



Your 2025 Prescription Drug List

Advantage 3-Tier

Effective May 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Level2, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-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 can help you pay your lowest 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.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option 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 coverage requirements or limits. Your plan sets how these medications may be covered for you.

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

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford 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 consult plan documents regarding benefit 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			FIORICET	3	QL
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL	FIORICET/CODEINE	E	QL
acetaminophen-codeine oral tablet	1	QL	GEN7T EXTERNAL PATCH 3.5 %	E	
ALLZITAL	E	QL	glydo	1	
apap-caff-dihydrocodeine	3	QL	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
ascomp-codeine	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
bac	1	QL	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
BELBUCA	3	PA, QL	hydrocodone-ibuprofen	1	QL
BUPAP ORAL TABLET 50-300 MG	E	QL	hydromorphone hcl oral tablet	1	QL
buprenorphine	3	PA, QL	lidocaine external ointment 5 %	2	QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL	lidocaine external patch 5 %	3	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL	lidocaine hcl urethral/mucosal	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL	lidocaine-prilocaine external cream	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	LIDOCAN	E	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	LIDODERM	E	PA, QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	LIDOTRAL 1	E	
butalbital-apap-caffeine oral tablet	1	QL	LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
butalbital-asa-caff-codeine	1	QL	methadone hcl oral tablet	1	PA, QL
butalbital-aspirin-caffeine	1	QL	morphine sulfate (concentrate)	1	QL
butorphanol tartrate nasal	2	QL	morphine sulfate er oral tablet extended release	1	PA, QL
BUTRANS	E	PA, QL	morphine sulfate oral	1	QL
DILAUDID ORAL TABLET	E	QL	MS CONTIN	E	PA, QL
endocet	1	QL	NALOCET	E	QL
ESGIC	3	QL	NUCYNTA	3	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL	NUCYNTA ER	3	PA, QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL	OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
			oxycodone hcl oral capsule	1	QL
			oxycodone hcl oral solution	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL	diclofenac sodium er	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL	diclofenac sodium external gel 1 %	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac sodium oral	1	
OXYCONTIN	E	PA, QL	diclofenac-misoprostol	3	
oxymorphone hcl er	3	PA, QL	DICLOFONO	E	
PERCOCET	E	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
premium lidocaine	2	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
PROLATE ORAL TABLET	E	QL	ec-naproxen	1	
ROXICODONE	E	QL	etodolac	2	
TENCON	3	QL	etodolac er	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL	FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
tramadol hcl er	2	(generic for Ultram ER), QL	flurbiprofen oral	1	
tramadol hcl oral tablet 100 mg, 75 mg, 25 mg	E	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl oral tablet 50 mg	1	QL	indomethacin er	2	
tramadol-acetaminophen	1	QL	INDOMETHACIN ORAL CAPSULE 20 MG	E	
TREZIX	3	QL	indomethacin oral capsule 25 mg, 50 mg	1	
TRIDACAINE II	E	PA, QL	ketorolac tromethamine oral	1	
TRIDACAINE III	E	PA, QL	LODINE	E	
XTAMPZA ER	3	PA, QL	LOFENA	E	QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL	mefenamic acid oral	3	
ZTLIDO	3	PA, QL	meloxicam oral tablet	1	
Analgesics - Drugs for Pain and Inflammation			nabumetone oral	1	
ANAPROX DS	E		NAPROSYN ORAL TABLET	E	
ARTHROTEC	E		naproxen dr	1	
CATAFLAM ORAL TABLET 50 MG	E		naproxen oral tablet	1	
CELEBREX	E	QL	naproxen oral tablet delayed release	1	
celecoxib oral	2	QL	naproxen sodium oral tablet 275 mg, 550 mg	2	
DAYPRO	3		oxaprozin oral tablet	2	
diclofenac potassium oral tablet 25 mg	E	QL	piroxicam oral	2	
diclofenac potassium oral tablet 50 mg	2		RELAFEN DS	E	
			RELAFEN ORAL TABLET 500 MG, 750 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	
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 polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
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	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 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	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H

