



Your 2026 Prescription Drug List

Advantage 4-Tier

Effective May 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, Student Resources, Health Plan of Nevada, Sierra Health and Life Insurance, UnitedHealthOne, Optimum Choice, Inc. and New Jersey Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 5 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 Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in New Jersey – There may be over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification)³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ – 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.

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. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Diabetic supplies and prescription medications may be subject to different cost-share amounts for New Jersey 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. 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 benefit plan.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. Not applicable to some Neighborhood Health Plans, UnitedHealthcare Freedom Plans, New Jersey Oxford and UnitedHealthOne plans.



Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required for New Jersey Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (bitalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
bitalbital-acetaminophen oral tablet 50-325 mg	1	
bitalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
bitalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
bitalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
bitalbital-apap-caffeine oral tablet	1	QL
bitalbital-asa-caff-codeine	1	QL
bitalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL

Drug Name	Drug Tier	Requirements & Limits
JOURNAVX	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine	2	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	4	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

celecoxib oral	2	
DAYPRO	4	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	4	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	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

Drug Name	Drug Tier	Requirements & Limits
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nicotine mini	1	H	cefdinir	1	
nicotine polacrilex mini	1	H	cefixime oral capsule	3	
nicotine polacrilex mouth/throat	1	H	cefpodoxime proxetil oral tablet	1	
nicotine step 1	1	H	cefprozil	1	
nicotine step 2	1	H	cefuroxime axetil	1	
nicotine step 3	1	H	cephalexin	1	
nicotine transdermal patch 24 hour	1	H	CIPRO ORAL TABLET	4	
OPVEE	1	QL	ciprofloxacin hcl oral	1	
qc nicotine transdermal system	1	H	clarithromycin oral tablet	1	
ra mini nicotine	1	H	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
ra nicotine mouth/throat gum 4 mg	1	H	CLEOCIN ORAL CAPSULE 75 MG	2	
ra nicotine polacrilex	1	H	CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H	CLEOCIN VAGINAL CREAM	4	
REXTOVY	1	QL	clindamycin hcl oral	1	
sm nicotine	1	H	clindamycin palmitate hcl	2	
sm nicotine polacrilex	1	H	clindamycin phosphate vaginal	2	
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H	CLINDESSE	2	
THRIVE	4	H	dicloxacillin sodium	1	
varenicline	3	H	doxycycline hyclate oral capsule	2	
ZIMHI	2	QL	doxycycline hyclate oral tablet 100 mg	2	
ZUBSOLV	2	QL	doxycycline hyclate oral tablet 20 mg	1	
Antibacterials - Drugs for Infections			doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
amoxicillin	1		doxycycline monohydrate oral suspension reconstituted	3	
amoxicillin-potassium clavulanate	1		doxycycline monohydrate oral tablet	1	
ampicillin	1		E.E.S. GRANULES	3	
AVIDOXY	4		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
azithromycin oral packet 1 gm	1		ERYPED 400	4	
BACTRIM	4		erythromycin base oral tablet	1	
BACTRIM DS	4		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefadroxil oral capsule	1				
cefadroxil oral suspension reconstituted	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3		VANCOCIN	4	
fidaxomicin oral tablet	3	QL	vancomycin hcl oral capsule	1	
fosfomycin tromethamine	3		VANDAZOLE	4	
gentamicin sulfate external	1	QL	VIBRAMYCIN ORAL CAPSULE 100 MG	4	
HIPREX	4		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
levofloxacin oral tablet	1		XACIATO	2	QL
LIKMEZ	4		XENLETA ORAL TABLET 600 MG	3	
linezolid oral tablet	2		XEPI	3	QL
MACROBID	4		XIFAXAN	3	PA, QL
MACRODANTIN	4		ZITHROMAX	4	
methenamine hippurate	1		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
metronidazole oral tablet 250 mg, 500 mg	1		dabigatran etexilate mesylate	2	QL
metronidazole vaginal	2		ELIQUIS TABLET	2	QL
minocycline hcl oral capsule	1		enoxaparin sodium injection solution prefilled syringe	2	QL
moxifloxacin hcl oral	3		jantoven	1	
mupirocin cream	3	QL	rivaroxaban	2	QL
mupirocin ointment	1	QL	warfarin sodium oral	1	
neomycin sulfate oral	1		XARELTO	2	QL
nitrofurantoin macrocrystal	1		Anticonvulsants - Drugs for Seizures		
nitrofurantoin monohydrate macrocrystals	1		BRIVIACT ORAL TABLET	3	PA
NUZYRA ORAL	4	QL	carbamazepine er	2	
penicillin v potassium	1		carbamazepine oral tablet	1	
SILVADENE	4		carbamazepine oral tablet chewable	1	
silver sulfadiazine external	1		CARBATROL	4	
ssd	1		clobazam oral suspension 2.5 mg/ml	3	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1		clobazam oral tablet	2	PA
sulfamethoxazole-trimethoprim oral tablet	1		DEPAKOTE	4	PA
sulfatrim pediatric	1		DEPAKOTE ER	4	PA
tetracycline hcl oral capsule	3		DEPAKOTE SPRINKLES	4	PA
tinidazole oral	3		DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
trimethoprim oral	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
lacosamide oral	2	
LAMICTAL	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
perampanel	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
memantine hcl oral tablet	1	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
AUVELITY	4	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	QL

