



Your 2026 Prescription Drug List

Traditional 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, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 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. Mainly preferred brand-name 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.	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) ¹ – 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 ² – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ³ – 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. ²

1. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

2. Not applicable to certain Student Resources plans.

3. Not applicable to Student Resources plans.



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	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
acetaminophen-codeine oral tablet	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
apap-caff-dihydrocodeine	1	QL	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ascomp-codeine	1	QL	hydromorphone hcl oral tablet	1	QL
bac (bitalbital-acetamin-caff)	1	QL	JOURNAVX	4	QL
BELBUCA	3	PA, QL	lidocaine external ointment 5 %	1	QL
BUPAP ORAL TABLET 50-300 MG	E		lidocaine external patch 5 %	1	PA, QL
buprenorphine	1	PA, QL	lidocaine-prilocaine external cream	1	
butalbital-acetaminophen oral tablet 50-300 mg	E		LIDODERM	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		methadone hcl oral tablet	1	PA, QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL	morphine sulfate er oral tablet extended release	1	PA, QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	morphine sulfate oral tablet	1	QL
butalbital-apap-caffeine	1	QL	MS CONTIN	E	QL
butalbital-asa-caff-codeine	1	QL	NUCYNTA	4	QL
butalbital-aspirin-caffeine	1		NUCYNTA ER	3	PA, QL
butorphanol tartrate nasal	1	QL	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	QL
BUTRANS	E	QL	oxycodone hcl oral capsule	1	QL
DILAUDID ORAL TABLET	E	QL	oxycodone hcl oral solution	1	QL
endocet	1	QL	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL			
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	QL			
FIORICET	4	QL			
FIORICET/CODEINE	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1%	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	1	

Drug Name	Drug Tier	Requirements & Limits
FELDENE ORAL CAPSULE 20 MG	4	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sulfamethoxazole-trimethoprim oral tablet	1		carbamazepine oral tablet chewable	1	
sulfatrim pediatric	1		CARBATROL	4	
TARGADOX	E		clobazam oral suspension 2.5 mg/ml	1	PA
tetracycline hcl oral capsule	1		clobazam oral tablet	1	PA
tinidazole oral	1		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	1	
XENLETA ORAL TABLET 600 MG	3		divalproex sodium oral	1	
XIFAXAN	3	PA, QL	ELEPSIA XR	E	
ZITHROMAX	4		EPIDIOLEX	3	PA, SP
ZYVOX ORAL TABLET	E		epitol	1	
Anticoagulants - Drugs to Treat or Prevent Blood Clots			eslicarbazepine acetate	1	PA
dabigatran etexilate mesylate	1	QL	ethosuximide oral	1	
ELIQUIS TABLET	2	QL	FYCOMPA ORAL SUSPENSION	4	PA
enoxaparin sodium injection solution prefilled syringe	1	QL	FYCOMPA ORAL TABLET	3	PA
jantoven	1		gabapentin oral capsule	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL	gabapentin oral solution 250 mg/5ml	1	
PRADAXA ORAL CAPSULE	E	QL	GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
rivaroxaban	1	QL	gabapentin oral tablet 600 mg, 800 mg	1	
warfarin sodium oral	1		GABARONE	E	
XARELTO	2	QL	KEPPRA ORAL	4	PA
Anticonvulsants - Drugs for Seizures			KEPPRA XR	4	PA
APTIOM	4	PA	lacosamide oral	1	
BRIVIACT ORAL TABLET	3	PA	LAMICTAL	4	PA
carbamazepine er	1		LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
carbamazepine oral tablet	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TRILEPTAL	4	PA
lamotrigine er	1		TROKENDI XR	E	
lamotrigine oral tablet	1		valproic acid oral capsule	1	
lamotrigine oral tablet chewable	1		valproic acid oral solution 250 mg/5ml	1	
lamotrigine oral tablet dispersible	1	PA	VALTOCO	3	PA, QL
levetiracetam er	1		VIMPAT ORAL	4	PA
levetiracetam oral solution	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
levetiracetam oral tablet	1		ZARONTIN	4	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL	ZONEGRAN	4	PA
MOTPOLY XR	3	PA	zonisamide oral	1	
MYSOLINE	2	PA	Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
NAYZILAM	3	PA, QL	ARICEPT	E	
NEURONTIN	4	PA	donepezil hcl oral tablet	1	
ONFI	4	PA	EXELON	E	
oxcarbazepine	1		memantine hcl er	1	
oxcarbazepine er	E		memantine hcl oral tablet	1	
perampanel	1	PA	NAMENDA ORAL TABLET 10 MG, 5 MG	E	
phenobarbital oral tablet	1		NAMENDA TITRATION PAK	E	
phenytek	1		NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
primidone oral tablet 125 mg	1	PA	rivastigmine	1	
primidone oral tablet 250 mg, 50 mg	1		rivastigmine tartrate	1	
roweepra	1		Antidepressants - Drugs for Depression		
subvenite	1		amitriptyline hcl oral	1	
SYMPAZAN	4	PA	ANAFRANIL	E	
TEGRETOL ORAL TABLET	4		AUVELITY	4	ST, QL
TEGRETOL-XR	4		bupropion hcl er (sr)	1	
TOPAMAX	4	PA	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
TOPAMAX SPRINKLE	4	PA	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
topiramate er oral capsule extended release 24 hour	E		bupropion hcl oral	1	
topiramate oral capsule sprinkle	1				
topiramate oral tablet	1				

