



Your 2018 Formulary

SignatureValue Four-Tier

This formulary is accurate as of January 2018 and is subject to change after this date. The next anticipated update will be July 2018. This formulary applies to members of our UnitedHealthcare West HMO medical plans with a pharmacy benefit. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Effective January 1, 2018



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We want to help you better understand your medication options.

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

What is a formulary?

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. Bring this list with you when you see your doctor. It makes it easier for you and your doctor to make informed decisions about your medications and may help you save money.

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

What is a tier?

Tiers indicate the amount you pay for your prescription, which is determined by your employer or benefit plan. Tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Choosing medications in lower tiers may save you money. Ask your doctor if a Tier 1, Tier 2 or Tier 3 option could work for you.

Your Cost	Drug Tier*	What's Covered	Helpful Hints
\$ Lowest	1	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.
\$\$ Mid-range	2 and 3	Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
\$\$\$ Higher	4	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1, Tier 2 or Tier 3 option could work for you.

*Some plans may have different tiers. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

Who decides what 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 Prescription Drug List 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.

How is the overall value of a medication determined?

Many sources and factors are considered, including:

- **Clinical Value:** How safe and effective a medication is compared to other medications used to treat the same or similar medical conditions.
- **Cost:** How much a medication costs compared to other medications used to treat similar medical conditions.
- **Outcomes Data:** Studies that show how a medication may affect total health care costs.

Why are certain medications excluded?

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 the formulary or subject to prior authorization (sometimes referred to as precertification) if similar alternatives are available at a lower cost.

Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered. You should review your benefit plan documents to confirm if any medications are not part of the formulary for your plan. You can log in to the member website listed on your health plan 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.

*Depending on your benefit, you may have notification or medical necessity requirements for select medications.

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

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

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. For 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.

How often are formularies updated?

Formulary changes typically occur twice per year. However, changes that have a positive impact for you—such as new medications or cost savings—may occur at any time. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage and lower-cost options. The complete formulary is also publicly available here on [optumrx.com](https://www.optumrx.com) and is updated on a monthly basis.

Can a medication change tiers?

Yes. Tier changes may generally occur two times per year. When a medication changes tiers, you may pay more or less for that medication, depending on the tier change. If one of your medications changes tiers, speak with your doctor to determine if a lower-cost option may be available for you.

Are there other restrictions on what medications are covered?

Yes. Some medications may have additional requirements or limits depending on your benefit plan. You should review your benefit plan documents to confirm if any of these programs apply to your plan. The medications that have programs that apply are noted with letters next to them. Examples include:

Age edit (AE)

This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval.

Exceptions required for select markets in California and Oklahoma (E)

Your doctor is required to provide additional information to UnitedHealthcare to verify medical necessity of certain medications.

Health care reform preventive (H)

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

Health care reform preventive with prior authorization (H-PA)

May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Medical (M)

The medication may be covered under medical with prior authorization.

Prior authorization (PA)

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

Quantity limits (QL)

Amount of medication covered per copayment or in a specific time period.

Step therapy (ST)

Requires you to try one or more other medications before the medication you are requesting may be covered.

I'm taking a specialty medication. Who can I contact for more information?

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 [UHCSpecialtyRx.com](https://www.uhcspecialtyrx.com) or call the toll-free phone number on your health plan ID card to learn more.

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

Who can I contact if I have questions about my formulary?

Online

Log in to the member website listed on your health plan ID card. Once online, you'll have access to the following information and tools:

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

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

Check your formulary often for updates.

By phone

Call the toll-free phone number on your health plan ID card to speak with a customer service representative. We can answer any questions you have about your pharmacy benefit plan, including lower-cost options.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Antipyrine/Benzocaine Otic	1	
Azithromycin	1	
Bethkis	2	
Cefaclor Suspension	2	
Cefaclor Tablet	1	
Cefadroxil	1	QL
Cefdinir	1	
Cefpodoxime	1	
Cefprozil	1	
Cefuroxime	1	
Cephalexin	1	
Chloroxylenol/Hydrocortisone/ Pramoxine Otic	1	
Ciprofloxacin	1	
Clarithromycin IR/ER	1	
Cleocin Vaginal Suppository	2	
Clindamycin	1	
Clindesse	3	
Dapsone	2	
Demeclocycline	1	
Dicloxacillin	1	
Doxycycline Hyclate	1	
Doxycycline Monohydrate Tablet	1	QL
Erythromycin	1	
Erythromycin/Sulfisoxazole	1	
Ethambutol	1	
Isoniazid	1	
Levofloxacin	1	
Linezolid Tablet	1	QL
Methenamine	1	

Drug Name	Drug Tier	Requirements & Limits
Metronidazole Tablet	1	
Minocycline Capsule	1	
Mycobutin	2	
NebuPent Nebs	2	QL
Neomycin	1	
Neomycin/Polymixin/Hydrocortisone Otic	1	
Nitrofurantoin	1	
Nitrofurantoin Macrocrystal	1	
Ofloxacin Otic	1	
Oracea	3	
Paromomycin	1	
Penicillin VK	1	
Pramoxine-HC Otic	1	
Pyrazinamide	1	
Rifampin	1	
Sulfadiazine	1	
Sulfamethoxazole/Trimethoprim, Sulfamethoxazole/Trimethoprim DS	1	
Tetracycline	1	
Trimethoprim	1	
Zmax	2	
Anti-Infectives: Antifungals		
Clotrimazole Troche	1	
Cresemba	3	
Fluconazole	1	
Griseofulvin	1	
Itraconazole	1	PA
Jublia	3	PA
Kerydin	3	PA
Ketoconazole Cream, Shampoo	1	
Metronidazole Vaginal Gel	1	
Nystatin	1	

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[Plain type = Generic drug]