Drug Name	Drug Tier	Requirements & Limits
paroxetine hcl oral tablet	1	
RALDESY	4	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	4	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	

Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	4	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	4	PA, QL, SP
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abirtega	2	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	2	PA, QL, SP
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
GAVRETO	4	PA, QL, SP
hydroxyurea oral	1	
IBRANCE ORAL TABLET	4	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	4	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
tiopronin	2	SP
tiopronin delayed release	2	SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
permethrin external	1	
STROMEKTOL	4	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	E	QL
cilostazol	1	

Drug Name	Drug Tier	Requirements & Limits
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
risperidone	1	
VRAYLAR	4	QL
ziprasidone hcl	2	

Antivirals - Drugs for Viral Infections

acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	2	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL

Drug Name	Drug Tier	Requirements & Limits
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL ORAL CAPSULE 25 MG	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ARBLI	4	PA
atenolol oral	1	
atenolol-chlorthalidone	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ATORVALIQ	4	PA	diltiazem hcl er oral tablet extended release 24 hour	2	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	diltiazem hcl oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		dilt-xr	1	
benazepril hcl oral	1		dofetilide	2	
benazepril-hydrochlorothiazide	1		doxazosin mesylate oral	1	
bisoprolol fumarate oral tablet	1		EDARBI	E	
bisoprolol-hydrochlorothiazide	1		EDARBYCLOR	E	
bumetanide oral	1		enalapril maleate oral solution	3	PA
BUMEX	3		enalapril maleate oral tablet	1	
CAMZYOS	4	PA, QL, SP	enalapril-hydrochlorothiazide	1	
candesartan cilexetil	3		eplerenone	2	
candesartan cilexetil-hctz	3		ezetimibe	2	
captopril oral	1		ezetimibe-simvastatin	3	
CARDURA	4		felodipine er	1	
cartia xt	2		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
carvedilol	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
chlorthalidone	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
cholestyramine light	1		fenofibric acid oral capsule delayed release	2	
cholestyramine oral	1		flecainide acetate	1	
clonidine hcl oral	1		fosinopril sodium	1	
clonidine patch	3		FUROSCIX	4	PA, QL
colesevelam hcl oral tablet	2		furosemide oral	1	
COLESTID ORAL TABLET	4		gemfibrozil oral	1	
colestipol hcl oral tablet	1		guanfacine hcl	1	
CORGARD ORAL TABLET 20 MG, 40 MG	4		HEMANGEOL	3	
CORLANOR	3	PA, QL	hydralazine hcl oral	1	
digoxin oral tablet	1		hydrochlorothiazide oral	1	
diltiazem hcl er beads	2		indapamide	1	
diltiazem hcl er coated beads	2		INZIRQO	4	PA
diltiazem hcl er oral capsule extended release 12 hour	1		irbesartan	1	
diltiazem hcl er oral capsule extended release 24 hour	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
irbesartan-hydrochlorothiazide	1		mexiletine hcl oral	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		midodrine hcl	1	
isosorbide mononitrate er	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
ivabradine hcl	3	PA, QL	minoxidil oral	1	
KAPSPARGO SPRINKLE	4		MULTAQ	4	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL	nadolol oral	1	
labetalol hcl oral	1		nebivolol hcl	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		NEXLETOL	2	PA, ST, QL
LANOXIN ORAL TABLET 62.5 MCG	4		NEXLIZET	2	PA, ST, QL
LASIX	4		niacin er (antihyperlipidemic)	2	
lisinopril oral	1		nifedipine er	1	
lisinopril-hydrochlorothiazide	1		nifedipine er osmotic release	1	
LODOCO	4	QL	nifedipine oral	1	
LOPID	4		NITRO-BID	2	
LOPRESSOR ORAL SOLUTION	4	PA	NITRO-DUR	3	
losartan potassium oral	1		nitroglycerin rectal	3	QL
losartan potassium-hctz	1		nitroglycerin sublingual	1	
LOTENSIN	4		nitroglycerin transdermal	1	
LOTENSIN HCT	4		NITROSTAT	4	
lovastatin oral	1	H	NORLIQVA	4	PA
matzim la	2		olmesartan medoxomil oral	2	
MAXZIDE ORAL TABLET 75-50 MG	4		olmesartan medoxomil-hctz	2	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		omega-3-acid ethyl esters	2	