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ondansetron odt oral tablet dispersible 16 mg	E		nyamyc	1	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1		nystatin external	1	QL
perphenazine oral	1		nystatin mouth/throat	1	
prochlorperazine maleate oral	1		nystatin oral	1	
promethazine hcl oral solution	1		nystatin-triamcinolone	1	
promethazine hcl oral tablet	1		nystop	1	QL
promethazine hcl rectal	1		posaconazole oral tablet delayed release	1	
PROMETHEGAN	3		SPORANOX	4	QL
REGLAN	4		terbinafine hcl oral	1	
scopolamine	1		terconazole	1	
TRANSDERM-SCOP	E		TOLSURA	E	
TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS			VFEND ORAL TABLET 200 MG	4	QL
Antifungals - Drugs for Fungal Infections			VFEND ORAL TABLET 50 MG	3	QL
ciclodan	1		VIVJOA	3	PA, QL
ciclopirox external	1		voriconazole oral tablet	1	QL
ciclopirox olamine external cream	1		Antigout Agents - Drugs for Gout		
clotrimazole mouth/throat	1		allopurinol oral tablet 100 mg, 300 mg	1	
CRESEMBA ORAL	3		allopurinol oral tablet 200 mg	E	
DIFLUCAN	E		colchicine oral	1	
econazole nitrate external	1		colchicine-probenecid	1	
fluconazole oral	1		COLCRYS ORAL TABLET 0.6 MG	E	
griseofulvin microsize oral suspension	1		febuxostat	1	
GYNAZOLE-1	3		MITIGARE	2	
itraconazole oral capsule	1	QL	probenecid	1	
JUBLIA	4	PA, ST, QL	ULORIC	E	
ketoconazole external cream	1	QL	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
ketoconazole external shampoo	1		Antimigraine Agents - Drugs for Migraines		
ketoconazole oral	1		AIMOVIG	2	PA, ST, QL
klayesta	1	QL	AJOVY	E	ST, QL
LOPROX EXTERNAL SHAMPOO 1 %	E		eletriptan hydrobromide	1	QL
NOXAFIL ORAL TABLET DELAYED RELEASE	E		EMGALITY	2	PA, ST, QL
			frovatriptan succinate	1	QL
			IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
IMITREX ORAL	E	QL	isoniazid oral tablet	1	
IMITREX STATDOSE SYSTEM	E	QL	MYAMBUTOL ORAL TABLET 400 MG	4	
MAXALT	E	QL	rifampin oral	1	
MAXALT-MLT	E	QL	Antineoplastics - Drugs for Cancer		
naratriptan hcl	1	QL	abiraterone acetate oral tablet 250 mg	1	QL, SP
NURTEC	2	PA, ST, QL	abiraterone acetate oral tablet 500 mg	E	QL, SP
QULIPTA	2	PA, ST, QL	ABIRTEGA	E	QL, SP
RELPAK	E	QL	ALECENSA	2	PA, QL, SP
REYVOW	4	PA, ST, QL	ALUNBRIG	2	PA, QL, SP
rizatriptan	1	QL	anastrozole oral	1	H-PA
sumatriptan nasal	1	QL	ARIMIDEX	E	
sumatriptan succinate oral	1	QL	AROMASIN	E	
sumatriptan succinate subcutaneous solution auto-injector	1	QL	AUGTYRO	2	PA, QL, SP
TOSYMRA	E	QL	BESREMI	4	PA, QL, SP
UBRELVY	2	PA, ST, QL	bicalutamide	1	
ZAVZPRET	4	PA, ST, QL	BRUKINSA	3	PA, ST, QL, SP
ZEMBRACE SYMTOUCH	E	QL	CABOMETYX	2	PA, QL, SP
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL	CALQUENCE	2	PA, QL, SP
zolmitriptan nasal solution 5 mg	E	QL	capecitabine	1	QL, SP
zolmitriptan oral	1	QL	CASODEX	E	
ZOMIG NASAL SOLUTION 2.5 MG	3	QL	COTELLIC	2	PA, QL, SP
ZOMIG NASAL SOLUTION 5 MG	1	QL	dasatinib	1	PA, QL, SP
ZOMIG ORAL TABLET 5 MG	E	QL	ERIVEDGE	2	PA, QL, SP
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis			ERLEADA	2	PA, QL, SP
MESTINON ORAL TABLET	E		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
pyridostigmine bromide oral tablet 30 mg	E		exemestane	1	H-PA
pyridostigmine bromide oral tablet 60 mg	1		EXKIVITY ORAL CAPSULE 40 MG	4	SP
ZILBRYSQ	4	PA, QL, SP	FEMARA	E	
Antimycobacterials - Drugs to Treat Infections			GAVRETO	4	PA, QL, SP
dapsone oral	1		GLEEVEC	E	QL, SP
ethambutol hcl oral	1		HYDREA	E	
			hydroxyurea oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
IBRANCE ORAL TABLET	4	PA, ST, QL, SP	TASIGNA	E	ST, QL, SP
ICLUSIG	3	PA, QL, SP	temozolomide	1	SP
IDHIFA	2	PA, QL, SP	torpenz	1	PA, QL, SP
imatinib mesylate oral	1	QL, SP	TRUQAP ORAL TABLET	2	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP	VENCLEXTA	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	QL, SP	VERZENIO	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP	VITRAKVI	2	PA, QL, SP
IMKELDI	4	PA, QL, SP	XELODA	E	QL, SP
JAKAFI	2	PA, QL, SP	XTANDI	2	PA, QL, SP
KISQALI	2	PA, QL, SP	ZEJULA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP	ZELBORAF	2	PA, QL, SP
lenalidomide	1	PA, QL, SP	ZYTIGA	E	QL, SP
letrozole oral	1	H-PA	Antiparasitics - Drugs for Parasitic Infections		
leucovorin calcium oral	1		ARAKODA	4	QL
LUMAKRAS	4	PA, QL, SP	atovaquone	1	
LYNPARZA	2	PA, QL, SP	atovaquone-proguanil hcl	1	
mercaptopurine oral tablet	1		ELIMITE	4	
nilotinib hcl	1	PA, ST, QL, SP	hydroxychloroquine sulfate oral	1	
NUBEQA	2	PA, QL, SP	ivermectin oral tablet 3 mg	1	PA, QL
ODOMZO	2	PA, QL, SP	ivermectin oral tablet 6 mg	1	PA
ORGOVYX	3	PA, QL, SP	KRINTAFEL	1	QL
PIQRAY	2	PA, QL, SP	MALARONE	4	
POMALYST	3	PA, QL, SP	mefloquine hcl	1	
RETEVMO	4	PA, QL, SP	MEPRON	E	
REVLIMID	2	PA, QL, SP	permethrin external	1	
ROZLYTREK	2	PA, QL, SP	PLAQUENIL	E	
RYDAPT	2	PA, QL, SP	SOVUNA	E	
SCEMBLIX	4	PA, QL, SP	STROMECTOL	4	PA, QL
SPRYCEL	E	QL, SP	Antiparkinson Agents - Drugs for Parkinson's Disease		
STIVARGA	2	PA, QL, SP	amantadine hcl oral capsule	1	
TABRECTA	4	PA, QL, SP	amantadine hcl oral tablet	1	
TAGRISSO	3	PA, QL, SP	AZILECT	E	
tamoxifen citrate oral tablet 10 mg	1		benztropine mesylate oral	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA	bromocriptine mesylate oral tablet	1	
			carbidopa-levodopa er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
carbidopa-levodopa oral tablet	1		paliperidone er	1	QL
CREXONT	4	ST	quetiapine fumarate	1	