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Drug Name	Drug Tier	Requirements & Limits
Terbinafine	1	QL
Terconazole	1	
Vandazole Gel	1	
Anti-Infectives: Antivirals		
Acyclovir	1	
Adefovir	1	
Amantadine Capsule, Syrup	1	
Baraclude	4	E, QL
Copegus	4	PA
Daklinza	3	PA, QL, ST
Entecavir	1	QL
Epclusa	2	PA, QL
Epivir HBV Solution	2	
Famciclovir	1	
Harvoni	2	PA, QL
Hepsera	4	
Lamivudine	1	
Mavyret	2	PA, QL
Pegasys	M	
Rebetol	4	PA
Ribapak	4	PA
Ribatab	4	PA
Ribavirin Tablet	1	PA
Rimantidine	1	
Sovaldi	3	PA, QL, ST
Technivie	3	PA, QL, ST
Tyzeka	4	QL
Valacyclovir	1	QL
Valganciclovir Solution	1	
Valganciclovir Tablet	1	QL
Viekira Pak, Viekira XR	3	PA, QL, ST
Vosevi	2	PA, QL
Zepatier	3	PA, QL, ST
Zovirax Cream	2	E
Zovirax Ointment	3	E

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Afinitor	4	PA, QL
Bicalutamide	1	
Bosulif	4	PA, QL
Cabometyx	2	PA
Capecitabine	1	
Caprelsa	4	PA, QL
Cometriq	4	PA, QL
Cotellic	2	PA, QL
Cyclophosphamide	1	
Emcyt	2	
Erivedge	2	PA, QL
Etoposide	1	
Exemestane	1	
Fareston	2	
Farydak	2	PA, QL
Flutamide	1	
Gilotrif	4	PA, QL
Hexalen	2	
Hycamtin	4	PA, QL
Hydroxyurea	1	
Ibrance	2	PA, QL
Iclusig	4	PA, QL
Imatinib	1	PA, QL
Inlyta	4	PA, QL
Jakafi	4	PA, QL
Letrozole	1	PA
Leucovorin Calcium	1	
Leukeran	2	
Lomustine	1	
Lonsurf	2	PA, QL
Lysodren	2	
Matulane	4	
Mekinist	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Melphalan	1	
Mercaptopurine	1	
Mesnex	4	
Myleran	2	
Nexavar	4	PA, QL
Nilandrone	2	
Ninlaro	2	PA, QL
Odomzo	2	PA, QL
Pomalyst	4	PA, QL
Revlimid	4	PA, QL
Sprycel	2	PA, QL
Stivarga	4	PA, QL
Sutent	4	PA, QL
Tabloid	2	
Tafinlar	4	PA, QL
Tarceva	4	PA, QL
Targretin Capsule	2	
Targretin Gel	3	
Tasigna	3	PA, QL
Temodar	4	PA
Temozolomide	4	PA
Thalomid	4	PA, QL
Tretinoin Capsule	1	
Tykerb	4	PA
Votrient	4	PA, QL
Xalkori	4	PA, QL
Xeloda	4	E
Xtandi	4	PA, QL
Zelboraf	4	PA, QL
Zolinza	4	PA, QL
Zytiga	2	PA

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Coagulation Therapy		
Aggrenox	3	
Brilinta	2	
Clopidogrel	1	
Disopyramide	1	
Eliquis	3	QL
Jantoven	1	
Pradaxa	2	QL
Prasugrel	1	QL
Savaysa	3	QL
Ticlopidine	1	QL
Warfarin	1	
Xarelto	2	QL
Zontivity	3	PA, QL
Cardiovascular/Heart Disease: High Blood Pressure		
Acebutolol	1	
Acetazolamide	1	
Acetazolamide ER	1	
Afeditab CR	1	
Aldactazide 25/25 mg	2	
Amiloride	1	
Amiloride/Hydrochlorothiazide	1	
Amlodipine	1	
Amlodipine/Benazepril	1	QL
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/Hydrochlorothiazide	1	
Betaxolol	1	
Bisoprolol	1	
Bisoprolol/Hydrochlorothiazide	1	
Bumetanide	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Bystolic	2		Methazolamide	1	
Byvalson	2		Methyclothia	1	
Candesartan	1	QL	Methyldopa	1	
Captopril	1		Methyldopa/Hydrochlorothiazide	1	
Captopril/Hydrochlorothiazide	1		Metolazone	1	
Cartia XT	1		Metoprolol Succinate ER	1	
Carvedilol	1		Metoprolol Tartrate	1	
Chlorothiazide	1		Minoxidil	1	
Chlorthalidone	1		Moexipril	1	
Clonidine Tablet	1		Moexipril/Hydrochlorothiazide	1	
Diltiazem Sustained-Release Capsule	1		Nadolol	1	
Diltiazem Tablet	1		Nicardipine	1	
Doxazosin	1		Nifediac CC	1	
Edarbi	3	E, QL	Nifedical XL	1	
Edarbyclor	3	QL	Nifedipine IR/ER	1	
Enalapril	1		Olmesartan	1	QL
Enalapril/Hydrochlorothiazide	1		Olmesartan/Hydrochlorothiazide	1	QL
Eprosartan	1	QL	Perindopril	1	
Ezide	1		Phenoxybenzamine	1	
Felodipine	1		Pindolol	1	
Fosinopril	1		Prazosin	1	
Fosinopril/Hydrochlorothiazide	1		Propranolol/Hydrochlorothiazide	1	
Furosemide	1		Propranolol IR/ER	1	
Guanfacine	1		Quinapril	1	
Hydralazine	1		Ramipril	1	
Hydrochlorothiazide	1		Reserpine	1	
Indapamide	1		Sotalol	1	
Irbesartan	1	QL	Sotalol AF	1	
Irbesartan/Hydrochlorothiazide	1	QL	Spirolactone	1	
Isradipine	1		Spirolactone/Hydrochlorothiazide	1	
Labetalol	1		Taztia XT	1	
Lisinopril	1		Telmisartan	1	QL
Lisinopril/Hydrochlorothiazide	1		Telmisartan/Hydrochlorothiazide	1	QL
Losartan	1		Terazosin	1	QL
Losartan/Hydrochlorothiazide	1		Timolol	1	