metolazone	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PACERONE ORAL TABLET 200 MG	4	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		pentoxifylline er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		pravastatin sodium	1	
metoprolol-hydrochlorothiazide	1		prazosin hcl oral	1	
			prevalite	1	
			propafenone hcl	1	
			propafenone hcl er	3	
			propranolol hcl er	2	
			propranolol hcl oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QUESTRAN	4	
QUESTRAN LIGHT	4	
ramipril	1	
ranolazine er	2	
RECTIV	4	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
sacubitril-valsartan	3	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	2	
telmisartan-hctz	2	
TEZRULY	4	PA
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
toremide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan oral solution	4	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA, QL
VYNDAQEL	2	PA, QL, SP
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	4	
guanfacine hcl er	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA: SP
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	
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	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 BOOSTER PLUS	3		betamethasone dipropionate external lotion	1	
PREVIDENT 5000 DRY MOUTH	4		betamethasone dipropionate external ointment	2	
PREVIDENT 5000 KIDS	3		betamethasone valerate external cream	1	
PREVIDENT 5000 ORTHO DEFENSE	3		betamethasone valerate external lotion	1	
PREVIDENT 5000 PLUS	4		betamethasone valerate external ointment	1	
PREVIDENT DENTAL	4		calcipotriene external cream	2	QL
SALAGEN	4		calcipotriene external ointment	2	
sf 5000 plus	1		calcipotriene external solution	1	QL
sf gel 1.1%	1		CALCITRENE	3	
sodium fluoride 5000 plus	1		CIBINQO	2	PA, QL, SP
sodium fluoride 5000 ppm	1		ciclopirox olamine external suspension	1	
sodium fluoride dental	1		claravis	2	
triamcinolone acetonide mouth/throat	1		CLEOCIN-T	4	
Dermatological Agents - Drugs for Skin Conditions			clindacin etz external swab	1	
accutane	2		clindacin-p	1	
acitretin	1		clindamycin phos (once-daily) gel 1 % external	2	QL
adapalene-benzoyl peroxide external gel	3	QL	clindamycin phos (twice-daily) gel 1 % external	2	QL
AKLIEF	4	PA, QL	clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
alclometasone dipropionate	1		clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
amnestem	2		clindamycin phosphate external lotion	3	
AMZEEQ	4	QL	clindamycin phosphate external solution	1	
AVAR CLEANSER	4		clindamycin phosphate external swab	1	
azelaic acid external	3		clobetasol prop emollient base external cream 0.05 %	2	QL
AZELEX	3	QL	clobetasol propionate e	2	QL
BENZAMYCIN	2	QL	clobetasol propionate external cream 0.05 %	2	QL
benzoyl peroxide-erythromycin	1	QL			
betamethasone dipropionate aug external cream	1				
betamethasone dipropionate aug external lotion	3				
betamethasone dipropionate aug external ointment	3				
betamethasone dipropionate external cream	2				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external gel	2	QL	fluocinolone acetonide scalp	3	
clobetasol propionate external liquid	1	QL	fluocinonide external cream 0.05 %	1	
clobetasol propionate external ointment	2	QL	fluocinonide external gel	1	
clobetasol propionate external solution	1	QL	fluocinonide external ointment	1	
clotrimazole-betamethasone	1		fluocinonide external solution	1	
dapsone external	3	QL	fluorouracil external cream 5 %	1	
DERMA-SMOOTH/FS BODY	4	QL	fluticasone propionate external cream	1	
DERMA-SMOOTH/FS SCALP	4		fluticasone propionate external ointment	1	
desonide external cream	2	QL	halobetasol propionate external cream	2	QL
desonide external lotion	3	QL	halobetasol propionate external ointment	2	QL
desonide external ointment	2	QL	hydrocortisone external cream 2.5 %	1	
DESOWEN	3	QL	hydrocortisone external lotion 2.5 %	1	
desoximetasone external cream	1	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
desoximetasone external ointment	3	QL	hydrocortisone valerate external cream	2	QL
diclofenac sodium external gel 3 %	2	PA, QL	imiquimod external cream 5 %	1	
DIPROLENE	4		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
DRYSOL	4		KLARON	4	
DUPIXENT	2	PA, QL, SP	KLISYRI	4	ST, QL
