



Your 2026 Prescription Drug List

Advantage 4-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. Then, they are listed in alphabetical order.

How do I use my PDL?

You and your doctor can check the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits that apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free phone number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a full list of medications, and not all medications listed may be covered by your plan.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help lower your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.



Reading your PDL (continued)

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have specific coverage requirements or limits. Your plan sets how these medications may be covered for you.

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁴ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans, Oxford and UnitedHealthOne.



Reading your PDL (continued)

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted.

- **Central nervous system: sedatives/hypnotics**

Coverage is set by the member's prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Diabetes: blood glucose monitoring, insulin, non-insulin**

Diabetic supplies and prescription medications may be subject to different cost-share amounts for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.

- **Diabetes: continuous glucose monitors, sensors**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.

- **Endocrine: growth hormone**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share.

- **Infertility**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (bitalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	4	QL

Drug Name	Drug Tier	Requirements & Limits
FIORICET/CODEINE	E	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NUCYNТА	4	QL
NUCYNТА ER	3	PA, QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, QL	ibuprofen oral suspension 100 mg/5ml	E	
PERCOCET	E	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
premium lidocaine	2	QL	indomethacin er	2	
PROLATE ORAL TABLET	E	QL	indomethacin oral capsule	1	
ROXICODONE	E	QL	ketorolac tromethamine oral	1	
TENCON	3		LODINE	E	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL	LOFENA	E	QL
tramadol hcl er	2	(generic for Ultram ER), QL	meloxicam oral tablet	1	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL	nabumetone oral	1	
tramadol hcl oral tablet 50 mg	1	QL	NAPROSYN	E	
tramadol-acetaminophen	1	QL	naproxen dr	1	
TREZIX	4	QL	naproxen oral tablet	1	
XTAMPZA ER	4	PA, QL	naproxen oral tablet delayed release	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL	naproxen sodium oral tablet 275 mg, 550 mg	2	
ZTLIDO	3	PA, QL	oxaprozin oral tablet	2	
Analgesics - Drugs for Pain and Inflammation			piroxicam oral	2	
ANAPROX DS	E		RELAFEN DS	E	
CELEBREX	E		sulindac oral	1	
celecoxib oral	2		Anti-Addiction / Substance Abuse Treatment Agents		
DAYPRO	4		acamprosate calcium	1	
diclofenac potassium oral tablet 25 mg	E	QL	buprenorphine hcl sublingual	1	QL
diclofenac potassium oral tablet 50 mg	2		buprenorphine hcl-naloxone hcl sublingual film	2	QL
diclofenac sodium er	3		buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
diclofenac sodium external gel 1 %	E		bupropion hcl er (smoking det)	1	H
diclofenac sodium oral	1		cvs nicotine	1	H
diclofenac-misoprostol	3		cvs nicotine polacrilex	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3		disulfiram oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4		eq nicotine	1	H
ec-naproxen	1		eq nicotine mouth/throat gum 4 mg	1	H
etodolac	2		eq nicotine polacrilex	1	H
FELDENNE ORAL CAPSULE 20 MG	4		eq nicotine step 3	1	H
			eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ft naloxone hcl	1	QL	nicotine transdermal patch 24 hour	1	H
ft nicotine	1	H	OPVEE	1	QL
ft nicotine mini	1	H	qc nicotine transdermal system	1	H
gnp naloxone hcl	1	QL	ra mini nicotine	1	H
gnp nicotine mini	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	ra nicotine polacrilex	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
gnp nicotine transdermal	1	H	REXTOVY	1	QL
goodsense nicotine	1	H	sm nicotine	1	H
habitrol	1	H	sm nicotine polacrilex	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H	SUBOXONE	E	PA, QL
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H	THRIVE	4	H
KLOXXADO	1	QL	varenicline	3	PA, H
kls quit2	1	H	ZIMHI	2	QL
kls quit4	1	H	ZUBSOLV	2	QL
naloxone hcl injection solution prefilled syringe	1	QL	Antibacterials - Drugs for Infections		
naloxone hcl nasal	1	QL	amoxicillin	1	
naltrexone hcl oral	1	QL	amoxicillin-potassium clavulanate	1	
NARCAN	1	QL (includes Narcan OTC)	ampicillin	1	
NICODERM CQ	4	H	AUGMENTIN	E	
NICORETTE MINI	2	H	AUGMENTIN ES-600	E	
NICORETTE MOUTH/THROAT GUM	4	H	AVIDOXY	4	
NICORETTE MOUTH/THROAT LOZENGE	2	H	azithromycin oral packet 1 gm	1	
NICORETTE STARTER KIT	4	H	BACTRIM	4	
nicotine mini	1	H	BACTRIM DS	4	
nicotine polacrilex mini	1	H	cefadroxil oral capsule	1	
nicotine polacrilex mouth/throat	1	H	cefadroxil oral suspension reconstituted	1	
nicotine step 1	1	H	cefdinir	1	
nicotine step 2	1	H	cefixime oral capsule	3	
nicotine step 3	1	H	cefpodoxime proxetil oral tablet	1	
			cefprozil	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cephalexin	1		fidaxomicin oral tablet	3	QL
CIPRO ORAL TABLET	4		fosfomycin tromethamine	3	
ciprofloxacin hcl oral	1		gentamicin sulfate external	1	QL
clarithromycin oral tablet	1		HIPREX	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 75 MG	2		LIKMEZ	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		linezolid oral tablet	2	
CLEOCIN VAGINAL CREAM	4		MACROBID	4	
clindamycin hcl oral	1		MACRODANTIN	4	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral tablet 125 mg	E	
CLINDESSE	2		metronidazole oral tablet 250 mg, 500 mg	1	
dicloxacillin sodium	1		metronidazole vaginal	2	
DIFICID ORAL TABLET	E	QL	minocycline hcl oral capsule	1	
doxycycline hyclate oral capsule	2		MONDOXYNE NL	E	
doxycycline hyclate oral tablet 100 mg	2		moxifloxacin hcl oral	3	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		mupirocin cream	3	QL
doxycycline hyclate oral tablet 20 mg	1		mupirocin ointment	1	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		neomycin sulfate oral	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		nitrofurantoin macrocrystal	1	
doxycycline monohydrate oral suspension reconstituted	3		nitrofurantoin monohydrate macrocrystals	1	
doxycycline monohydrate oral tablet	1		NUVESSA	E	
E.E.S. GRANULES	3		NUZYRA ORAL	4	QL
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		penicillin v potassium	1	
ERYPED 400	4		SEYSARA	E	
erythromycin base oral tablet	1		SILVADENE	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1		silver sulfadiazine external	1	
			ssd	1	
			sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
			sulfamethoxazole-trimethoprim oral tablet	1	
			sulfatrim pediatric	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TARGADOX	E		clobazam oral suspension 2.5 mg/ml	3	PA
tetracycline hcl oral capsule	3		clobazam oral tablet	2	PA
tinidazole oral	3		DEPAKOTE	4	PA
trimethoprim oral	1		DEPAKOTE ER	4	PA
VANCOCIN	4		DEPAKOTE SPRINKLES	4	PA
vancomycin hcl oral capsule	1		DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
VANDAZOLE	4		DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
VIBRAMYCIN ORAL CAPSULE 100 MG	4		diazepam rectal	1	QL
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4		DILANTIN	3	
XACIATO	2	QL	divalproex sodium er	2	
XENLETA ORAL TABLET 600 MG	3		divalproex sodium oral capsule delayed release sprinkle	2	
XIFAXAN	3	PA, QL	divalproex sodium oral tablet delayed release	1	
ZITHROMAX	4		ELEPSIA XR	E	PA
ZYVOX ORAL TABLET	E		EPIDIOLEX	3	PA, SP
Anticoagulants - Drugs to Treat or Prevent Blood Clots			epitol	1	
dabigatran etexilate mesylate	2	QL	eslicarbazepine acetate	3	PA
ELIQUIS TABLET	2	QL	ethosuximide oral	1	
enoxaparin sodium injection solution prefilled syringe	2	QL	FYCOMPA ORAL SUSPENSION	4	PA
jantoven	1		FYCOMPA ORAL TABLET	3	PA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL	gabapentin oral capsule	1	
PRADAXA ORAL CAPSULE	E	QL	gabapentin oral solution 250 mg/5ml	1	
rivaroxaban	2	QL	GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
warfarin sodium oral	1		gabapentin oral tablet 600 mg, 800 mg	1	
XARELTO	2	QL	GABARONE	E	PA
Anticonvulsants - Drugs for Seizures			KEPPRA ORAL	4	PA
APTIOM	4	PA	KEPPRA XR	4	PA
BRIVIACT ORAL TABLET	3	PA	lacosamide oral	2	
carbamazepine er	2		LAMICTAL	4	PA
carbamazepine oral tablet	1		LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
carbamazepine oral tablet chewable	1		LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
CARBATROL	4				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
TROKENDI XR	E	