Drug Name	Drug Tier	Requirements & Limits
Torsemide	1	
Trandolapril/Verapamil CR	1	
Triamterene/Hydrochlorothiazide	1	
Valsartan	1	QL
Valsartan/Hydrochlorothiazide	1	QL
Verapamil Sustained-Release Capsule	1	QL
Verapamil Sustained-Release Tablet	1	
Verapamil Tablet	1	
Cardiovascular/Heart Disease: High Cholesterol		
Antara	3	QL
Atorvastatin	1	H-PA, QL
Cholestyramine	1	
Choline Fenofibrate Capsule	1	
Colestipol	1	
Ezetimibe	3	QL
Ezetimibe/Simvastatin	3	QL
Fenofibrate 48, 145 mg Tablet	1	E
Fenofibrate 54, 160 mg Tablet	1	
Fenofibrate Capsule	1	
Fenofibrate Micronized	1	
Gemfibrozil	1	QL
Juxtapid	4	PA, QL
Lipofen	2	QL
Livalo	3	E, QL
Lovastatin	1	H
Niacin ER	1	QL
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	PA, QL
Praluent	M	QL
Prevalite	1	
Pravastatin	1	

Drug Name	Drug Tier	Requirements & Limits
Rosuvastatin	1	QL
Simvastatin	1	H-PA
Vascepa	2	
Welchol	2	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Anagrelide	1	
Cilostazol	1	
Corlanor	3	PA, QL
Dilatrate SR	2	
Digoxin	1	
Disopyramide	1	
Flecainide	1	
Isochron	1	
Isoditrate ER	1	
Isordil	2	
Isosorbide Dinitrate IR/ER	1	
Isosorbide Mononitrate IR/ER	1	
Isoxsuprine	1	
Mexiletine	1	
Midodrine	1	
Multaq	3	PA
NitroBid	2	
Nitroglycerin ER	1	
Nitroglycerin Tablet	1	
Nitrolingual Pump Spray	1	
NitroTime	1	
Norpace CR	2	
Pacerone	3	
Pentoxifylline	1	
Propafenone	1	
Quinidine IR/ER	1	

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Drug Name	Drug Tier	Requirements & Limits
Ranexa	2	QL
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	AE, QL
Atomoxetine	3	QL
Dextroamphetamine/Amphetamine	1	AE, QL
Dextroamphetamine/Amphetamine Extended-Release	3	AE, E, QL
Dextroamphetamine Sulfate Extended-Release	1	AE, PA, QL
Dextroamphetamine Sulfate Tablet	1	AE, PA, QL
Guanfacine ER	1	AE, QL
Intuniv	3	AE, E, QL
Methylphenidate Controlled-Release Capsule	1	AE, QL
Methylphenidate Tablet	1	AE, PA, QL
Vyvanse	2	AE, QL
Central Nervous System: Depression		
Amitriptyline	1	
Amoxapine	1	
Bupropion	1	
Bupropion SR	1	H
Bupropion XL	1	QL
Citalopram	1	
Clomipramine	3	
Cymbalta	3	E, QL
Desipramine	1	
Desvenlafaxine Succinate ER	1	QL
Doxepin	1	
Duloxetine 20, 30, 60 mg	1	QL
Escitalopram	1	
Fluoxetine Capsule (generic Prozac)	1	
Fluvoxamine	1	
Forfivo XL	2	QL
Imipramine	1	

Drug Name	Drug Tier	Requirements & Limits
Maprotiline	1	
Mirtazapine, Mirtazapine ODT	1	
Nefazodone	1	
Nortriptyline	1	
Paroxetine	1	
Paroxetine ER	1	QL
Paxil Suspension	2	
Phenelzine	1	
Protriptyline	1	
Sertraline	1	
Tranlycypromine	1	
Trazodone	1	
Venlafaxine	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Extended-Release Tablet	1	QL
Viibryd	3	QL
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine	1	QL
Isometheptene/Acetaminophen/Dichloralphenazone	1	
Migragesic	1	
Migranal	3	E, QL
Nodolor	1	
Phrenilin Forte	3	QL
Rizatriptan	1	QL
Sumatriptan Nasal Spray, Tablet	1	QL
Sumavel DosePro	M	
Zecuity	3	E, QL
Zolmitriptan	1	QL
Zomig Spray	3	E, QL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, QL
Aubagio	4	
Avonex	M	QL
Betaseron	M	QL
Copaxone	M	QL
Gilenya	3	PA, QL
Tecfidera	2	PA, QL
Central Nervous System: Other		
Alprazolam IR/ER	1	QL
Aripiprazole ODT	1	QL
Aripiprazole Solution, Tablet	1	QL
Aristada	M	
Benzotropine	1	
Bromocriptine	1	
Buspirone	1	
Carbidopa/Levodopa IR/ER	1	
Chlordiazepoxide	1	QL
Chlordiazepoxide/Amitriptyline	1	
Chlorpromazine	1	
Clorazepate	1	QL
Clozapine	1	QL
Compro Suppository	1	
Diazepam	1	
Donepezil, Donepezil ODT	1	
Entaone	1	
Ergoloid Mesylate	1	
Fluphenazine	1	
Galantamine IR/ER	1	
Galantamine Solution	1	QL
Haloperidol	1	
Hydroxyzine	1	