DHIVY	E		quetiapine fumarate er	1	
INBRIJA	3	PA, QL, SP	REXULTI	4	QL
NEUPRO	3		RISPERDAL	E	
PARLODEL ORAL TABLET	E		risperidone	1	
pramipexole dihydrochloride	1		SAPHRIS	E	QL
rasagiline mesylate oral	1		SEROQUEL	E	
ropinirole hcl	1		SEROQUEL XR	E	
RYTARY	E	ST	VRAYLAR	4	QL
SINEMET	4		ziprasidone hcl	1	
trihexyphenidyl hcl oral tablet	1		ZYPREXA ORAL	E	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
BRILINTA	E	QL	Antivirals - Drugs for Viral Infections		
cilostazol	1		acyclovir external ointment	1	QL
clopidogrel bisulfate oral	1		acyclovir oral capsule	1	
EFFIENT	E		acyclovir oral suspension 200 mg/5ml	1	
PLAVIX	E		acyclovir oral tablet	1	
prasugrel hcl	1		BARACLUDE ORAL TABLET	E	
ticagrelor	1	QL	BIKTARVY	4	QL
Antipsychotics - Drugs for Mood Disorders			CIMDUO	2	QL
ABILIFY	E		DESCOVY ORAL TABLET 120-15 MG	4	QL
aripiprazole oral solution	1		DESCOVY ORAL TABLET 200-25 MG	4	QL, H
aripiprazole oral tablet	1		DOVATO	2	QL
asenapine maleate	1	QL	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
CAPLYTA	4	PA, ST, QL	emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
chlorpromazine hcl oral tablet	1	QL	entecavir	1	
clozapine oral tablet	1		EPCLUSA ORAL TABLET	2	PA, QL, SP
CLOZARIL	4		famciclovir oral	1	
GEODON ORAL	E		GENVOYA	4	QL
haloperidol oral	1				
INVEGA	E	QL			
LATUDA	E	QL			
lurasidone hcl	1	QL			
olanzapine oral	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HARVONI ORAL TABLET	2	PA, ST, QL, SP	XOFLUZA (80 MG DOSE)	3	QL
ISENTRESS HD	2		ZOVIRAX EXTERNAL OINTMENT	E	QL
ISENTRESS ORAL TABLET	2		Anxiolytics - Drugs for Anxiety		
JULUCA	2	QL	alprazolam er	1	
LAGEVRIO	2	QL	alprazolam oral	1	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	alprazolam xr	1	
MAVYRET ORAL PACKET	2	PA, QL, SP	ATIVAN ORAL	E	
ODEFSEY	4	QL	buspirone hcl oral	1	
oseltamivir phosphate oral	1		chlordiazepoxide hcl	1	
PAXLOVID	2	QL	clonazepam oral	1	
PREVYMIS ORAL TABLET	2	PA	clorazepate dipotassium	1	
PREZCOBIX	2		diazepam oral solution	1	
RUKOBIA	4	PA	diazepam oral tablet	1	
SITAVIG	E	QL	HALCION	4	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	hydroxyzine hcl oral	1	
SYMFI	2	QL	hydroxyzine pamoate oral	1	
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL	KLONOPIN	E	
TAMIFLU	E		lorazepam oral tablet	1	
tenofovir disoproxil fumarate	1	H-PA	triazolam	1	
TIVICAY	3		VALIUM	E	
TRIUMEQ	2	QL	VISTARIL ORAL CAPSULE 25 MG	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL	XANAX	E	
TRUVADA ORAL TABLET 200-300 MG	E	QL	XANAX XR	E	
valacyclovir hcl oral	1	QL	Bipolar Agents - Drugs for Mood Disorders		
VALCYTE ORAL TABLET	E		lithium carbonate er	1	
valganciclovir hcl oral tablet	1		lithium carbonate oral	1	
VALTREX	E	QL	LITHOBID	4	PA
VEMLIDY	E	PA	Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		acebutolol hcl oral	1	
VIREAD ORAL TABLET 300 MG	E		acetazolamide er	1	
VOSEVI	2	PA, QL, SP	acetazolamide oral	1	
XOFLUZA (40 MG DOSE)	3	QL	ALDACTONE	E	
			aliskiren fumarate	1	
			ALTACE	E	
			amiloride hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amiodarone hcl oral	1		carvedilol	1	
amlodipine besylate oral	1		carvedilol phosphate er	E	
amlodipine besylate-benazepril hcl	1		CATAPRES-TTS-1	E	
amlodipine besylate-valsartan	1		CATAPRES-TTS-2	E	
amlodipine-olmesartan	E		CATAPRES-TTS-3	E	
ATACAND	E		chlorthalidone	1	
ATACAND HCT	E		cholestyramine light	1	
atenolol oral	1		cholestyramine oral	1	
atenolol-chlorthalidone	1		clonidine hcl oral	1	
ATORVALIQ	4	PA	clonidine patch	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	colesevelam hcl oral tablet	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		COLESTID ORAL TABLET	4	
AVALIDE	E		colestipol hcl oral tablet	1	
AVAPRO	E		COREG	E	
AZOR	E		COREG CR	E	
benazepril hcl oral	1		CORGARD ORAL TABLET 20 MG, 40 MG	4	
benazepril-hydrochlorothiazide	1		CORLANOR	3	PA, QL
BENICAR	E		COZAAR	E	
BENICAR HCT	E		CRESTOR	E	
BETAPACE	E		digoxin oral tablet	1	
bisoprolol fumarate oral tablet	1		diltiazem hcl er	1	
bisoprolol-hydrochlorothiazide	1		diltiazem hcl er beads	1	
bumetanide oral	1		diltiazem hcl er coated beads	1	
BUMEX	3		diltiazem hcl oral	1	
BYSTOLIC	E		dilt-xr	1	
CAMZYOS	4	PA, QL, SP	DIOVAN	E	
candesartan cilexetil	1		DIOVAN HCT	E	
candesartan cilexetil-hctz	1		dofetilide	1	
captopril oral	1		doxazosin mesylate oral	1	
CARDIZEM	E		EDARBI	E	
CARDIZEM CD	E		EDARBYCLOR	E	
CARDIZEM LA	E		enalapril maleate oral solution	1	PA
CARDURA	4		enalapril maleate oral tablet	1	
cartia xt	1		enalapril-hydrochlorothiazide	1	
			ENTRESTO ORAL TABLET	E	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EPANED	4	PA	irbesartan-hydrochlorothiazide	1	
eplerenone	1		ISORDIL TITRADOSE	E	
EXFORGE	E		isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
ezetimibe	1		isosorbide dinitrate oral tablet 40 mg	E	
ezetimibe-simvastatin	1		isosorbide mononitrate er	1	
felodipine er	1		ivabradine hcl	1	PA, QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1		KAPSPARGO SPRINKLE	4	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		labetalol hcl oral	1	
fenofibrate oral tablet 120 mg, 40 mg	E		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		LANOXIN ORAL TABLET 62.5 MCG	4	
fenofibric acid oral capsule delayed release	1		LASIX	4	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		LIPITOR	E	
flecainide acetate	1		lisinopril oral	1	
fosinopril sodium	1		lisinopril-hydrochlorothiazide	1	