Drug Name	Drug Tier	Requirements & Limits
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	4	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clomipramine hcl oral	3		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
CYMBALTA	E		SERTRALINE HCL ORAL CAPSULE	E	QL
desipramine hcl oral	1		sertraline hcl oral concentrate	1	
desvenlafaxine succinate er	3	QL	sertraline hcl oral tablet	1	
doxepin hcl oral capsule	1		SPRAVATO	4	PA, QL
doxepin hcl oral concentrate	1		trazodone hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2		TRINTELLIX	4	ST, QL
duloxetine hcl oral capsule delayed release particles 40 mg	E		venlafaxine hcl	1	
EFFEXOR XR	E		venlafaxine hcl er oral capsule extended release 24 hour	1	
escitalopram oxalate oral solution 5 mg/5ml	2		venlafaxine hcl er oral tablet extended release 24 hour	E	QL
escitalopram oxalate oral tablet	1		VIIBRYD	E	QL
FETZIMA	4	ST, QL	vilazodone hcl	3	QL
fluoxetine hcl oral capsule	1		WAINUA	2	PA, QL, SP
fluoxetine hcl oral solution	1		WELLBUTRIN SR	E	
fluoxetine hcl oral tablet 10 mg	3	QL	WELLBUTRIN XL	E	
fluoxetine hcl oral tablet 20 mg, 60 mg	3		ZOLOFT	E	
fluvoxamine maleate	1		ZURZUVAE	2	PA, QL, SP
fluvoxamine maleate er	3	QL	Antiemetics - Drugs for Nausea and Vomiting		
FORFIVO XL	E	QL	ANTIVERT ORAL TABLET 50 MG	E	
imipramine hcl oral	1		aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
LEXAPRO	E		DICLEGIS	E	PA
mirtazapine oral	1		doxylamine-pyridoxine	E	PA
NORPRAMIN	4		dronabinol	1	
nortriptyline hcl oral capsule	1		EMEND BIPACK	E	QL
PAMELOR	E		MARINOL	E	
paroxetine hcl er	3	QL	meclizine hcl oral tablet	E	
paroxetine hcl oral tablet	1		metoclopramide hcl oral tablet	1	
PAXIL	E		ondansetron hcl oral	1	
PAXIL CR	E	QL	ondansetron odt oral tablet dispersible 16 mg	E	
PRISTIQ	E	QL	ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
PROZAC	E		perphenazine oral	1	
RALDESY	4	PA			
REMERON	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	