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	METROCREAM	4	
EFUDEX EXTERNAL CREAM 5 %	4		METROLOTION	4	
ENSTILAR	4	QL	metronidazole external cream	1	
ERYGEL	3		metronidazole external gel 0.75 %	1	
erythromycin external	1		metronidazole external lotion	1	
EUCRISA	3	ST, QL	MIRVASO	2	PA, QL
FINACEA EXTERNAL FOAM	4		mometasone furoate external	1	
fluocinolone acetonide body	3	QL	NEMLUVIO	2	PA, QL, SP
fluocinolone acetonide external cream	3	QL	neuac	3	QL
fluocinolone acetonide external ointment	2	QL	OPZELURA	4	PA, QL, SP
fluocinolone acetonide external solution	1	QL			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OVACE PLUS WASH EXTERNAL LIQUID	4		urea external cream 20 %, 40 %, 45 %	1	
OVACE WASH	4		UREMEZ-40	3	
PANRETIN	3		VTAMA	4	PA, QL
pimecrolimus	3	QL	ZELSUVMI	4	PA, QL
podofilox external solution	1		zenatane	2	
RHOFADE	4	PA, QL	ZILXI	4	PA, ST, QL
SANTYL	3	QL	ZORYVE EXTERNAL CREAM 0.15%, 0.3%	4	PA, QL
selenium sulfide external lotion	1		ZORYVE EXTERNAL FOAM	4	PA, QL
sodium sulfacetamide wash	1		Diabetes - Glucose Monitoring and Supplies		
SOOLANTRA	4	QL	ACCU-CHEK AVIVA SOLUTION	1	
sulfacetamide sodium (acne)	1		ACCU-CHEK FASTCLIX LANCET	1	
sulfacetamide sodium external	1		ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		ACCU-CHEK GUIDE KIT W/ DEVICE	2	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		ACCU-CHEK GUIDE ME METER	2	
TACLONEX EXTERNAL SUSPENSION	3	QL	ACCU-CHEK GUIDE TEST STRIPS	2	QL
tacrolimus external	2	QL	ACCU-CHEK SOFTCLIX LANCET	1	
tazarotene external cream	3	PA, QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TAZORAC EXTERNAL CREAM	4	PA, QL	BD AUTOSHIELD DUO PEN NEEDLES	2	QL
TOPICORT	4	QL	BD ULTRA-FINE PEN NEEDLES	2	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
tretinoin external cream	3	QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		BD-ULTRA FINE INSULIN SYRINGES	2	
triamcinolone acetonide external cream 0.5 %	1	QL	CEQUR SIMPLICITY 2U 8PK	3	ST
triamcinolone acetonide external lotion	1		CONTOUR NEXT EZ KIT W/ DEVICE	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		CONTOUR NEXT GEN MONITOR KIT	1	
triderm	1	QL	CONTOUR NEXT MONITOR KIT W/DEVICE	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE KIT	1		NOVOFINE PLUS PEN NEEDLE	2	QL
CONTOUR NEXT TEST STRIPS	1		NOVOPEN ECHO	3	
CONTOUR PLUS BLUE KIT W/ DEVICE	1		OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
CONTOUR PLUS TEST STRIP	1	QL	OMNIPOD 5 DEXCOM PODS	2	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL	OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL	OMNIPOD 5 LIBRE PODS	2	PA, QL
DEXCOM G7 SENSOR	3	PA, QL	TECHLITE INSULIN SYRINGES (Arkray)	2	QL
EMBECTA INSULIN SYRINGE	2	QL	TECHLITE PEN NEEDLES (Arkray)	2	QL
ENLITE GLUCOSE SENSOR	3	PA	TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	TWIIST REFILL KIT	2	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	TWIIST REFILL KIT/INFUSION SET	2	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	TWIIST STARTER KIT	2	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL	Diabetes - Insulin		
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	HUMALOG CARTRIDGE	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	HUMALOG KWIKPEN	2	QL
FREESTYLE LIBRE 3 READER	3	PA	HUMALOG MIX 50/50 KWIKPEN	2	QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
FREESTYLE LIBRE READER	3	PA, QL	HUMALOG MIX 75/25 KWIKPEN	2	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	HUMALOG MIX 75/25 VIAL	1	QL
GUARDIAN 4 TRANSMITTER	3	PA, QL	HUMALOG U-100 JUNIOR KWIKPEN	2	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	HUMULIN 70/30 KWIKPEN	2	QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	HUMULIN 70/30 VIAL	1	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	HUMULIN N KWIKPEN	2	QL
GUARDIAN SENSOR 3	3	PA, QL	HUMULIN N VIAL	1	QL
INPEN	3	ST	HUMULIN R U-500 KWIKPEN	2	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	HUMULIN R U-500 VIAL	1	QL
NOVOFINE PEN NEEDLE	2	QL	HUMULIN R VIAL	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BRENZAVVY	3	ST, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
BYETTA	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
glucagon emergency kit 1 mg injection	2	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	4	
glyburide oral	1	