FUROSCIX	4	PA, QL	LIVALO	E	ST
furosemide oral	1		LODOCO	4	QL
gemfibrozil oral	1		LOPID	4	
guanfacine hcl	1		LOPRESSOR ORAL TABLET	4	
HEMANGEOL	3		losartan potassium oral	1	
HEMICLOR	E		losartan potassium-hctz	1	
hydralazine hcl oral	1		LOTENSIN	4	
hydrochlorothiazide oral	1		LOTENSIN HCT	4	
HYZAAR	E		LOTREL	E	
icosapent ethyl	E	PA	lovastatin oral	1	H
indapamide	1		LOVAZA	E	
INDERAL LA	E		matzim la	1	
INSPIRA	E		MAXZIDE ORAL TABLET 75-50 MG	4	
INZIRQO	4	PA	MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
irbesartan	1		metolazone	1	
			metoprolol succinate er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		PACERONE ORAL TABLET 200 MG	4	
metoprolol-hydrochlorothiazide	1		pentoxifylline er	1	
mexiletine hcl oral	1		pitavastatin calcium	E	ST
MICARDIS	E		PRALUENT	E	ST, QL
MICARDIS HCT	E		pravastatin sodium	1	
midodrine hcl	1		prazosin hcl oral	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4		prevalite	1	
minoxidil oral	1		PROCARDIA XL	E	
MULTAQ	4	PA	propafenone hcl	1	
nadolol oral	1		propafenone hcl er	1	
nebivolol hcl	1		propranolol hcl er	1	
NEXLETOL	2	PA, ST, QL	propranolol hcl oral	1	
NEXLIZET	2	PA, ST, QL	QUESTRAN	4	
niacin er (antihyperlipidemic)	1		QUESTRAN LIGHT	4	
nifedipine er	1		ramipril	1	
nifedipine er osmotic release	1		ranolazine er	1	
nifedipine oral	1		RECTIV	4	QL
NITRO-BID	2		REPATHA	2	QL
NITRO-DUR	3		REPATHA PUSHTRONEX SYSTEM	2	QL
nitroglycerin rectal	1	QL	REPATHA SURECLICK	2	QL
nitroglycerin sublingual	1		rosuvastatin calcium oral	1	
nitroglycerin transdermal	1		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
NITROSTAT	4		sacubitril-valsartan	1	PA, QL
NORLIQVA	4	PA	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
NORVASC	E		simvastatin oral tablet 80 mg	1	
olmesartan medoxomil oral	1		SOAANZ	E	QL
olmesartan medoxomil-hctz	1		sotalol hcl oral	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E		spironolactone oral tablet	1	
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL	spironolactone-hctz	1	
omega-3-acid ethyl esters	1		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TEKTURNA	3		VYTORIN	E	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3		WELCHOL ORAL TABLET	E	
telmisartan	1		ZESTORETIC	E	
telmisartan-hctz	1		ZESTRIL	E	
TENORETIC 100	E		ZETIA	E	
TENORETIC 50	E		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
TENORMIN	E		ZIAC ORAL TABLET 5-6.25 MG	4	
THALITONE	E		ZOCOR	E	
tiadylt er	1		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TIAZAC	4		ADDERALL	E	
TIKOSYN	4		ADDERALL XR	E	QL
TOPROL XL	E		ADZENYS XR-ODT	E	QL
toremide	1		amphetamine sulfate	1	
trandolapril	1		amphetamine-dextroamphetamine	1	
triamterene-hctz	1		amphetamine-dextroamphetamine er	1	QL
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E		amphet-dextroamphet 3-bead er	1	QL
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL	APTENSIO XR	E	QL
TRICOR	E		atomoxetine hcl	1	QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E		AZSTARYS	3	ST, QL
VALSARTAN ORAL SOLUTION	4	PA	clonidine hcl er	1	
valsartan oral tablet	1		CONCERTA	E	QL
valsartan-hydrochlorothiazide	1		COTEMPLA XR-ODT	E	QL
VASCEPA	E	PA	DEXEDRINE	E	QL
VASERETIC	E		dexmethylphenidate hcl	1	
VASOTEC	E		dexmethylphenidate hcl er	1	QL
verapamil hcl er	1		dextroamphetamine sulfate er	1	QL
verapamil hcl oral	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
VERELAN	4		dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4		DYANAVAL XR ORAL TABLET EXTENDED RELEASE	E	QL
VERQUVO	4	PA, QL	EVEKEO	E	
VYNDAQEL	2	PA, QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FOCALIN	4		VYVANSE	E	QL
FOCALIN XR	E	QL	ZENZEDI	E	
guanfacine hcl er	1		Central Nervous System Agents - Drugs for Multiple Sclerosis		
INTUNIV	E		AMPYRA	E	QL, SP
JORNAY PM	3	ST, QL	AUBAGIO	E	QL, SP
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E		AVONEX	2	PA, QL, SP
lisdexamfetamine dimesylate	1	QL	BAFIERTAM	2	PA, QL, SP
METADATE CD	E	QL	BETASERON	2	PA, QL, SP
METHYLIN	4		COPAXONE	E	QL, SP
methylphenidate hcl er (cd)	1	QL	dalfampridine er	1	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	QL	dimethyl fumarate oral	1	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL	EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	ST, QL, SP
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL	fingolimod hcl	1	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
methylphenidate hcl er (xr)	E	QL	GILENYA ORAL CAPSULE 0.5 MG	E	QL, SP
methylphenidate hcl er oral tablet extended release	1	QL	glatiramer acetate	1	PA, QL, SP
methylphenidate hcl er oral tablet extended release 24 hour	E	QL	glatopa	1	PA, QL, SP
methylphenidate hcl oral	1		KESIMPTA	2	PA, QL, SP
MYDAYIS	E	QL	MAVENCLAD	3	PA, ST, QL, SP
ONYDA XR	3	QL	MAYZENT	3	PA, QL, SP
QELBREE	E	PA, QL	PLEGRIDY	3	PA, QL, SP
QUILLICHEW ER	E	QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	QL, SP
QUILLIVANT XR	E	QL	teriflunomide	1	PA, QL, SP
RELEXXII	E	QL	VUMERITY	E	PA, QL, SP
RITALIN	E		Central Nervous System Agents - Miscellaneous		
RITALIN LA	E	QL	AUSTEDO	2	PA, QL, SP
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL	AUSTEDO XR	2	PA, QL, SP
			INGREZZA	2	PA, QL, SP
			INGREZZA SPRINKLE	2	PA, QL, SP
			LYRICA ORAL CAPSULE	4	PA
			NUDEXTA	2	PA, QL
			pregabalin oral capsule	1	
			RADICAVA ORS	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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