Drug Name	Drug Tier	Requirements & Limits
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	4	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	

Drug Name	Drug Tier	Requirements & Limits
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	4	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	4	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	4	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	

Antivirals - Drugs for Viral Infections

acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	2	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	

Drug Name	Drug Tier	Requirements & Limits
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	colestipol hcl oral tablet	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		COREG	E	
AVALIDE	E		COREG CR	E	
AVAPRO	E		CORGARD ORAL TABLET 20 MG, 40 MG	4	
AZOR	E		CORLANOR	3	PA, QL
benazepril hcl oral	1		COZAAR	E	
benazepril-hydrochlorothiazide	1		CRESTOR	E	
BENICAR	E		digoxin oral tablet	1	
BENICAR HCT	E		diltiazem hcl er beads	2	
BETAPACE	E		diltiazem hcl er coated beads	2	
bisoprolol fumarate oral tablet	1		diltiazem hcl er oral capsule extended release 12 hour	1	
bisoprolol-hydrochlorothiazide	1		diltiazem hcl er oral capsule extended release 24 hour	1	
bumetanide oral	1		diltiazem hcl er oral tablet extended release 24 hour	2	
BUMEX	3		diltiazem hcl oral	1	
BYSTOLIC	E		dilt-xr	1	
CAMZYOS	4	PA, QL, SP	DIOVAN	E	
candesartan cilexetil	3		DIOVAN HCT	E	
candesartan cilexetil-hctz	3		dofetilide	2	
captopril oral	1		doxazosin mesylate oral	1	
CARDIZEM	E		EDARBI	E	
CARDIZEM CD	E		EDARBYCLOR	E	
CARDIZEM LA	E		enalapril maleate oral solution	3	PA
CARDURA	4		enalapril maleate oral tablet	1	
cartia xt	2		enalapril-hydrochlorothiazide	1	
carvedilol	1		ENTRESTO ORAL TABLET	E	PA, QL
carvedilol phosphate er	E		EPANED	4	PA
CATAPRES-TTS-1	E		eplerenone	2	
CATAPRES-TTS-2	E		EXFORGE	E	
CATAPRES-TTS-3	E		ezetimibe	2	
chlorthalidone	1		ezetimibe-simvastatin	3	
cholestyramine light	1		felodipine er	1	
cholestyramine oral	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
clonidine hcl oral	1				
clonidine patch	3				
colesevelam hcl oral tablet	2				
COLESTID ORAL TABLET	4				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		labetalol hcl oral	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral tablet 120 mg, 40 mg	E		LANOXIN ORAL TABLET 62.5 MCG	4	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2		LASIX	4	
fenofibric acid oral capsule delayed release	2		LIPITOR	E	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril oral	1	
flecainide acetate	1		lisinopril-hydrochlorothiazide	1	
fosinopril sodium	1		LIVALO	E	ST
FUROSCIX	4	PA, QL	LODOCO	4	QL
furosemide oral	1		LOPID	4	
gemfibrozil oral	1		LOPRESSOR ORAL TABLET	4	
guanfacine hcl	1		losartan potassium oral	1	
HEMANGEOL	3		losartan potassium-hctz	1	
HEMICLOR	E		LOTENSIN	4	
hydralazine hcl oral	1		LOTENSIN HCT	4	
hydrochlorothiazide oral	1		LOTREL	E	
HYZAAR	E		lovastatin oral	1	H
icosapent ethyl	E	PA	LOVAZA	E	
indapamide	1		matzim la	2	
INDERAL LA	E		MAXZIDE ORAL TABLET 75-50 MG	4	
INSPIRA	E		MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
INZIRQO	4	PA	metolazone	1	
irbesartan	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
irbesartan-hydrochlorothiazide	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate er	1		mexiletine hcl oral	1	
ivabradine hcl	3	PA, QL	MICARDIS	E	
KAPSPARGO SPRINKLE	4		MICARDIS HCT	E	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
midodrine hcl	1		propranolol hcl er	2	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4		propranolol hcl oral	1	
minoxidil oral	1		QUESTRAN	4	
MULTAQ	4	PA	QUESTRAN LIGHT	4	
nadolol oral	1		ramipril	1	
nebivolol hcl	3		ranolazine er	2	
NEXLETOL	2	PA, ST, QL	RECTIV	4	QL
NEXLIZET	2	PA, ST, QL	REPATHA	2	QL
niacin er (antihyperlipidemic)	2		REPATHA PUSHTRONEX SYSTEM	2	QL
nifedipine er	1		REPATHA SURECLICK	2	QL
nifedipine er osmotic release	1		rosuvastatin calcium oral	2	
nifedipine oral	1		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
NITRO-BID	2		sacubitril-valsartan	3	PA, QL
NITRO-DUR	3		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nitroglycerin rectal	3	QL	simvastatin oral tablet 80 mg	1	
nitroglycerin sublingual	1		SOAANZ	E	QL
nitroglycerin transdermal	1		sotalol hcl oral	1	
NITROSTAT	4		spironolactone oral tablet	1	
NORLIQVA	4	PA	spironolactone-hctz	1	
NORVASC	E		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
olmesartan medoxomil oral	2		TEKTURNA	3	
olmesartan medoxomil-hctz	2		TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
olmesartan-amlodipine-hctz	E		telmisartan	2	
omega-3-acid ethyl esters	2		telmisartan-hctz	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3		TENORETIC 100	E	
PACERONE ORAL TABLET 200 MG	4		TENORETIC 50	E	
pentoxifylline er	1		TENORMIN	E	
pitavastatin calcium	E	ST	THALITONE	E	
PRALUENT	E	PA, ST, QL	tiadylt er	2	
pravastatin sodium	1		TIAZAC	4	
prazosin hcl oral	1		TIKOSYN	4	
prevalite	1		TOPROL XL	E	
PROCARDIA XL	E		torse mide	1	
propafenone hcl	1				
propafenone hcl er	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	4	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA, QL
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL

Drug Name	Drug Tier	Requirements & Limits
ADZENYS XR-ODT	E	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	3	QL
METADATE CD	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
METHYLIN	4		AVONEX	2	PA, QL, SP
methylphenidate hcl er (cd)	2	QL	BAFIERTAM	2	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL	BETASERON	2	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL	COPAXONE	E	PA, QL, SP
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL	dalfampridine er	2	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL	dimethyl fumarate oral	1	PA, QL, SP
methylphenidate hcl er (xr)	E	QL	EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
methylphenidate hcl er oral tablet extended release	2	QL	fingolimod hcl	1	PA, QL, SP
methylphenidate hcl er oral tablet extended release 24 hour	E	QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
methylphenidate hcl oral solution	1		GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
methylphenidate hcl oral tablet	1		glatiramer acetate	2	PA, QL, SP
methylphenidate hcl oral tablet chewable	3		glatopa	2	PA, QL, SP
MYDAYIS	E	QL	KESIMPTA	2	PA, QL, SP
ONYDA XR	3	QL	MAVENCLAD	3	PA, ST, QL, SP
QELBREE	E	PA, QL	MAYZENT	3	PA, QL, SP
QUILLICHEW ER	E	QL	PLEGRIDY	3	PA, QL, SP
QUILLIVANT XR	E	QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
RELEXII	E	QL	teriflunomide	2	PA, QL, SP
RITALIN	E		VUMERITY	E	PA, QL, SP
RITALIN LA	E	QL	Central Nervous System Agents - Miscellaneous		
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL	AUSTEDO	2	PA, QL, SP
VYVANSE	E	QL	AUSTEDO XR	2	PA, QL, SP
ZENZEDI	E		INGREZZA	2	PA, QL, SP
Central Nervous System Agents - Drugs for Multiple Sclerosis			INGREZZA SPRINKLE	2	PA, QL, SP
AMPYRA	E	PA, QL, SP	LYRICA ORAL CAPSULE	4	PA
AUBAGIO	E	PA, QL, SP	NUEDEXTA	2	PA, QL
			pregabalin oral capsule	2	
			RADICAVA ORS	3	PA, QL, SP
			RADICAVA ORS STARTER KIT	3	PA, QL, SP
			SAVELLA	4	QL
			TEGLUTIK	3	PA
			TIGLUTIK	3	PA
			VEOZAH	4	PA, QL
			ZEPOSIA	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	

Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA, QL
adapalene-benzoyl peroxide external gel	3	QL
ADEINZDE	E	
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnestem	2	
AMZEEQ	4	QL
ARAZLO	E	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BLANCHE	E	
CABTREO	E	QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos (once-daily) gel 1 % external	2	QL
clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL
clindamycin phos (twice-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
clindamycin phosphate external lotion	3	