Drug Name	Drug Tier	Requirements & Limits
Invega Sustenna, Invega Trinza	M	
Latuda	3	QL, ST
Lithium IR/ER	1	
Lorazepam	1	QL
Loxapine	1	
Memantine Solution, Tablet	1	
Meprobamate	1	
Namzaric	2	QL
Olanzapine, Olanzapine ODT	1	QL
Oxazepam	1	QL
Perphenazine/Amitriptyline	1	
Pramipexole	1	
Prochlorperazine	1	
Quetiapine, Quetiapine ER	1	QL
Rexulti	4	PA, QL
Risperidone, Risperidone ODT	1	QL
Rivastigmine	1	
Ropinirole	1	
Samsca	4	QL
Saphris	2	PA, QL
Sensipar	4	
Suboxone Film	2	QL
Thioridazine	1	
Thiothixene	1	
Trifluoperazine	1	
Trihexyphenidyl	1	
Vraylar	3	QL, ST
Xyrem	4	PA, QL
Zelapar	3	QL
Ziprasidone	1	QL
Zubsolv	2	QL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone	1	QL
Flurazepam	1	PA, QL
Silenor	3	QL
Temazepam	1	QL
Triazolam	1	QL
Zaleplon	1	QL
Zolpidem	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine ER Capsule	1	
Carbamazepine IR	1	
Clonazepam, Clonazepam ODT	1	QL
Diazepam Gel	1	QL
Divalproex DR	1	
Epitol	1	
Ethosuximide	1	
Gabapentin	1	
Lamotrigine Chewable, Tablet	1	
Lamotrigine ER	1	
Lamotrigine ODT	3	
Levetiracetam ER	3	
Levetiracetam IR	1	
Lyrica Capsule	2	QL
Lyrica Solution	3	QL
Oxcarbazepine	1	
Phenobarbital	1	
Phenytoin	1	
Sabril	4	PA
Topiragen	1	
Topiramate	1	
Valproic Acid	1	
Vimpat Injection	M	
Vimpat Tablet, Solution	3	PA
Zonisamide	1	

Drug Name	Drug Tier	Requirements & Limits
Dermatology		
Absorica	3	PA
Acanya	3	E, QL
Acitretin	1	
Acyclovir	1	
Aczone Gel	3	
Ala Quin	1	
Alclometasone	1	
Alphatrex	1	
Amnesteem	1	PA, QL
Benzaclin	3	E, QL
Betamethasone	1	
Calcipotriene	1	QL
Calcipotriene-Betamethasone	2	QL
Calcitriol Ointment	1	
Cerovel	1	
Ciclodan	1	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	E, PA
Clindamax Lotion	1	
Clindamycin Gel, Lotion, Solution, Swabs	1	
Clindareach Kit	1	
Clobetasol, Clobetasol E	1	
Clobex Lotion, Shampoo	3	E
Clobex Spray	3	E, QL
Cloderm	3	
Cloderm Pump	3	
Cormax	1	
Dermazene	1	
Desonide	1	
Desoximetasone	1	
DrithoCreme HP	2	
DrithoScalp	2	
Dupixent	M	QL
Econazole	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Elidel	2	QL, ST	Onexton	3	E, QL
Enstilar	4	QL	Otezla	2	PA, QL
Ery Pad	1		Permethrin	1	
Erythromycin	1		Picato	3	
Erythromycin/Benzoyl Peroxide	1		Podofilox	1	
Ethyl Chloride	1		Pramcort	1	
Eurax	2		Pramosone Cream, Ointment	3	
Exoderm	1		Pramosone E Cream	3	
Finacea	3	ST	Pramosone Lotion	3	
Fluocinolone	1		Protopic	3	AE, PA, QL
Fluocinonide, Fluocinonide E	1		Rhofade	3	PA, QL
Fluoroplex	3		Rosadan Cream	1	
Fluorouracil Solution, 5% Cream	1		Selenium Sulfide	1	
Fluticasone	1		Silver Nitrate	1	
Gentamicin	1		Silver Sulfadiazine	1	
Hydrocortisone	1		Soolantra	2	
Hypercare	1		Sulfacetamide Sodium	1	
Imiquimod	1	QL	Sulfacetamide Sodium-Sulfur	1	
Laclotion	1		Taclonex Ointment	3	E, QL
Lidocaine	1		Taclonex Scalp	3	QL
Lidocaine/Prilocaine	1		Tacrolimus Ointment	1	AE, QL
Lindane	1		Tazorac	3	AE, QL
Lokara	1		Tretinoin Cream	3	AE
Metrogel 1%	3	E	Triamcinolone Acetonide	1	
Metronidazole 0.75% Cream, Lotion	1		Trianex	2	
Mirvaso	2	QL	Triderm	1	
Mometasone Furoate	1		Urea 40% Lotion	1	
Mupirocin Calcium Cream	1	QL	Vectical	3	E
Mupirocin Ointment	1		Vitazol	1	
Myorisan	1	PA	Zenatane	1	E, PA
Nystatin	1		Zyclara Cream, Pump	3	QL
Nystop	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring			Levemir Flexpen	2	
Accu-Chek Test Strips	3	PA, QL	Levemir Vial	2	
Bayer Breeze2 Test Strips	3	PA, QL	Novolin N Vial	2	E
Bayer Contour Test Strips	3	PA, QL	Novolin R Vial	2	E
Freestyle Test Strips	3	PA, QL	Novolin Vial	2	E
Glucocard Test Strips	3	PA, QL	Novolog Flexpen	2	E
Novofine Autocover Pen Needles	3		Novolog Mix	2	E
Novofine Pen Needles	3		Novolog Vial	2	E
Novofine Plus Pen Needles	3		Soliqua	2	PA, QL
Novotwist Pen Needles	3		Diabetes: Non-Insulin		
OneTouch Lancets	2	QL	Acarbose	1	
OneTouch Test Strips	2	QL	Adlyxin	3	QL
OneTouch Ultra Blue Test Strips	2	QL	Bydureon	2	QL, ST
OneTouch Verio IQ Test Strips	2	QL	Byetta	2	QL, ST
Relion Test Strips	3	PA, QL	Chlorpropamide	1	PA
Diabetes: Insulin			Farxiga	3	QL, ST
Apidra Solostar	3	ST	Glimepiride	1	
Apidra Vial	3	ST	Glipizide IR/XL	1	
Basaglar	1		Glipizide/Metformin	1	
Humalog KwikPen	2		Glucagen	2	
Humalog Mix 50-50 KwikPen	2		Glucagon	2	QL
Humalog Mix 50-50 Vial	2		Glumetza	3	PA
Humalog Mix 75-25 KwikPen	2		Glyburide	1	
Humalog Mix 75-25 Vial	2		Glyburide/Metformin	1	
Humalog U-200 KwikPen	2		Glyxambi	3	QL, ST
Humalog Vial	2		Invokamet, Invokamet XR	2	QL, ST
Humulin 70-30 KwikPen	2		Invokana	2	QL, ST
Humulin 70-30 Vial	2		Janumet	2	QL
Humulin KwikPen	2		Janumet XR	2	QL
Humulin N KwikPen	2		Januvia	2	QL
Humulin N Vial	2		Jardiance	2	QL, ST
Humulin R U-500 KwikPen	2		Jentadueto	2	QL
Humulin R U-500 Vial	2		Jentadueto XR	2	QL
Humulin R Vial	2		Juvisync	2	QL, ST