Drug Name	Drug Tier	Requirements & Limits
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	2	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADYNOVATE	4	SP
AFSTYLA	4	SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	4	SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTelet	4	PA, QL, SP
ELOCTATE	4	SP
eltrombopag powder	3	PA, QL: 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
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
PROMACTA POWDER	4	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP

Drug Name	Drug Tier	Requirements & Limits
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, 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	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
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	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		QUFLORA PEDIATRIC	3	
levocarnitine oral solution	1		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
levocarnitine sf	1		sod fluoride-potassium nitrate	1	
LOKELMA	3	PA, QL	sodium fluoride 5000 enamel	1	
M-NATAL PLUS	3		sodium fluoride 5000 sensitive	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		sodium fluoride oral solution	1	H
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		sodium fluoride oral tablet chewable	1	H
multivitamin w/fluoride tablet chewable 1 mg oral	1		TRICARE ORAL TABLET	3	
multi-vitamin/fluoride	1		TRINATAL RX 1	3	
multivitamin/fluoride oral tablet chewable	1		TRINATE	3	
NASCOBAL	3		tri-vite/fluoride	1	
NEONATAL COMPLETE	3		UROCIT-K 10	4	
NEONATAL PLUS	3		UROCIT-K 15	4	
NIVA-PLUS	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
ONE VITE WOMENS PLUS	3		VELTASSA	3	PA, QL
ORACIT	2		VITAFOL FE+	3	
ORAL CITRATE	2		VITAFOL ULTRA	3	
PHOSPHA 250 NEUTRAL	2		VITAFOL-OB	3	
phosphorous	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
phospho-trin 250 neutral	1		VITATHELY WITH GINGER	3	
pnv 27-ca/fe/fa	1		wes-phos 250 neutral	1	
potassium chloride crys er	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
potassium chloride er	1		bis subcit-metronid-tetracyc	3	QL
potassium chloride oral	1		bismuth/metronidaz/tetracyclin	3	QL
potassium citrate er	1		cimetidine oral	1	
prenatal oral tablet 27-1 mg	1		CYTOTEC	4	
prenatal plus	1		esomeprazole magnesium oral packet	3	PA, ST, QL
prenatal plus vitamin/mineral	1		famotidine oral suspension reconstituted	1	
PRENATE MINI	3				
PREVIDENT 5000 ENAMEL PROTECT	3				
PREVIDENT 5000 SENSITIVE	3				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements & Limits
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
lubiprostone	2	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
REZDIFFRA	4	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
levocarnitine oral tablet	1	
ORFADIN	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
tolvaptan oral tablet therapy pack	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	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	
ELMIRON	4	ST
mirabegron er	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