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	

Drug Name	Drug Tier	Requirements & Limits
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	
triamcinolone acetonide mouth/throat	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	
ACANYA	E	QL
accutane	1	
acitretin	1	
ACZONE	E	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	QL
adapalene-benzoyl peroxide external gel	1	QL
ADEINZDE	E	
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnestem	1	
AMZEEQ	4	QL
ARAZLO	E	QL
ATRALIN	E	QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVITA EXTERNAL CREAM 0.025 %	E	QL
azelaic acid external	1	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external lotion	1		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
betamethasone dipropionate aug external ointment	1		clindamycin phosphate external lotion	1	
betamethasone dipropionate external	1		clindamycin phosphate external solution	1	
betamethasone valerate external cream	1		clindamycin phosphate external swab	1	
betamethasone valerate external lotion	1		clobetasol prop emollient base external cream 0.05 %	1	QL
betamethasone valerate external ointment	1		clobetasol propionate e	1	QL
BLANCHE	E		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
CABTREO	E	QL	clobetasol propionate external cream 0.05 %	1	QL
calcipotriene external cream	1	QL	clobetasol propionate external foam	E	QL
calcipotriene external ointment	1		clobetasol propionate external gel	1	QL
calcipotriene external solution	1	QL	clobetasol propionate external liquid	1	QL
CALCITRENE	3		clobetasol propionate external ointment	1	QL
CARAC EXTERNAL CREAM 0.5 %	E		clobetasol propionate external shampoo	E	QL
CIBINQO	2	PA, QL, SP	clobetasol propionate external solution	1	QL
ciclopirox olamine external suspension	1		CLOBEX EXTERNAL SHAMPOO	E	QL
claravis	1		CLOBEX SPRAY	E	QL
CLEOCIN-T	4		clodan	E	QL
clindacin etz external swab	1		clotrimazole external cream	E	
clindacin-p	1		clotrimazole-betamethasone	1	
CLINDAGEL	E	QL	dapsone external	1	QL
clindamycin phos (once-daily) gel 1 % external	1	QL	DERMACINRX UREA	E	
clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL	DERMA-SMOOTH/FS BODY	4	QL
clindamycin phos (twice-daily) gel 1 % external	1	QL	DERMA-SMOOTH/FS SCALP	4	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL	desonide external cream	1	QL
clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL	desonide external lotion	1	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	desonide external ointment	1	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEMLUVIO	2	PA, QL, SP	tazarotene external cream	1	PA, QL
neuac	1	QL	TAZORAC EXTERNAL CREAM	4	PA, QL
NORITATE	E		TOLAK	E	
ONEXTON	E	QL	TOPICORT	4	QL
OPZELURA	4	PA, QL, SP	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
ORACEA	E		tretinoin external cream	1	QL
OVACE PLUS WASH EXTERNAL LIQUID	4		tretinoin external gel	E	QL
OVACE WASH	4		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
PANRETIN	3		triamcinolone acetonide external cream 0.5 %	1	QL
pimecrolimus	1	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	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	1	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	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL	xurea	E	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL	zenatane	1	
TACLONEX EXTERNAL SUSPENSION	1				
tacrolimus external	1	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	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
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	
EVERSENSE 365 SMART TRANSMIT	E	
EVERSENSE E3 SENSOR/ HOLDER	E	
EVERSENSE E3 SMART TRANSMITTER	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	OMNIPOD 5 LIBRE PODS	2	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL	ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	ONETOUCH ULTRA BLUE TEST	E	QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	ONETOUCH ULTRA TEST STRIPS	E	QL
FREESTYLE LIBRE 3 READER	3	PA	ONETOUCH VERIO FLEX SYSTEM KIT	E	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH VERIO KIT W/ DEVICE	E	
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH VERIO TEST STRIPS	E	QL
FREESTYLE TEST	E	QL	TECHLITE INSULIN SYRINGES (Arkray)	2	QL
GLUCOCARD EXPRESSION TEST	E	QL	TECHLITE PEN NEEDLES (Arkray)	2	QL
GLUCOCARD SHINE TEST	E	QL	TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
GLUCOCARD VITAL TEST	E	QL	TEMPO REFILL	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	TEMPO WELCOME	E	
GUARDIAN 4 TRANSMITTER	3	PA, QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	TRUE METRIX GO GLUCOSE METER	E	
GUARDIAN SENSOR 3	3	PA, QL	TRUE METRIX METER	E	
INPEN	3	ST	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	TWIIST REFILL KIT	2	PA, QL
NOVOFINE PEN NEEDLE	2	QL	TWIIST REFILL KIT/INFUSION SET	2	PA, QL
NOVOFINE PLUS PEN NEEDLE	2	QL	TWIIST STARTER KIT	2	PA, QL
NOVOPEN ECHO	3		Diabetes - Insulin		
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	ADMELOG	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL	ADMELOG SOLOSTAR	E	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			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BASAGLAR TEMPO PEN	E	QL	LYUMJEV VIAL	1	QL
HUMALOG CARTRIDGE	2	QL	NOVOLIN 70/30 FLEXPEN	E	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN 70/30 RELION	E	ST, QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL	NOVOLIN 70/30 VIAL	E	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N FLEXPEN	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN N FLEXPEN RELION	E	ST, QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN N RELION	E	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG VIAL	E	QL	NOVOLIN R FLEXPEN	E	ST, QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLIN R FLEXPEN RELION	E	ST, QL
HUMULIN 70/30 VIAL	1	QL	NOVOLIN R RELION	E	ST, QL
HUMULIN N KWIKPEN	2	QL	NOVOLIN R VIAL	E	ST, QL
HUMULIN N VIAL	1	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL	NOVOLOG FLEXPEN RELION	E	ST, QL
HUMULIN R U-500 VIAL	1	QL	NOVOLOG RELION	E	ST, QL
HUMULIN R VIAL	1	QL	NOVOLOG U-100 VIAL	E	ST, QL
INSULIN ASPART	E	ST, QL	TOUJEO MAX SOLOSTAR	2	QL
INSULIN ASPART FLEXPEN	E	ST, QL	TOUJEO SOLOSTAR	2	QL
INSULIN DEGLUDEC FLEXTouch	E	QL	TRESIBA FLEXTouch	E	QL
INSULIN GLARGINE	E	QL	Diabetes - Non-Insulin Agents		
INSULIN GLARGINE MAX SOLOSTAR	E	QL	acarbose oral	1	
INSULIN GLARGINE SOLOSTAR	E	QL	ACTOPLUS MET	4	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL	ACTOS	E	QL
INSULIN LISPRO KWIKPEN	2	QL	ALOGLIPTIN BENZOATE	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL	BAQSIMI ONE PACK	2	QL
INSULIN LISPRO VIAL	1	QL	BAQSIMI TWO PACK	2	QL
LANTUS SOLOSTAR	1	QL	BRENZAVVY	3	ST, QL
LANTUS U-100 VIAL	1	QL	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
LYUMJEV KWIKPEN	2	QL	DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
LYUMJEV TEMPO PEN	E	QL	DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
			FARXIGA	E	ST, QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	
PROMACTA POWDER	4	PA, QL, SP
PROMACTA TABLET	E	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
avanafil	1	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHERA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	4	PA, QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	E	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E	
FLORIVA PLUS	E	
FLOTREX	E	
FLUORIMAX 5000 SENSITIVE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
folic acid oral tablet 1 mg	1		ORACIT	2	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		ORAL CITRATE	2	
klor-con	1		PHOSPHA 250 NEUTRAL	2	
klor-con 10	1		phosphorous	1	
klor-con m10	1		phospho-trin 250 neutral	1	
klor-con m15	1		pnv 27-ca/fe/fa	1	
klor-con m20	1		POKONZA	E	
K-PHOS-NEUTRAL	2		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		potassium chloride crys er	1	
levocarnitine oral solution	1		potassium chloride er	1	
levocarnitine sf	1		potassium chloride oral	1	
LOKELMA	3	PA, QL	potassium citrate er	1	
M-NATAL PLUS	3		prenatal oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal oral tablet 27-1 mg	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		prenatal plus vitamin/mineral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		prenatal vitamins oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1		PRENATE MINI	3	
multivitamin w/fluoride tablet chewable 1 mg oral	E		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	
			TRINATAL RX 1	3	
			TRINATE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
tri-vite/fluoride	1		NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
UROCIT-K 10	4		NEXIUM ORAL PACKET	4	PA, ST, QL
UROCIT-K 15	4		OMECLAMOX-PAK	3	QL
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4		omeprazole oral capsule delayed release	1	
VELTASSA	3	PA, QL	pantoprazole sodium oral tablet delayed release	1	
VITAFOL FE+	3		PEPCID	E	
VITAFOL ULTRA	3		PREVACID	E	QL
VITAFOL-OB	3		PREVACID SOLUTAB	E	ST, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		PROTONIX ORAL TABLET DELAYED RELEASE	E	
VITATHELY WITH GINGER	3		PYLERA	4	QL
wes-phos 250 neutral	1		rabeprazole sodium oral tablet delayed release	1	QL
WESTAB PLUS	E		sucralfate oral	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			VOQUEZNA	4	PA, QL
ACIPHEX	E	QL	VOQUEZNA DUAL PAK	4	ST, QL
bis subcit-metronid-tetracyc	1	QL	VOQUEZNA TRIPLE PAK	4	ST, QL
bismuth/metronidaz/tetracyclin	1	QL	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CARAFATE	E		AMITIZA	E	QL
cimetidine oral	1		ANASPAZ	2	
CYTOTEC	4		BYLVAY	4	PA, QL, SP
DEXILANT	E	QL	BYLVAY (PELLETS)	4	PA, QL, SP
dexlansoprazole	E	QL	chlordiazepoxide-clidinium	1	
esomeprazole magnesium oral capsule delayed release	E	QL	CLENPIQ	3	QL
esomeprazole magnesium oral packet	1	PA, ST, QL	constulose	1	
famotidine oral suspension reconstituted	1		cromolyn sodium oral	1	
famotidine oral tablet 20 mg, 40 mg	E		dicyclomine hcl oral capsule	1	
lansoprazole oral capsule delayed release	E	QL	dicyclomine hcl oral tablet 20 mg	1	
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL	diphenoxylate-atropine oral tablet	1	
misoprostol oral	1		enulose	1	
			GASTROCROM	E	
			gavilyte-c	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	ST, QL
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTEGRITY	E	QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL

Drug Name	Drug Tier	Requirements & Limits
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	4	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK	E	QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tolvaptan oral tablet therapy pack	1	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYENDAQEL	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
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	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	E	
trospium chloride	1	
trospium chloride er	E	
VANRAFIA	4	SP
VELPHORO	4	ST
VESICARE	E	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
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	1	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
aviane	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
AYGESTIN ORAL TABLET 5 MG	4		drospirenone-ethinyl estradiol	1	H
ayuna	1	H	DUAVEE	3	QL
azurette	1	H	EEMT	2	
balziva	1	H	EEMT HS	3	
BEYAZ	E		ELESTRIN	3	
BIJUVA	3		elinest	1	H
blisovi 24 fe	1	H	ELLA	1	QL, H
blisovi fe 1.5/30	1	H	eluryng	1	H
blisovi fe 1/20	1	H	emzahh	1	H
briellyn	1	H	enilloring	1	H
camila	1	H	enpresse-28	1	H
camrese	1	H	enskyce	1	H
camrese lo	1	H	errin	1	H
charlotte 24 fe	1	H	est estrogens-methyltest	1	
chateal eq	1	H	est estrogens-methyltest ds	1	
CLIMARA	E	QL	est estrogens-methyltest hs	1	
CLIMARA PRO	3	QL	estarylla	1	H
COMBIPATCH	3	QL	ESTRACE	E	
COVARYX	2		estradiol oral	1	
COVARYX HS	3		estradiol patch twice weekly	1	QL
cryselle-28	1	H	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	1	
cyred eq	1	H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
dasetta 1/35 (28)	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
dasetta 7/7/7	1	H	estradiol vaginal	1	
daysee	1	H	estradiol valerate intramuscular	1	
deblitane	1	H	estradiol-norethindrone acet	1	
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				
dotti	1	QL			
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H