Drug Name	Drug Tier	Requirements & Limits
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ES-600	E		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AVIDOXY	3		doxycycline monohydrate oral suspension reconstituted	3	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral tablet	1	
BACTRIM	3		E.E.S. GRANULES	3	
BACTRIM DS	3		ERYPED 200	3	
cefadroxil	1		ERYPED 400	3	
cefdinir	1		ERY-TAB	3	
cefixime	3		erythromycin base oral tablet	1	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet delayed release	3	
cefprozil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
CENTANY EXTERNAL OINTMENT 2 %	3	QL	erythromycin oral	3	
cephalexin	1		FIRVANQ	3	
CIPRO ORAL TABLET	3		FLAGYL	3	
ciprofloxacin hcl oral	1		fosfomycin tromethamine	3	
clarithromycin er	2		gentamicin sulfate external	1	QL
clarithromycin oral suspension reconstituted	2		HIPREX	3	
clarithromycin oral tablet	1		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		LIKMEZ	3	
CLEOCIN ORAL CAPSULE 75 MG	2		linezolid oral tablet	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN VAGINAL CREAM	3		MACROBID	3	
clindamycin hcl oral	1		MACRODANTIN	3	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral	1	
CLINDESSE	2		metronidazole vaginal	2	
dicloxacillin sodium	1		minocycline hcl oral capsule	1	
DIFICID ORAL TABLET	3	QL	MONDOXYNE NL	3	
doxycycline hyclate oral capsule	2		MONUROL ORAL PACKET 3 GM	3	
doxycycline hyclate oral tablet 100 mg	2		moxifloxacin hcl oral	3	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		mupirocin cream	3	QL
doxycycline hyclate oral tablet 20 mg	1		mupirocin ointment	1	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		neomycin sulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL

Drug Name	Drug Tier	Requirements & Limits
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTiom	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ELEPSIA XR	E	PA	oxcarbazepine er	E	
EPIDIOLEX	3	PA, SP	OXTELLAR XR	E	
epitol	1		phenobarbital oral	1	
ethosuximide oral	1		phenytek	1	
felbamate	1		phenytoin infatabs	1	
FELBATOL	3	PA	phenytoin oral tablet chewable	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA	phenytoin sodium extended	1	
FINTEPLA	3	PA	primidone oral tablet 125 mg	1	PA
FYCOMPA ORAL SUSPENSION	3	PA	primidone oral tablet 250 mg, 50 mg	1	
FYCOMPA ORAL TABLET	3	PA	roweepra	1	
gabapentin oral capsule	1		rufinamide oral suspension	3	
gabapentin oral solution 250 mg/5ml	1		rufinamide oral tablet	3	PA
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	subvenite	1	
gabapentin oral tablet 600 mg, 800 mg	1		SYMPAZAN	3	PA
KEPPRA ORAL	3	PA	TEGRETOL ORAL TABLET	3	
KEPPRA XR	3	PA	TEGRETOL-XR	3	
lacosamide oral	2		TOPAMAX	3	PA
LAMICTAL	3	PA	TOPAMAX SPRINKLE	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	topiramate er oral capsule extended release 24 hour	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	topiramate oral	1	
lamotrigine er	3		TRILEPTAL	3	PA
lamotrigine oral tablet	1		TROKENDI XR	E	
lamotrigine oral tablet chewable	1		valproic acid oral capsule	1	
lamotrigine oral tablet dispersible	3	PA	valproic acid oral solution 250 mg/5ml	1	
levetiracetam er	2		VALTOCO	3	PA, QL
levetiracetam oral	1		vigabatrin oral packet	2	PA, QL, SP
LIBERVANT	3	PA, QL	vigadrone oral packet	2	PA, QL, SP
MOTPOLY XR	3	PA	vigpoder	2	PA, QL, SP
MYSOLINE	2	PA	VIMPAT ORAL	3	PA
NAYZILAM	3	PA, QL	XCOPRI	3	PA
NEURONTIN	3	PA	ZARONTIN	3	
ONFI	3	PA	ZONEGRAN	3	PA
oxcarbazepine	1		zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia					
			ARICEPT	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
donepezil hcl oral tablet 10 mg, 5 mg	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
donepezil hcl oral tablet 23 mg	2		duloxetine hcl oral capsule delayed release particles 40 mg	E	
EXELON	E		EFFEXOR XR	E	
galantamine hydrobromide er	1		escitalopram oxalate oral solution	3	
memantine hcl er	3		escitalopram oxalate oral tablet	1	
memantine hcl oral tablet	1		FETZIMA	3	ST, QL
NAMENDA ORAL TABLET 10 MG, 5 MG	E		fluoxetine hcl oral capsule	1	
NAMENDA TITRATION PAK	E		fluoxetine hcl oral capsule delayed release	3	QL
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral solution	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3		fluoxetine hcl oral tablet 10 mg	3	QL
rivastigmine	3		fluoxetine hcl oral tablet 20 mg, 60 mg	3	
rivastigmine tartrate	1		fluvoxamine maleate	1	
Antidepressants - Drugs for Depression			fluvoxamine maleate er	3	QL
amitriptyline hcl oral	1		FORFIVO XL	E	QL
ANAFRANIL	E		imipramine hcl oral	1	
AUVELITY	3	ST, QL	LEXAPRO	E	
bupropion hcl er (sr)	1		mirtazapine oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		NORPRAMIN	3	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	nortriptyline hcl oral capsule	1	
bupropion hcl oral	1		olanzapine-fluoxetine hcl	2	QL
CELEXA	E		PAMELOR	E	
citalopram hydrobromide oral solution	1		PARNATE	3	
citalopram hydrobromide oral tablet	1		paroxetine hcl er	3	QL
clomipramine hcl oral	3		paroxetine hcl oral tablet	1	
CYMBALTA	E		PAXIL CR	E	QL
desipramine hcl oral	1		PAXIL ORAL TABLET	E	
desvenlafaxine succinate er	3	QL	PRISTIQ	E	QL
doxepin hcl oral capsule	1		protriptyline hcl	1	
doxepin hcl oral concentrate	1		PROZAC	E	
			REMERON	E	
			REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP

Antiemetics - Drugs for Nausea and Vomiting

ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	2	
MARINOL ORAL CAPSULE 10 MG, 5 MG	E	
MARINOL ORAL CAPSULE 2.5 MG	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	3	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
dasatinib	3	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	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	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	3	PA, ST, QL, SP
KISQALI (400 MG DOSE)	3	PA, ST, QL, SP
KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, QL, SP
LUMAKRAS ORAL TABLET	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, SP

Drug Name	Drug Tier	Requirements & Limits
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
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

albendazole oral	3	PA, QL
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa- entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
CREXONT	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL

Drug Name	Drug Tier	Requirements & Limits
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
NUPLAZID ORAL CAPSULE	3	PA
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DELSTRIGO	2	QL	SYMFI LO	2	QL
DESCOVY	3	QL	TAMIFLU	E	
DOVATO	2	QL	tenofovir disoproxil fumarate	1	H-PA
efavirenz-emtricitab-tenofo df	2	QL	TIVICAY	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL	TRIUMEQ	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
entecavir	1		TRUVADA ORAL TABLET 200-300 MG	E	QL
EPCLUSA ORAL TABLET	2	PA, QL, SP	valacyclovir hcl oral	1	QL
etravirine	2		VALCYTE ORAL TABLET	E	
famciclovir oral	2		valganciclovir hcl oral tablet	1	
GENVOYA	3	QL	VALTREX	E	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP	VEMLIDY	E	PA
INTELENCE ORAL TABLET 100 MG, 200 MG	3		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
INTELENCE ORAL TABLET 25 MG	2		VIREAD ORAL TABLET 300 MG	E	
ISENTRESS HD	2		VOSEVI	2	PA, QL, SP
ISENTRESS ORAL TABLET	2		XOFLUZA (40 MG DOSE)	3	QL
JULUCA	2	QL	XOFLUZA (80 MG DOSE)	3	QL
LAGEVRIO	2	QL	ZIRGAN	3	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	ZOVIRAX EXTERNAL OINTMENT	E	QL
MAVYRET	2	PA, QL, SP	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
ODEFSEY	3	QL	Anxiolytics - Drugs for Anxiety		
oseltamivir phosphate oral	2		alprazolam er	1	
PAXLOVID (150/100)	2	QL	alprazolam oral	1	
PAXLOVID (300/100)	2	QL	alprazolam xr	1	
PIFELTRO	3		ATIVAN ORAL	E	
PREVYMIS ORAL	2	PA	buspirone hcl oral	1	
PREZCOBIX	2		chlordiazepoxide hcl	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		clonazepam oral	1	
ritonavir	2		clorazepate dipotassium	1	
RUKOBIA	3	PA	diazepam oral solution	1	
SITAVIG	E	QL	diazepam oral tablet	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	HALCION	3	
STRIBILD	3	QL	hydroxyzine hcl oral	1	
SYMFI	2	QL	hydroxyzine pamoate oral	1	
			KLONOPIN	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lorazepam intensol	1		ATORVALIQ	3	PA
lorazepam oral concentrate 2 mg/ml	1		atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
lorazepam oral tablet	1		atorvastatin calcium oral tablet 40 mg, 80 mg	1	