Drug Name	Drug Tier	Requirements & Limits
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tropium chloride	3	
VANRAFIA	4	PA, QL, SP
VELPHORO	4	ST
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	
abigale lo	2	
ACTIVEVILLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
aurovela fe 1.5/30	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aurovela fe 1/20	1	H	drospirenone-ethinyl estradiol	3	
aviane	1	H	DUAVEE	3	QL
AYGESTIN ORAL TABLET 5 MG	4		EEMT	2	
ayuna	1	H	EEMT HS	3	
azurette	1	H	ELESTRIN	3	
balziva	1	H	elinest	1	H
BIJUVA	3		ELLA	1	QL, H
blisovi 24 fe	1	H	eluryng	1	H
blisovi fe 1.5/30	1	H	emzahh	1	H
blisovi fe 1/20	1	H	enilloring	1	H
briellyn	1	H	enpresse-28	1	H
camila	1	H	enskyce	1	H
camrese	1	H	errin	1	H
camrese lo	1	H	est estrogens-methyltest	1	
charlotte 24 fe	1	H	est estrogens-methyltest ds	1	
chateal eq	1	H	est estrogens-methyltest hs	1	
CLIMARA PRO	3	QL	estarylla	1	H
COMBIPATCH	3	QL	estradiol oral	1	
conjugated estrogen oral	3		estradiol patch twice weekly	2	QL
COVARYX	2		estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
COVARYX HS	3		estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
cryselle-28	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
cyred eq	1	H	estradiol vaginal cream	3	
dasetta 1/35 (28)	1	H	estradiol vaginal tablet	2	
dasetta 7/7/7	1	H	estradiol valerate intramuscular	1	
daysee	1	H	estradiol-norethindrone acet	2	
deblitane	1	H	estratest f.s.	1	
DELESTROGEN	4		ESTRATEST H.S.	3	
delyla	1	H	ESTRING	2	QL
DEPO-PROVERA	4	QL			
DEPO-SUBQ PROVERA 104	1	QL, H			
desogestrel-ethinyl estradiol	1	H			
DIVIGEL	3				
dotti	2	QL			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ESTROGEL	3	QL	kelnor 1/35	1	H
ethynodiol diac-eth estradiol	1	H	kelnor 1/50	1	H
etonogestrel-ethinyl estradiol	1	H	kurvelo	1	H
EVAMIST	2		larin 1.5/30	1	H
falmina	1	H	larin 1/20	1	H
fayosim oral tablet 42-21-21-7 days	1	H	larin 24 fe	1	H
feirza 1.5/30	1	H	larin fe 1.5/30	1	H
feirza 1/20	1	H	larin fe 1/20	1	H
FEMRING	3	QL	leena	1	H
finzala	1	H	lessina	1	H
fyavolv	1		levonest	1	H
gallifrey	1		levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
hailey 1.5/30	1	H	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
hailey 24 fe	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
hailey fe 1.5/30	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
hailey fe 1/20	1	H	levonorg-eth estrad triphasic	1	H
haloette	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
iclevia	2	H	lojaimiess	1	H
incassia	1	H	loryna	3	
introvale	2	H	low-ogestrel	1	H
isibloom	1	H	lo-zumandimine	3	
jaimiess	1	H	lutura	1	H
jasmiel	3		lyleq	1	H
jencycla	1	H	lyllana	2	QL
jinteli	1		lyza	1	H
jolessa	2	H	marlissa	1	H
juleber	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
junel 1.5/30	1	H	medroxyprogesterone acetate oral	1	
junel 1/20	1	H	megestrol acetate oral tablet	1	
junel fe 1.5/30	1	H			
junel fe 1/20	1	H			
junel fe 24	1	H			
kalliga	1	H			
kariva	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
meleya	1	H	nortrel 1/35 (21)	1	H
MENOSTAR	3	QL	nortrel 1/35 (28)	1	H
mibelas 24 fe	1	H	nortrel 7/7/7	1	H
microgestin 1.5/30	1	H	nylia 1/35	1	H
microgestin 1/20	1	H	nylia 7/7/7	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nymyo oral tablet 0.25-35 mg-mcg	1	H
microgestin fe 1.5/30	1	H	ocella	3	
microgestin fe 1/20	1	H	philith	1	H
mili	1	H	pimtrea	1	H
mimvey	1		portia-28	1	H
mono-linyah	1	H	PREMARIN ORAL	3	
MYFEMBREE	2	PA, QL	PREMARIN VAGINAL	3	
NATAZIA	1		PREMPHASE	3	
necon 0.5/35 (28)	1	H	PREMPRO	3	
nikki	3		progesterone intramuscular	1	
nora-be	1	H	progesterone oral	2	
norelgestromin-eth estradiol	3	H	PROVERA	4	
norethin ace-eth estrad-fe oral tablet	1	H	reclipsen	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H	rivelsa	1	H
norethindrone acetate oral	1		rosyrah	1	H
norethindrone acet-ethinyl est	1	H	setlakin	2	H
norethindrone oral	1	H	sharobel	1	H
norethindrone-eth estradiol	1		simliya	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	simpesse	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	SLYND	4	PA, ST
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		sprintec 28	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	sronyx	1	H
norlyroc	1	H	syeda	3	
nortrel 0.5/35 (28)	1	H	tarina 24 fe	1	H
			tarina fe 1/20 eq	1	H
			tilia fe	1	H
			tri-estarylla	1	H
			tri-legest fe	1	H
			tri-linyah	1	H
			tri-lo-estarylla	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral elixir	1	

Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
fludrocortisone acetate oral	1	
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 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA: SP
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 FLEXPOR	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL (generic Androgel Pump)
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
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
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule	1	
HAEGARDA	2	PA, QL, SP
HUMIRA*	E	PA, QL, SP
HYFTOR	4	PA, QL
JYLAMVO	4	PA
KEVZARA	4	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



Drug Name	Drug Tier	Requirements & Limits
LUPKYNIS	4	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Vaccination		
ABRYSVO	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
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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

Infertility Agents

CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	QL, SP
GONAL-F	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
progesterone suppository	2	

Inflammatory Bowel Disease Agents

ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	

Drug Name	Drug Tier	Requirements & Limits
ANALPRAM-HC EXTERNAL CREAM	4	QL
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	4	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	
risedronate sodium oral tablet 30 mg, 5 mg	3	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTRON ORAL CAPSULE	4	
YORVIPATH	4	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	

Drug Name	Drug Tier	Requirements & Limits
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMYY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
TRYPTYR	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
NEFFY	4	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
ciproheptadine hcl oral	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
sodium chloride inhalation	1	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ADULT	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BREATHE COMFORT CHAMBER/CHILD	3	
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL, SP
FLEXICHAMBER	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	4	QL
PROCHAMBER VHC	3	
QVAR REDIHALER	1	QL
roflumilast	2	QL

Drug Name	Drug Tier	Requirements & Limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	4	PA, QL, SP
pirfenidone	2	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	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	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
TANLOR	3	
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Sleep Disorder Agents

armodafinil	2	QL
BELSOMRA	4	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL

Drug Name	Drug Tier	Requirements & Limits
RESTORIL	4	
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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See page 5-7 for coverage details.



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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.

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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