Drug Name	Drug Tier	Requirements & Limits
Metformin	1	
Metformin Extended-Release	1	
Nateglinide	1	QL, ST
Pioglitazone	1	QL, ST
Pioglitazone/Glimepiride	1	QL, ST
Pioglitazone/Metformin	1	QL, ST
Repaglinide	1	QL, ST
Symlin	3	PA
Synjardy	2	QL, ST
Synjardy XR	2	QL, ST
Tolazamide	1	ST
Tolbutamide	1	ST
Tradjenta	2	QL
Trulicity	2	QL, ST
Victoza	2	QL, ST
Endocrine: Growth Hormone		
Lupron Depot	M	
Nutropin AQ, Nutropin AQ NuSpin	M	
Endocrine: Other		
Asmalpred, Asmalpred Plus	2	
Calcitriol	1	
Cortisone	1	
Desmopressin	1	
Dexamethasone	1	
Fludrocortisone	1	
Hydrocortisone Tablet	1	
Medrol 2 mg	2	
Methylegonovine	1	
Methylprednisolone	1	
Millipred Tablet	1	
Paricalcitol	1	
Prednisolone Solution, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Prednisone	1	
Zemplar	2	
Endocrine: Thyroid Hormone Replacement		
Levothyroxine Sodium	1	
Levoxyl	1	
Liothyronine Sodium	1	
Methimazole	1	
Propylthiouracil	1	
Tirosint	3	
Unithroid	1	
Eye Conditions: Allergies		
Azelastine 0.05% Solution	1	
Cromolyn	1	
Epinastine	1	E
Lastacaft	3	QL
Naphazoline 0.1%	1	
Olopatadine 0.1%	1	QL
Pataday	3	E
Phenylephrine	1	
Eye Conditions: Antibiotics		
Azasite	3	
Bacitracin	1	
Bacitracin/Polymyxin	1	
Besivance	3	
Ciprodex	3	
Ciprofloxacin	1	
Erythromycin	1	
Gentamicin	1	
Ilotycin	1	
Moxeza	2	
Moxifloxacin	1	
Natacyn	2	

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Drug Name	Drug Tier	Requirements & Limits
Neomycin/Bacitracin/Polymyxin	1	
Neomycin/Polymixin/Gramicidin	1	
Ofloxacin	1	
Polymyxin B/Trimethoprim	1	
Sulfacetamide Sodium	1	
Tobradex Ointment	3	
Tobramycin/Dexamethasone	1	
Tobramycin Ophth Solution	1	E
Tobrex	3	E
Trifluridine	1	
Eye Conditions: Glaucoma		
Alphagan P	2	QL
Azopt	2	QL
Betaxolol	1	
Betimol	3	QL
Betoptic-S	2	
Carteolol	1	
Combigan	2	QL
Cosopt, Cosopt PF	3	
Dorzolamide	1	QL
Dorzolamide/Timolol	1	
Istalol	2	
Latanoprost	1	QL
Levobunolol	1	
Lumigan	2	QL
Metipranolol	1	
Simbrinza	2	QL
Timolol Maleate	1	
Timoptic Ocudose	2	
Travatan Z	2	QL
Zioptan	3	QL
Eye Conditions: Other		
Atropine	1	
Blephamide SOP	3	
Brimonidine	1	