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base external cream 0.05 %	2	QL
clobetasol propionate e	2	QL
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	E	QL
CLOBEX SPRAY	E	QL
clodan	E	QL
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
dapsone external	3	QL
DERMACINRX UREA	E	
DERMA-SMOOTHIE/FS BODY	4	QL
DERMA-SMOOTHIE/FS SCALP	4	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	halobetasol propionate external ointment	2	QL
DIPROLENE	4		hydrocortisone external cream 1 %	E	
doxycycline	E		hydrocortisone external cream 2.5 %	1	
DRYSOL	4		hydrocortisone external lotion 2 %	3	
DUPIXENT	2	PA, QL, SP	hydrocortisone external lotion 2.5 %	1	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external ointment 1 %, 2.5 %	1	
EFUDEX EXTERNAL CREAM 5 %	4		hydrocortisone valerate external cream	2	QL
ENSTILAR	4	QL	hydroquinone external	E	
EPIDUO	E	QL	HYDROXYM EXTERNAL CREAM	E	
EPIDUO FORTE	E	QL	imiquimod external cream 3.75 %	E	QL
ERYGEL	3		imiquimod external cream 5 %	1	
erythromycin external	1		imiquimod pump	E	QL
EUCRISA	3	ST, QL	IMPOYZ	E	QL
FINACEA EXTERNAL FOAM	4		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
FINACEA EXTERNAL GEL	E		isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide body	3	QL	ivermectin external cream	E	QL
fluocinolone acetonide external cream	3	QL	KLARON	4	
fluocinolone acetonide external ointment	2	QL	KLISYRI	4	ST, QL
fluocinolone acetonide external solution	1	QL	LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinolone acetonide scalp	3		METROCREAM	4	
fluocinonide external cream 0.05 %	1		METROGEL	E	
fluocinonide external cream 0.1 %	E	QL	METROLOTION	4	
fluocinonide external gel	1		metronidazole external cream	1	
fluocinonide external ointment	1		metronidazole external gel 0.75 %	1	
fluocinonide external solution	1		metronidazole external gel 1 %	E	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		metronidazole external lotion	1	
fluorouracil external cream 5 %	1		MIRVASO	2	PA, QL
fluticasone propionate external cream	1		mometasone furoate external	1	
fluticasone propionate external ointment	1				
halobetasol propionate external cream	2	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEMLUVIO	2	PA, QL, SP	TAZORAC EXTERNAL CREAM	4	PA, QL
neuac	3	QL	TOLAK	E	
NORITATE	E		TOPICORT	4	QL
ONEXTON	E	QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
OPZELURA	4	PA, QL, SP	tretinoin external cream	3	QL
ORACEA	E		tretinoin external gel 0.01 %, 0.025 %	E	QL
OVACE PLUS WASH EXTERNAL LIQUID	4		tretinoin external gel 0.05 %	E	PA, QL
OVACE WASH	4		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
PANRETIN	3		triamcinolone acetonide external cream 0.5 %	1	QL
pimecrolimus	3	QL	triamcinolone acetonide external lotion	1	
PLEXION CLEANSER	E		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
podofilox external solution	1		triamcinolone acetonide external ointment 0.05 %	E	
RETIN-A	E	PA, QL	triamcinolone in absorbase	E	
RHOFADE	4	PA, QL	TRIANEX EXTERNAL OINTMENT 0.05 %	E	
SANTYL	3	QL	triderm	1	QL
selenium sulfide external lotion	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sodium sulfacetamide wash	1		tritocin external ointment 0.05 %	E	
SOOLANTRA	4	QL	urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium (acne)	1		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium external	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		uredeb	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		UREMEZ-40	3	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		URESOL	E	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		VANOS	E	QL
SUMADAN WASH	E		VTAMA	4	PA, QL
SYNALAR	E	QL	WINLEVI	E	PA, QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL	xurea	E	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL	zenatane	2	
TACLONEX EXTERNAL SUSPENSION	3	QL			
tacrolimus external	2	QL			
tazarotene external cream	3	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH ULTRA TEST STRIPS	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/ DEVICE	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
ONETOUCH VERIO TEST STRIPS	E	QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR TEMPO PEN	E	QL
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL	E	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTouch	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTouch	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BRENZAVVY	3	ST, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		metformin hcl oral tablet 625 mg, 750 mg	E	
glipizide-metformin hcl	2		MOUNJARO	2	PA, QL
glucagon emergency kit 1 mg injection	2	QL	nateglinide	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	QL	ONGLYZA	E	QL
GLUCOTROL XL	4		OZEMPIC	2	PA, QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	pioglitazone hcl	1	QL
glyburide oral	1		pioglitazone hcl-metformin hcl	2	QL
glyburide-metformin	1		repaglinide	2	QL
GLYXAMBI	2	ST, QL	RYBELSUS	2	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL	saxagliptin hcl	2	QL
GVOKE HYPOPEN 2-PACK	2	QL	saxagliptin-metformin er	2	QL
GVOKE KIT	2		SOLIQUA	2	QL
GVOKE PFS	2		SYMLINPEN 120	3	QL
INVOKANA	E	ST, QL	SYMLINPEN 60	3	QL
JANUMET	E	ST, QL	SYNJARDY	2	QL
JANUVIA	E	ST, QL	SYNJARDY XR	2	QL
JARDIANCE	2	QL	TRADJENTA	2	QL
JENTADUETO	2	QL	TRIJARDY XR	2	QL
JENTADUETO XR	2	QL	TRULICITY	2	PA, QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	XIGDUO XR	E	ST, QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)	Drugs for Blood Disorders		
metformin hcl er	1		ADVATE	2	SP
metformin hcl er (mod)	E	PA	ADYNOVATE	4	PA, SP
metformin hcl er (osm)	E	PA	AFSTYLA	4	PA, SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ALPHANATE	2	SP
			ALPROLIX	3	SP
			ALTUVIIIO	4	PA, SP
			ALVAIZ	4	PA, SP
			ARANESP (ALBUMIN FREE)	2	QL, SP
			BENEFIX	2	SP
			DOPTelet	4	PA, QL, SP
			ELOCTATE	4	PA, SP
			FABHALTA	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP	STENDRA	4	PA, QL
HEMOFIL M	2	SP	tadalafil oral	2	QL
HUMATE-P	2	SP	varafenafil hcl oral tablet	3	QL
HYMPAVZI	2	PA, QL, SP	VIAGRA	E	QL
IDELVION	3	SP	VYLEESI	4	PA, QL
KOATE	2	SP	Electrolytes / Vitamins		
KOATE-DVI	2	SP	ACCRUFER	E	
KOGENATE FS	2	SP	CARNITOR ORAL SOLUTION	4	
KOVALTRY	2	SP	CARNITOR SF	4	
NEULASTA	2	SP	CO-NATAL FA	2	
NIVESTYM	2	SP	cvs prenatal	E	
NOVOEIGHT	2	SP	cyanocobalamin injection solution 1000 mcg/ml	1	
NUWIQ	2	SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
NYVEPRIA	E		cyanocobalamin nasal	3	
PROMACTA POWDER	4	PA, QL, SP	DAVIMET-FLUORIDE	E	
PROMACTA TABLET	E	PA, QL, SP	DENTA 5000 PLUS SENSITIVE	3	
RECOMBINATE	2	SP	DODEX INJECTION SOLUTION 1000 MCG/ML	4	
RETACRIT	2	QL, SP	DRISDOL	4	
TAVALISSE	4	PA, QL, SP	ergocalciferol oral capsule	1	
tranexamic acid oral	2	QL	FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E	
VOYDEYA	2	PA, QL, SP	FLORIVA PLUS	E	
WILATE	2	SP	FLOTREX	E	
ZARXIO	2	SP	FLUORIMAX 5000 SENSITIVE	3	
Drugs for Sexual Dysfunction			folic acid oral tablet 1 mg	1	
ADDYI	4	PA, QL	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
avanafil	3	PA, QL	klor-con	1	
CIALIS	E	QL	klor-con 10	1	
IMVEXXY MAINTENANCE PACK	2	QL	klor-con m10	1	
IMVEXXY STARTER PACK	2	QL	klor-con m15	1	
INTRAROSA	4	PA, QL			
OSPHEA	3	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
klor-con m20	1		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
K-PHOS-NEUTRAL	2		potassium chloride crys er	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		potassium chloride er	1	
levocarnitine oral solution	1		potassium chloride oral	1	
levocarnitine sf	1		potassium citrate er	1	
LOKELMA	3	PA, QL	prenatal oral tablet 27-0.8 mg	E	
M-NATAL PLUS	3		prenatal oral tablet 27-1 mg	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal plus	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus vitamin/mineral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		prenatal vitamins oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		PRENATE MINI	3	
multivitamin w/fluoride tablet chewable 1 mg oral	1		PRENATOL-M	E	
multivitamin w/fluoride tablet chewable 1 mg oral	E		PRENATRIX	E	
multi-vitamin/fluoride	1		PRENATRYL	E	
multivitamin/fluoride oral tablet chewable	1		PREVIDENT 5000 ENAMEL PROTECT	3	
MULTI-VIT-FLOR	E		PREVIDENT 5000 SENSITIVE	3	
NASCOBAL	3		QUFLORA PEDIATRIC	3	
NEONATAL COMPLETE	3		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
NEONATAL PLUS	3		sod fluoride-potassium nitrate	1	
NEONATAL PRENATAL	E		sodium fluoride 5000 enamel	1	
NEONATAL VITAMIN	E		sodium fluoride 5000 sensitive	1	
NIVA-PLUS	3		sodium fluoride oral solution	1	H
ONE VITE WOMENS	E		sodium fluoride oral tablet chewable	1	H
ONE VITE WOMENS PLUS	3		TRICARE ORAL TABLET	3	
ORACIT	2		TRINATAL RX 1	3	
ORAL CITRATE	2		TRINATE	3	
PHOSPHA 250 NEUTRAL	2		tri-vite/fluoride	1	
phosphorous	1		UROCIT-K 10	4	
phospho-trin 250 neutral	1		UROCIT-K 15	4	
pnv 27-ca/fe/fa	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
POKONZA	E		VELTASSA	3	PA, QL
			VITAFOL FE+	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	4	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL

Drug Name	Drug Tier	Requirements & Limits
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate oral tablet	1		TRULANCE	E	PA, ST, QL
hyoscyamine sulfate oral tablet dispersible	1		URSO 250 ORAL TABLET 250 MG	E	
hyoscyamine sulfate sublingual	1		URSO FORTE	E	
IBSRELA	E	PA, ST, QL	URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
IQIRVO	4	PA, ST, QL, SP	ursodiol oral capsule 300 mg	1	
lactulose encephalopathy	1		ursodiol oral tablet	1	
lactulose oral solution	1		VIBERZI	3	PA, QL
LEVBIID	4		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
LEVSIN	4		ATTRUBY	2	PA, QL, SP
LEVSIN/SL	4		CARNITOR ORAL TABLET	4	
LIBRAX	E		CERDELGA	2	PA, SP
LINZESS	2	PA, QL	CREON	2	
LIVDELZI	4	PA, ST, QL, SP	DEPEN TITRATABS	2	SP
LOMOTIL	4		EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
loperamide hcl oral capsule	E		JYNARQUE ORAL TABLET THERAPY PACK	E	PA, QL, SP
lubiprostone	2	PA, QL	levocarnitine oral tablet	1	
MOTEGRITY	E	PA, QL	ORFADIN	2	PA, SP
MOVIPREP	4	QL	PANCREAZE	3	ST
na sulfate-k sulfate-mg sulf	3	QL	PERTZYE	4	ST
NULEV	4		STRENSIQ	2	PA, QL, SP
OSCIMIN	4		SUCRAID	2	PA, SP
peg 3350-kcl-na bicarb-nacl	1	QL, H	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
peg-3350/electrolytes	1	QL, H	tolvaptan oral tablet therapy pack	2	PA, QL, SP
peg-3350/electrolytes/ascorbat	3	QL	VYNDAMAX	2	PA, QL, SP
peg-kcl-nacl-nasulf-na asc-c	3	QL	VYNDAQEL	2	PA, QL, SP
PLENVU	3	QL	ZENPEP	2	
prucalopride succinate	3	PA, QL	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
RELTONE	E		bethanechol chloride oral	1	
REZDIFFRA	4	PA, QL	calcium acetate (phos binder) oral capsule	1	
ROBINUL ORAL TABLET 1 MG	E		DETROL	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E				
SUFLAVE	3	QL			
SUPREP BOWEL PREP KIT	3	QL			
SUTAB	3				
SYMPROIC	2	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	4	ST
GEMTESA	E	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
VANRAFIA	4	PA, SP
VELPHORO	4	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	