Drug Name	Drug Tier	Requirements & Limits
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luteru	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
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	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	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	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H

Drug Name	Drug Tier	Requirements & Limits
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
ocella	1	H
PHEXXI	E	
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	1	
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	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
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	1	H
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	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	

Drug Name	Drug Tier	Requirements & Limits
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral	1	
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	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
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 FLEXPRO	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	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	QL
JATENZO	E	QL
KYZATREX	4	PA, QL
NATESTO	E	QL
TESTIM	1	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 transdermal gel 1.62 %	1	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	QL
TLANDO	E	QL
UNDECATREX	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	E	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	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	
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 oral	1	
AMJEVITA	2	PA, QL, SP	mycophenolate mofetil oral capsule	1	
ARAVA	E		mycophenolate mofetil oral tablet	1	
AZASAN	4		mycophenolate sodium	1	
azathioprine oral	1		mycophenolic acid	1	
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	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	1		SIMPONI	2	PA, QL, SP
gengraf 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	QL, SP
IMURAN	E		STEQEYMA 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		USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	QL, SP
methotrexate sodium injection solution	1		WEZLANA	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H

Drug Name	Drug Tier	Requirements & Limits
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	ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ANALPRAM-HC EXTERNAL CREAM	4	QL	PROCTOCORT	E	
ANUCORT-HC	2		PROCTOFOAM HC	2	
ANUSOL-HC EXTERNAL	4		procto-med hc	1	
ANUSOL-HC RECTAL	E		PROCTOSOL HC	4	
APRISO	1		PROCTOZONE-HC	4	
AZULFIDINE	4		SFROWASA	4	
AZULFIDINE EN-TABS	4		sulfasalazine oral	1	
balsalazide disodium	1		UCERIS ORAL	1	
budesonide oral	1		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
CANASA	E		ACTONEL	E	QL
COLAZAL	E		alendronate sodium oral tablet	1	
CORTIFOAM	2		BONSITY	3	PA, SP
DELZICOL	E		EVISTA	E	
DIPENTUM	3		FORTEO	E	SP
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3		FOSAMAX	4	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E		ibandronate sodium oral	1	
hydrocortisone (perianal) external cream 1 %	E		raloxifene hcl	1	H-PA
hydrocortisone (perianal) external cream 2.5 %	1		risedronate sodium oral tablet 150 mg, 35 mg	1	QL
hydrocortisone ace-pramoxine external cream 1-1 %	1		risedronate sodium oral tablet 30 mg, 5 mg	1	
hydrocortisone acetate rectal	1		teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
hydrocort-pramoxine (perianal)	1		TYMLOS	3	PA, SP
LIALDA	E		Metabolic Bone Disease Agents - Other		
mesalamine er oral capsule 0.375 gm	E		calcitriol oral capsule	1	
mesalamine oral capsule delayed release 400 mg	1		cinacalcet hcl	1	
mesalamine oral tablet delayed release 1.2 gm	1		ROCALTROL ORAL CAPSULE	4	
mesalamine oral tablet delayed release 800 mg	E		SENSIPAR	E	
mesalamine rectal enema	1		YORVIPATH	4	PA, QL, SP
mesalamine rectal suppository	1	QL	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
PROCORT	E		ACULAR	4	
			ACULAR LS	4	
			ACUVAIL	E	
			ALREX	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AZASITE	3		moxifloxacin hcl (2x day)	1	
azelastine hcl ophthalmic	1		moxifloxacin hcl ophthalmic	1	
bacitracin-polymyxin b	1		neomycin-polymyxin-dexameth	1	
BESIVANCE	3		NEVANAC	4	
bromfenac sodium (once-daily)	1		OCUFLOX	4	
bromfenac sodium ophthalmic solution 0.07 %	E		ofloxacin ophthalmic	1	
bromfenac sodium ophthalmic solution 0.075 %	E	QL	olopatadine hcl ophthalmic solution 0.1 %	1	
BROMSITE	E	QL	olopatadine hcl ophthalmic solution 0.2 %	E	
ciprofloxacin hcl ophthalmic	1		POLYCIN	3	
dexamethasone sodium phosphate ophthalmic	1		polymyxin b-trimethoprim	1	
diclofenac sodium ophthalmic	1		PRED FORTE	E	
epinastine hcl	1	QL	PRED MILD	3	
erythromycin ophthalmic	1	H-PA	prednisolone acetate ophthalmic	1	
EYSUVIS	4	QL	PREDNISOLONE ACETATE P-F	E	
FLAREX	2		PROLENSA	E	
fluorometholone	1		sulfacetamide sodium ophthalmic solution	1	
FML FORTE	3		TOBRADEX OPHTHALMIC OINTMENT	3	
FML LIQUIFILM	4		TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
gatifloxacin ophthalmic	1		TOBRADEX ST	E	
gentamicin sulfate ophthalmic	1	QL	tobramycin ophthalmic	1	QL
ILEVRO	E		tobramycin-dexamethasone	1	
INVELTYS	3		VIGAMOX	E	
ketorolac tromethamine ophthalmic	1		XDEMYY	4	PA, QL
KLARITY-A	E		ZYLET	3	
LOTEMAX OPHTHALMIC GEL	E		Ophthalmic Agents - Drugs for Glaucoma		
LOTEMAX OPHTHALMIC OINTMENT	3		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
LOTEMAX OPHTHALMIC SUSPENSION	E	QL	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
LOTEMAX SM	3	QL	AZOPT	E	QL
loteprednol etabonate ophthalmic gel	E		BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
loteprednol etabonate ophthalmic suspension	1	QL			
MAXITROL	4				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	4	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
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)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	1	QL
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	QL
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	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	1	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis			hydrocod poli-chlorphe poli er	1	PA, QL
AUVI-Q	2	QL	hydrocodone bit-homatrop mbr oral solution	1	PA, QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2		hydromet	1	PA, QL
epinephrine solution auto-injector	1	QL	HYPERSAL	2	
EPIPEN 2-PAK	E	QL	ipratropium bromide nasal	1	
EPIPEN JR 2-PAK	E	QL	levocetirizine dihydrochloride oral	1	
NEFFY	4	QL	maxi-tuss ac	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			mometasone furoate nasal	1	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1		NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
azelastine hcl nasal solution 0.15 %	E		NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
azelastine-fluticasone	E	QL	ODACTRA	4	PA, QL
benzonatate oral capsule 100 mg, 200 mg	1		olopatadine hcl nasal	1	
benzonatate oral capsule 150 mg	E		PATANASE NASAL SOLUTION 0.6 %	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3		promethazine-codeine	1	PA, QL
bromphen-pseudoeph-dm	1		promethazine-dm	1	
carbinoxamine maleate oral tablet 4 mg	1		pseudoephedrine-bromphen-dm	1	
carbinoxamine maleate oral tablet 6 mg	E		PULMOSAL	2	
cetirizine hcl oral solution	E		RYALTRIS	E	QL
CLARINEX	E		ryvent	E	
cyproheptadine hcl oral	1		sodium chloride inhalation	1	
desloratadine oral tablet	E		XHANCE	E	ST, QL
DYMISTA	E	QL	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
flunisolide nasal	1		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
fluticasone propionate nasal	1	QL	ACCOLATE	4	
g tussin ac	1		ADVAIR DISKUS	E	QL
guaifenesin ac oral syrup 100-10 mg/5ml	1		ADVAIR HFA	3	QL, RS
guaifenesin-codeine	1		AEROCHAMBER HOLDING CHAMBER	2	
HYCODAN ORAL SOLUTION	E	QL	AEROCHAMBER PLS FLOVU MTHPIECE	2	
			AEROCHAMBER PLUS FLO-VU	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER PLUS FLO-VU INTERM	2		COMBIVENT RESPIMAT	3	QL
AEROCHAMBER PLUS FLO-VU LARGE	2		DALIRESP	E	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		DULERA	E	ST, QL
AEROCHAMBER PLUS FLO-VU SMALL	2		EASIVENT	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2		EASIVENT MASK LARGE	2	
AEROCHAMBER2GO ANTI-STATIC	2		EASIVENT MASK MEDIUM	2	
AIRDUO RESPICLICK	E	QL	EASIVENT MASK SMALL	2	
AIRSUPRA	3	QL	FASENRA PEN	4	PA, QL, SP
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	FLEXICHAMBER	2	
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	1	QL
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	2	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	2		ipratropium-albuterol	1	
BREATHE COMFORT CHAMBER/CHILD	2		levalbuterol hcl inhalation	1	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breyna	E	QL, RS	MICROCHAMBER	2	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral	1	
budesonide inhalation	1	QL	NUCALA	4	PA, QL, SP
budesonide-formoterol fumarate	E	QL, RS	PERFOROMIST	4	QL
			PROCHAMBER VHC	2	
			PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
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	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
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