Drug Name	Drug Tier	Requirements & Limits
Cyclopentolate	1	
Dexamethasone	1	
Diclofenac	1	QL
Fluorometholone	1	
Flurbiprofen	1	
FML Forte	2	
Homatropine	1	
Iso Carbachol	2	
Iso Homatropine	2	
Ketorolac	1	
Neomycin/Bacitracin/Polymyxin/ Hydrocortisone	1	
Neomycin/Polymixin/ Dexamethasone	1	
Phospholine	2	
Pred Mild	2	
Prednisolone	1	
Proparacaine	1	
Restasis	2	PA
Sulfacetamide Sodium/Prednisolone	1	
Tetracaine	1	
Tropicamide	1	
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Cimetidine	1	
Dexilant	2	QL
Misoprostol	1	
Nizatidine	1	
Omeclamox-Pak	2	QL
Omeprazole	1	QL
Pantoprazole	1	QL
Pylera	2	QL
Sucralfate Tablet	1	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Nausea/Vomiting					
Akynzeo	3		Hyoscyamine	1	
Antivert 50 mg	2		Lactulose	1	
Dronabinol	1	PA	Lialda	2	
Ondansetron	1	QL	Linzess	2	QL, ST
Ondansetron ODT	1		Mesalamine Enema	1	
Promethazine	1		Metoclopramide Solution, Tablet	1	
Trimethobenzamide	1		Movantik	3	QL, ST
Varubi	3	QL	Moviprep	3	QL
Gastrointestinal: Other					
Amitiza	2	AE, QL, ST	Pancrelipase	1	
Analpram Advanced	3		Paregoric Tincture	1	
Analpram-HC Cream	3		Pentasa	3	E
Analpram-HC Lotion	3		Polyethylene Glycol 3350	1	H, QL
Analpram-HC Shingles	3		Prepopik	3	
Apriso	2		Propantheline	1	
Auryxia	3		Rowasa Enema	4	
B-donna	1		Sulfasalazine	1	
Belladonna Alkaloids/Phenobarbital	1		Suprep	3	
Budesonide	1		Trilyte	1	QL
Calcium Acetate	1		Uceris Foam	2	
Canasa	2		Uceris Tablet	3	
Cortifoam	3		Ursodiol	1	
Creon	2		Viberzi	3	PA, QL
Delzicol	3	E, ST	Zenpep	2	
Dicyclomine	1		HIV/AIDS		
Dificid	3		Abacavir	1	
Digex NF	2		Abacavir/Lamivudine	1	
Dipentum	3		Aptivus	2	
Diphenoxylate/Atropine	1		Atripla	2	
Gavilyte	1	H, QL	Combivir	4	
Halflytely	3		Complera	2	
			Crixivan	2	
			Descovy	2	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Didanosine	1		Viread	2	
Edurant	2		Vitekta	2	
Emtriva	2		Zerit Solution	2	
Epivir Solution	2		Ziagen Solution	2	
Evotaz	2		Zidovudine	1	
Fuzeon	2	QL	Infertility*		
Genvoya	2		Cetrotide	M	
Intelence	2		Clomiphene	1	
Invirase	2		Gonal-F	M	
Isentress	2		Gonal-F Rff	M	
Kaletra Tablet	2		Ovidrel	M	
Lamivudine	1		Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Lamivudine/Zidovudine	1		Cimzia	M	QL
Lexiva	2		Cosentyx	M	
Lopinavir/Ritonavir Solution	1		Cuprimine	3	QL
Nevirapine	1		Depen	2	
Norvir	2		Humira	M	
Odefsey	2		Hydroxychloroquine Sulfate	1	
Prezcobix	2		Leflunomide	1	QL
Prezista	2		Methotrexate	1	
Rescriptor	2		Orencia	M	
Retrovir	2		Otrexup	M	
Reyataz	2		Rasuvo	M	
Selzentry	2	PA	Remicade	M	
Stavudine Capsule	1		Rheumatrex	3	
Stribild	2		Simponi	M	QL
Sustiva	2		Stelara	M	QL
Tivicay	2		Trexall	3	
Triumeq	2		Xeljanz	4	PA, QL
Trizivir	3		Medications for Sexual Dysfunction*		
Truvada	2		Cialis	3	PA, QL
Videx Solution	2		Levitra	3	PA, QL
Viracept	2		Viagra	2	PA, QL
Viramune	4				

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

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Prostate		
Alfuzosin	1	
Cialis 2.5, 5 mg	3	PA, QL
Doxazosin	1	
Dutasteride	1	
Dutasteride/Tamsulosin	1	
Finasteride	1	
Rapaflo	2	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, QL
Androgel 1%	3	PA, QL
Androgel 1.62%	2	PA, QL
Androxy	1	
Fortesta	3	PA, QL
Testim	3	PA, QL
Testosterone Gel 1%	1	PA, QL
Testred	3	
Miscellaneous		
Acetic Acid Otic	1	
Acetylcysteine	1	
Aerochamber	2	QL
Albenza	3	PA, QL
Alinia	2	QL
Anucort-HC	1	
Anastrozole	1	
Antipyrine/Benzocaine	1	
Aranesp	M	
Benzocaine Otic	1	
Benzonatate	1	
Bethkis	2	

Drug Name	Drug Tier	Requirements & Limits
Biltricide	2	
Bunavail	3	PA, QL
Cerdelga	3	PA
Cetylev	3	
Chloroquine	1	
Citric Acid/Sodium Citrate	1	
Danazol	1	
Daraprim	3	PA
Difil-G Forte Liquid	1	
Disulfiram	1	
Easivent	2	QL
Elmiron	2	
Emverm	4	PA, QL
Epinephrine Auto-injector (generic Epipen, Epipen Jr.)	2	QL
Ergocalciferol 50,000 Unit Capsule	1	
Euflexxa	M	
Exemestane	1	
Exjade	4	
EZ Spacer	2	QL
Ferriprox	4	PA
Fosrenol	3	
Granix	M	
Guaifenesin/Codeine	1	
Guanidine	2	
Hydrocodone/Homatropine	1	
Hydrocortisone/Acetic Acid Otic	1	
Hydrocortisone Pramoxine	1	
Hydrocortisone Suppository	1	
Hypersal Nebs	2	
Impavido	2	PA
Inspirease	2	

