Bronchodilators, anticholinergic		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	

KEY: **7D** 7 day limit

MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit

SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
SPIRIVA HANDIHALER	3	QL
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
Bronchodilators, sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic fibrosis agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL; SP
Mast cell stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase inhibitors, airways disease		
elizophyllin	3	
roflumilast	4	PA; QL
THEO-24	4	
theophylline er	2	
theophylline oral	3	
Pulmonary antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
OPSUMIT	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

Drug name	Tier	Notes
TYVASO REFILL KIT	5	PA; QL; SP
TYVASO STARTER KIT	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
Pulmonary fibrosis agents		
OFEV	5	PA; QL; SP
pirfenidone	4	PA; QL; SP
Respiratory tract agents, other		
acetylcysteine inhalation	2	
azelastine-fluticasone	4	QL
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
guaifenesin-codeine	2	PA; QL
hydrocod poli-chlorphe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
NEBUSAL	3	
promethazine-codeine oral solution	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
PULMOSAL	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
TUXARIN ER	4	PA; QL
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baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
Sleep disorder agents		
GABA receptor modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
Sleep disorders, other		
BELSOMRA	4	ST; QL
doxepin hcl oral tablet	2	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness promoting agents		
armodafinil	3	PA; QL
modafinil oral	2	PA; QL
SODIUM OXYBATE	5	PA; QL; SP
SUNOSI	4	PA; QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

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Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyong ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.



German: Übersetzungsdiene und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઇડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કોલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے بیلٹھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: અનુવાદ સેવાએ ઔર દુભાષિએ આપકે લિએ નિઃશુલ્ક ઉપલબ્ધ હોયાં। યदિ આપકો સહાયતા કી આવશ્યકતા હૈ, તો કૃપા અપને સ્વાસ્થ્ય યોજના આઇડી કાર્ડ પર ઊપર દિએ ગए નંબર યા સદસ્ય સેવા નંબર પર કોલ કરો।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርማሚያዎች ለእርስዥ የለ የሚገም ወጪ ይገኘለ:: እርዳታ ከፈለጋ:: እባክዎን ከለይ ባለው ቅጥር ወይም በጠና እቅድ: መታወቂያ ከርድዎ ለይ ባለው የአባላት አገልግሎት ቅጥር ይደውለ::

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.





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

Email: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

If you need help with your complaint, please call **toll-free 1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT 711). We are available Monday through Friday, 8 a.m. to 6 p.m., E.T.

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Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
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Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

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



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