Drug Name	Drug Tier	Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone	1	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	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	
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	1	
metaxalone oral tablet 640 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	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	1	QL
BELSOMRA	4	QL
DAYVIGO	E	QL
doxepin hcl oral tablet	E	QL
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	QL
ramelteon	1	QL
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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labetalol hcl oral.....	22	letrozole oral	18	lidocaine-prilocaine external cream.....	9
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larin 1.5/30.....	40	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	40	LODINE	10
		levora 0.15/30 (28).....	40	LODOCO.....	22
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		levothyroxine sodium oral tablet.	43	LOESTRIN 1.5/30 (21).....	40
				LOESTRIN FE 1/20	40
				LOESTRIN FE 1.5/30	40
				LOFENA.....	10

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LOKELMA	35	LYNPARZA	18	meloxicam oral tablet	10
LOMOTIL	37	LYRICA ORAL CAPSULE	25	memantine hcl er	14
loperamide hcl oral capsule	37	LYUMJEV KWIKPEN	32	memantine hcl oral tablet	14
LOPID	22	LYUMJEV TEMPO PEN	32	MENOPUR	45
LOPRESSOR ORAL TABLET	22	LYUMJEV VIAL	32	MENOSTAR	40
LOPROX EXTERNAL SHAMPOO 1 %	16	lyza	40	MENQUADFI	45
LOPROX EXTERNAL SUSPENSION 0.77 %	28	M		MENVEO	45
lorazepam oral tablet	20	M-M-R II	45	MEPRON	18
loryna	40	M-NATAL PLUS	35	mercaptopurine oral tablet	18
losartan potassium oral	22	MACROBID	12	mesalamine er oral capsule 0.375 gm	46
losartan potassium-hctz	22	MACRODANTIN	12	mesalamine oral capsule delayed release 400 mg	46
LOTEMAX OPHTHALMIC GEL	47	MALARONE	18	mesalamine oral tablet delayed release 1.2 gm	46
LOTEMAX OPHTHALMIC OINTMENT	47	MARINOL	15	mesalamine oral tablet delayed release 800 mg	46
LOTEMAX OPHTHALMIC SUSPENSION	47	marlissa	40	mesalamine rectal enema	46
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LOTENSIN HCT	22	MAVYRET ORAL PACKET	20	METADATE CD	25
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LOTREL	22	maxi-tuss ac	49	metformin hcl er	33
lovastatin oral	22	MAXITROL	47	metformin hcl er (mod)	33
LOVAZA	22	MAXZIDE ORAL TABLET 75-50 MG	22	metformin hcl er (osm)	33
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low-ogestrel	40	MAYZENT	25	metformin hcl oral tablet 625 mg, 750 mg	33
lubiprostone	37	meclizine hcl oral tablet	15	methadone hcl oral tablet	9
LUMAKRAS	18	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	42	methenamine hippurate	12
LUMIGAN	48	MEDROL ORAL TABLET 2 MG	42	methimazole oral	43
LUMRYZ	52	MEDROL ORAL TABLET THERAPY PACK	42	methocarbamol oral tablet 1000 mg	52
LUNESTA	52	medroxyprogesterone acetate intramuscular	40	methocarbamol oral tablet 500 mg, 750 mg	52
LUPKYNIS	44	medroxyprogesterone acetate oral	40	methotrexate sodium (pf)	44
lurasidone hcl	19	mefloquine hcl	18	methotrexate sodium injection solution	44
lutera	40	megestrol acetate oral suspension 40 mg/ml	43		
lyleq	40	megestrol acetate oral tablet	40		

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METHYLIN.....	25	MICARDIS	23	MOVIPREP.....	37
methylphenidate hcl er (cd)	25	MICARDIS HCT.....	23	moxifloxacin hcl (2x day)	47
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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។ ចូរសព្វថ្ងៃមកលេខគតិកថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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