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Kuvan	2	PA, QL	Qutenza	4	
Letrozole	1		Rezira	2	
Lidocaine Viscous	1		Sevelamer	1	
Mebendazole	1		Sodium Polystyrene Sulfonate Powder	1	
Mefloquine	1		SSKI	2	
Megestrol AC	1		Strensiq	M	
Mephyton	2		Synarel	2	
Mestinon Syrup	2		Synvisc	M	
Methylergonovine	1		Synvisc One	M	
Multigen Plus	2		Triamcinolone/Orabase	1	
Multigen Folic	2		Velphoro	3	
Naltrexone	1		Veltassa	3	
Narcan Nasal Spray	2		Vistogard	2	
Nessi Spacer	2	QL	Vitamin D 50,000 Unit	1	
Nuwiq	M		Vortex	2	QL
Optihaler	2	QL	WatchHaler	2	QL
Orfadin	4		Xtampza ER	3	QL
Orkambi	2	PA, QL	Xuriden	2	QL
Phenazopyridine	1		Yodoxin	2	
Pilocarpine	1		Zarxio	M	
Primaquine	1		Zavesca	4	PA
Procrit	M		Zemplar	2	
Proctocream HC	1		Zutripro	3	
Proctofoam HC	2		Musculoskeletal: Osteoporosis		
Proctosol HC	1		Actonel	3	E
Proctozone HC	1		Alendronate Oral Solution	1	QL
Procysbi	4	PA	Alendronate Tablet	1	QL
Proglycem	2		Binosto	3	QL
Promacta	4	PA	Calcitonin Spray	1	QL
Promethazine/Codeine	1		Forteo	M	
Promethazine/Dextromethorphan	1		Fortical	3	QL
Promethazine Suppository	1		Ibandronate	1	QL
Promethazine VC/Codeine	1				
Pyridostigmine	1				

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Other		
Allopurinol	1	
Baclofen	1	
Carisoprodol	1	
Colcrys	2	
Cyclobenzaprine	1	
Dantrolene	1	
Lorzone	3	
Methocarbamol	1	
Orphenadrine/Aspirin/Caffeine	1	
Orphenadrine ER	1	
Probenecid	1	
Tizanidine Tablet	1	
Uloric	2	QL, ST
Zurampic	3	PA
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine	1	QL
Acetaminophen/Oxycodone	1	QL
Ascomp/Codeine	1	
Belbuca	3	PA, QL
Butalbital/Acetaminophen	1	
Butalbital/Acetaminophen/Caffeine	1	QL
Butalbital/Acetaminophen/Caffeine/Codeine	1	QL
Butalbital/Aspirin/Caffeine	1	
Butalbital/Aspirin/Caffeine/Codeine	1	
Celecoxib	3	QL
Choline Magnesium Trisalicylate	1	
Codeine	1	
Diclofenac Sodium	1	
Diflunisal	1	
Duraxin	1	

Drug Name	Drug Tier	Requirements & Limits
Etodolac IR/ER	1	
Fenoprofen	1	
Fentanyl Patch 12, 25, 50, 75, 100 mcg	1	QL
Flector Patch	3	E, QL
Flurbiprofen	1	
Fortigan	1	
Gralise	3	QL, ST
Hydrocodone/Acetaminophen	1	QL
Hydrocodone/Ibuprofen	1	
Hydromorphone IR	1	
Ibuprofen	1	
Indocin Suppository	2	QL
Indomethacin IR/ER	1	
Ketoprofen IR/ER	1	
Ketorolac	1	QL
Levorphanol	1	
Meclofenamate	1	
Meloxicam	1	
Meperidine	1	
Methadone	1	QL
Morphine Sulfate Controlled-Release Tablet	1	QL
Morphine Sulfate Immediate-Release Tablet, Solution	1	
Morphine Sulfate Sustained-Release Capsule	1	E, QL
Nabumetone	1	
Naproxen	1	
Nucynta	3	QL
Nucynta ER	3	PA, QL
Oxaprozin	1	
Oxycodone/Acetaminophen	1	QL
Oxycodone IR	1	

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Oxymorphone	1	QL
Pentazocine/Naloxone	1	
Piroxicam	1	
Salsalate	1	
Sulindac	1	
Tivorbex	3	E
Tolmetin	1	
Tramadol	1	
Trezix	3	E, QL
Vivlodex	3	E, QL
Voltaren Gel	2	QL
Xtampza ER	2	PA, QL
Zorvolex	3	E, QL
Overactive Bladder		
Bethanechol	1	
Myrbetriq	3	ST
Oxybutynin	1	
Oxybutynin Extended-Release	1	
Toviaz	3	
Vesicare	3	E
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Sulfate	1	
Aminophylline	1	
Arcapta	3	QL, ST
Arnuity Ellipta	2	QL
Asmanex	3	QL, ST
Atrovent HFA	3	QL
Bevespi Aerosphere	2	QL
Breo Ellipta	2	QL
Budesonide Nebs	1	QL
Combivent Respimat	2	QL
Cromolyn Nebs	1	

Drug Name	Drug Tier	Requirements & Limits
Flovent Diskus	2	QL
Flovent HFA	2	QL
Fluticasone/Salmeterol Powder Inhaler	1	QL
Foradil	2	QL
Incruse Ellipta	2	QL
Ipratropium	1	
Ipratropium/Albuterol Nebs	1	
Montelukast	1	QL
Perforomist	3	QL
Proair HFA	2	QL
Proair RespiClick	2	QL
Pulmicort Flexhaler	2	QL
Pulmicort Respules	3	QL
QVAR	2	QL
Serevent	2	QL
Spiriva HandiHaler, Respimat	2	QL
Striverdi Respimat	3	QL, ST
Symbicort	2	QL
Terbutaline	1	
Theophylline SR	1	
Tudorza	3	QL, ST
Ventolin HFA	2	QL
Xopenex HFA	3	QL, ST
Respiratory: Nasal Allergies		
Azelastine 0.1% Solution	1	QL
Dymista Spray	2	E, QL
Flunisolide	1	QL
Fluticasone Propionate	1	QL
Ipratropium	1	
Omnaris	3	E, QL
QNasi	3	QL
Veramyst	3	E, QL
Zetonna	3	E, QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Oral Allergies		
Carbinoxamine	1	
Clemastine	1	
Cyproheptadine	1	
Dexchlorpheniramine	1	
Hydroxyzine	1	
Promethazine	1	
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	4	PA, QL
Adempas	2	PA, QL
Letairis	2	PA, QL
Opsumit	2	PA, QL
Orenitram	3	PA
Revatio	4	E, PA, QL
Sildenafil 20 mg	1	PA, QL
Tracleer	2	PA, QL
Tyvaso	3	PA, QL
Ventavis	4	QL
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H
Chantix Tablet	3	H-PA
Nicoderm CQ	3	H
Nicorette Gum	3	H
Nicorette Lozenge	3	H
Nicorette Mini-Lozenge	3	H
Nicotine Gum	1	H
Nicotine Lozenge	1	H
Nicotine Patch	1	H
Nicotrol Inhaler	3	H-PA
Nicotrol Nasal Spray	3	H-PA
Thrive Gum	1	H