Drug Name	Drug Tier	Requirements & Limits
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	
abigale lo	2	
ACTIVELLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
briellyn	1	H	enpresse-28	1	H
camila	1	H	enskyce	1	H
camrese	1	H	errin	1	H
camrese lo	1	H	est estrogens-methyltest	1	
charlotte 24 fe	1	H	est estrogens-methyltest ds	1	
chateal eq	1	H	est estrogens-methyltest hs	1	
CLIMARA	E	QL	estarylla	1	H
CLIMARA PRO	3	QL	ESTRACE	E	
COMBIPATCH	3	QL	estradiol oral	1	
COVARYX	2		estradiol patch twice weekly	2	QL
COVARYX HS	3		estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
cryselle-28	1	H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
cyred eq	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
dasetta 1/35 (28)	1	H	estradiol vaginal cream	3	
dasetta 7/7/7	1	H	estradiol vaginal tablet	2	
daysee	1	H	estradiol valerate intramuscular	1	
deblitane	1	H	estradiol-norethindrone acet	2	
DELESTROGEN	4		estratest f.s.	1	
delyla	1	H	ESTRATEST H.S.	3	
DEPO-PROVERA	4	QL	ESTRING	2	QL
DEPO-SUBQ PROVERA 104	1	QL, H	ESTROGEL	3	QL
desogestrel-ethinyl estradiol	1	H	ethynodiol diac-eth estradiol	1	H
DIVIGEL	3		etonogestrel-ethinyl estradiol	1	H
dotti	2	QL	EVAMIST	2	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E		falmina	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	fayosim oral tablet 42-21-21-7 days	1	H
drospirenone-ethinyl estradiol	3		feirza 1.5/30	1	H
DUAVEE	3	QL	feirza 1/20	1	H
EEMT	2		FEMRING	3	QL
EEMT HS	3		finzala	1	H
ELESTRIN	3		fyavolv	1	
elinest	1	H	gallifrey	1	
ELLA	1	QL, H	hailey 1.5/30	1	H
eluryng	1	H			
emzabh	1	H			
enilloring	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hailey 24 fe	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
hailey fe 1.5/30	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
hailey fe 1/20	1	H	levonorg-eth estrad triphasic	1	H
haloette	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
iclevia	2	H	LOESTRIN 1.5/30 (21)	E	
incassia	1	H	LOESTRIN 1/20 (21)	E	
introvale	2	H	LOESTRIN FE 1.5/30	E	
isibloom	1	H	LOESTRIN FE 1/20	E	
jaimiess	1	H	lojaimiess	1	H
jasmiel	3		loryna	3	
jencycla	1	H	low-ogestrel	1	H
jinteli	1		lo-zumandimine	3	
jolessa	2	H	luteria	1	H
juleber	1	H	lyleq	1	H
junel 1.5/30	1	H	lyllana	2	QL
junel 1/20	1	H	lyza	1	H
junel fe 1.5/30	1	H	marlissa	1	H
junel fe 1/20	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
junel fe 24	1	H	medroxyprogesterone acetate oral	1	
kalliga	1	H	megestrol acetate oral tablet	1	
kariva	1	H	meleya	1	H
kelnor 1/35	1	H	MENOSTAR	3	QL
kelnor 1/50	1	H	mibelas 24 fe	1	H
kurvelo	1	H	microgestin 1.5/30	1	H
larin 1.5/30	1	H	microgestin 1/20	1	H
larin 1/20	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
larin 24 fe	1	H	microgestin fe 1.5/30	1	H
larin fe 1.5/30	1	H	microgestin fe 1/20	1	H
larin fe 1/20	1	H	mili	1	H
leena	1	H	mimvey	1	
lessina	1	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonest	1	H			
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H			
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
ocella	3	
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	2	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
violele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	

Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPROM	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
JATENZO	E	QL
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL (generic Androgel Pump)

Drug Name	Drug Tier	Requirements & Limits
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
TLANDO	E	PA, QL
UNDECATREX	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADBRY	2	PA, QL, SP	methotrexate sodium injection solution	1	
AMJEVITA	2	PA, QL, SP	methotrexate sodium oral	1	
ARAVA	E		mycophenolate mofetil oral capsule	1	
AZASAN	4		mycophenolate mofetil oral tablet	1	
azathioprine oral tablet 100 mg, 75 mg	3		mycophenolate sodium	2	
azathioprine oral tablet 50 mg	1		mycophenolic acid	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	MYFORTIC	E	
BIMZELX	3	PA, ST, QL, SP	MYHIBBIN	1	
CELLCEPT ORAL CAPSULE	E		NEORAL ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E		OLUMIANT	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP	OMVOH SUBCUTANEOUS	2	PA, QL, SP
CINRYZE	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
COSENTYX	2	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
cyclosporine modified oral capsule	1		OTEZLA	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	OTREXUP	E	QL
ENBREL	2	PA, QL, SP	PROGRAF ORAL CAPSULE	4	
ENBREL MINI	2	PA, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
ENBREL SURECLICK	2	PA, QL, SP	RASUVO	2	QL
ENTYVIO PEN	2	PA, (SUBCUTANEOUS, QL, SP)	RINVOQ	2	PA, QL, SP
ENVARUSUS XR	E		RUCONEST	4	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3		SIMPONI	2	PA, QL, SP
engraft oral capsule	1		sirolimus oral tablet	1	
HAEGARDA	2	PA, QL, SP	SKYRIZI	2	PA, QL, SP
HUMIRA	E	PA, QL, SP	SOTYKTU	2	PA, QL, SP
HYFTOR	4	PA, QL	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
IMURAN	E		STEQUEYMA SUBCUTANEOUS	2	PA, QL, SP
JYLAMVO	4	PA	tacrolimus oral	1	
KEVZARA	4	PA, ST, QL, SP	TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
leflunomide oral	1		TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
LITFULO	3	PA, QL, SP	TREMFYA	2	PA, QL, SP
LUPKYNIS	4	PA, QL, SP	TREXALL	2	
methotrexate sodium (pf)	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSCO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIRECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	QL
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	

Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	4	
SENSIPAR	E	
YORVIPATH	4	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMYY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL OPTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPTHALMIC SOLUTION 0.25 %, 0.5 %	4	

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	4	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER PLS FLOVU MTHPIECE	3		budesonide inhalation	2	QL
AEROCHAMBER PLUS FLO-VU	3		budesonide-formoterol fumarate	E	QL, RS
AEROCHAMBER PLUS FLO-VU INTERM	3		COMBIVENT RESPIMAT	3	QL
AEROCHAMBER PLUS FLO-VU LARGE	3		DALIRESP	E	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3		DULERA	E	ST, QL
AEROCHAMBER PLUS FLO-VU SMALL	3		EASIVENT	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3		EASIVENT MASK LARGE	3	
AEROCHAMBER2GO ANTI-STATIC	3		EASIVENT MASK MEDIUM	3	
AIRDUO RESPICLICK	E	QL	EASIVENT MASK SMALL	3	
AIRSUPRA	3	QL	FASENRA PEN	4	PA, QL, SP
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	FLEXICHAMBER	3	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
albuterol sulfate oral syrup 2 mg/5ml	1		FLUTICASONE PROPIONATE HFA	E	QL
ANORO ELLIPTA	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ARNUITY ELLIPTA	1	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
ASMANEX HFA	E	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ATROVENT HFA	3	QL	INSPIREASE	3	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	3		ipratropium-albuterol	2	
BREATHE COMFORT CHAMBER/CHILD	3		levalbuterol hcl inhalation	3	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breynd	E	QL, RS	MICROCHAMBER	3	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral packet	2	
			montelukast sodium oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA, QL, SP
PERFORMIST	4	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
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wixela inhub	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	QL
DAYVIGO	E	QL
doxepin hcl oral tablet	E	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	QL
ramelteon	3	QL

Drug Name	Drug Tier	Requirements & Limits
RESTORIL	4	
ROZEREM	E	QL
SILENOR	E	QL
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
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zolpidem tartrate oral tablet	1	

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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባሮች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি বাংলায় (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថ្លៃ និងការទំនាក់ទំនងគតិកថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខគតិកថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說中文 (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais lus Hmoob (Hmong), muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti Ilocano (Ilocano), magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla italiano (Italian), può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویتان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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