Drug Name	Drug Tier	Requirements & Limits
Transplant		
Astagraf XL	4	
Azathioprine	1	
Cellcept	4	
Cyclosporine, Cyclosporine Modified	1	
Gengraf	1	
Myfortic	4	
Rapamune	4	
Tacrolimus	1	
Zortress	4	
Vitamins/Electrolytes		
Fluoride Chewable Tablet, Drops	1	H
Folic Acid 1 mg	1	
Klor-Con 10	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Aftera	1	H
Altavera	1	H
Alyacen	1	H
Apri	1	H
Aranelle	1	H
Aubra	1	H
Aviane	1	H
Azurette	1	H
Balziva	1	H
Bekyree	1	H
Blisovi FE	1	H
Briellyn	1	H

Bold type = Brand-name drug

[Plain type = Generic drug]

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M = Medical

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QL = Quantity limit

ST = Step therapy

Drug Name	Drug Tier	Requirements & Limits
Camila	1	H
Caziant	1	H
Cesia	1	H
Chateal	1	H
Cryselle	1	H
Cyclafem	1	H
Cyred	1	H
Dasetta	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel/Ethinyl Estradiol	1	H
Drospirenone/Ethinyl Estradiol	1	H
EContra EZ	1	H
Elinest	1	H
Ella	1	H, QL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estaylla	1	H
Ethinodiol 1/50	1	H
Fallback Solo	1	H
Falmina	1	H
Femynor	1	H
Gianvi	1	H
Gildagia	1	H
Gildess, Gildess Fe	1	H
Heather	1	H
Implanon	1	H
Introvale	1	H
Isibloom	1	H
Jencycla	1	H
Jolessa	1	H
Jolivette	1	H
Juleber	1	H

Drug Name	Drug Tier	Requirements & Limits
Junel	1	H
Junel Fe	1	H
Kariva	1	H
Kelnor	1	H
Kimidess	1	H
Kurvelo	1	H
Larin, Larin FE	1	H
Larissia	1	H
Leena	1	H
Lessina	1	H
Levonest	1	H
Levonorgestrel	1	H, QL
Levonorgestrel/Ethinyl Estradiol	1	H
Levora-28	1	H
Lo Loestrin	3	H
Loestrin	2	
Loryna	1	H
Low-Ogestrel	1	H
Lutera	1	H
Lyza	1	H
Marlissa	1	H
Medroxyprogesterone Acetate Injection	1	H, PA
Microgestin	1	H
Microgestin FE	1	H
Mono-Linyah	1	H
Mononessa	1	H
My Way	1	H
Myzilra	1	H
Natazia	2	H
Necon 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice One Dose	1	H
Nikki	1	H
Nora-BE	1	H
Norlyda	1	H

Drug Name	Drug Tier	Requirements & Limits
Norethindrone	1	H
Norethindrone/Ethinyl Estradiol	1	H
Norethindrone/Ethinyl Estradiol/ Ferrous Fumarate	1	H
Norgestimate/Ethinyl Estradiol	1	H
Norgestrel/Ethinyl Estradiol	1	H
Norlyroc	1	H
Nortrel	1	H
Nuvaring	2	H
Ocella	1	H
Ogestrel	1	H
Opcicon One-Step	1	H
Option 2	1	H
Orsythia	1	H
Ortho Coil	1	H
Ortho Flat	1	H
Ortho Flex	1	H
Philith	1	H
Pimtrea	1	H
Plan B One Step	1	H
Portia	1	H
Previfem	1	H
Primella	1	H
Quasense	1	H
React	1	H
Reclipsen	1	H
Safyral	3	H
Setlakin	1	H
Sharobel	1	H
Solia	1	H

Drug Name	Drug Tier	Requirements & Limits
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Take Action	1	H
Tarina FE	1	H
Taytulla	3	H
Tri Femynor	1	H
Tri-Estarylla	1	H
Tri-Linyah	1	H
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	3	H
Trivora-28	1	H
Velivet	1	H
Vestura	1	H
Vienva	1	H
Viorele	1	H
Vyfemla	1	H
Wera	1	H
Wide-Seal	1	H
Xulane	1	H
Yasmin 28	3	E, H
Yaz	3	E, H
Zarah	1	H
Zenchent	1	H
Zovia	1	H

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Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Amabelz	1	
Cenestin	3	QL
Climara Pro	2	QL
Covaryx, Covaryx HS	1	QL
Divigel	3	
Duavee	2	QL
Elestrin	3	
Enjuvia	3	
Estradiol Twice Weekly Patch	1	
Estradiol Weekly Patch, Tablet	1	
Estrogen/Methyltestosterone, Estrogen/Methyltestosterone HS	1	
Estropipate	1	
Fyavolv	1	
Jinteli	1	
Lopreeza	1	
Makena	M	
Medroxyprogesterone	1	
Menest	2	
Mimvey	1	
Minivelle	3	QL
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Osphena	3	
Premarin	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Vivelle-Dot	3	E, QL
Yuvafem	1	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Miscellaneous		
Raloxifene	1	H-PA, QL
Tamoxifen	1	H-PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins/Folic Acid 1 mg	2	
Generic Prenatal Vitamins/Folic Acid 1 mg	1	

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