oxazepam	1		AVALIDE	E	
TRANXENE-T ORAL TABLET 7.5 MG	3		AVAPRO	E	
triazolam	1		AZOR	E	
VALIUM	E		benazepril hcl oral	1	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3		benazepril-hydrochlorothiazide	1	
XANAX	E		BENICAR	E	
XANAX XR	E		BENICAR HCT	E	
Bipolar Agents - Drugs for Mood Disorders			BETAPACE	E	
EQUETRO	3		BETAPACE AF	3	
lithium carbonate er	1		betaxolol hcl oral	1	
lithium carbonate oral	1		bisoprolol fumarate oral	1	
LITHOBID	3	PA	bisoprolol-hydrochlorothiazide	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			bumetanide oral	1	
acebutolol hcl oral	1		BUMEX	3	
acetazolamide er	1		BYSTOLIC	E	
acetazolamide oral	1		CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
ALDACTAZIDE ORAL TABLET 25-25 MG	3		CAMZYOS	3	PA, QL, SP
ALDACTONE	E		candesartan cilexetil	3	
aliskiren fumarate	3		candesartan cilexetil-hctz	3	
ALTACE	E		captopril oral	1	
amiloride hcl oral	1		CARDIZEM	E	
amiloride-hydrochlorothiazide	1		CARDIZEM CD	E	
amiodarone hcl oral	1		CARDIZEM LA	E	
amlodipine besylate oral	1		CARDURA	3	
amlodipine besylate-benazepril hcl	1		cartia xt	2	
amlodipine besylate-valsartan	2		carvedilol	1	
amlodipine-olmesartan	E		carvedilol phosphate er	E	
ATACAND	E		CATAPRES-TTS-1	E	
ATACAND HCT	E		CATAPRES-TTS-2	E	
atenolol oral	1		CATAPRES-TTS-3	E	
atenolol-chlorthalidone	1		chlorthalidone	1	
			cholestyramine light	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cholestyramine oral	1		EDARBI	E	
clonidine hcl oral	1		EDARBYCLOR	E	
clonidine patch weekly 0.1 mg/24hr transdermal	3		enalapril maleate oral solution	3	PA
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)	enalapril maleate oral tablet	1	
clonidine patch weekly 0.2 mg/24hr transdermal	3		enalapril-hydrochlorothiazide	1	
clonidine patch weekly 0.2 mg/24hr transdermal	3		ENTRESTO ORAL TABLET	3	PA, QL
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)	EPANED	3	PA
clonidine patch weekly 0.3 mg/24hr transdermal	3		eplerenone	2	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)	EXFORGE	E	
colesevelam hcl oral tablet	2		ezetimibe	2	
COLESTID ORAL TABLET	3		ezetimibe-simvastatin	3	
colestipol hcl oral tablet	1		felodipine er	1	
COREG	E		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
COREG CR	E		FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	E	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
CORLANOR	3	PA, QL	fenofibrate oral tablet 120 mg, 40 mg	E	
COZAAR	E		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
CRESTOR	E		fenofibric acid oral capsule delayed release	3	
digitek oral tablet 125 mcg, 250 mcg	1		FENOGLIDE	E	
digoxin oral tablet	1		flecainide acetate	1	
diltiazem hcl er beads	2		fluvastatin sodium	1	
diltiazem hcl er coated beads	2		fosinopril sodium	1	
diltiazem hcl er oral capsule extended release 12 hour	1		fosinopril sodium-hctz	1	
diltiazem hcl er oral capsule extended release 24 hour	1		FUROSCIX	3	PA, QL
diltiazem hcl er oral tablet extended release 24 hour	2		furosemide oral	1	
diltiazem hcl oral	1		gemfibrozil oral	1	
dilt-xr	1		guanfacine hcl	1	
DIOVAN	E		HEMANGEOL	3	
DIOVAN HCT	E		hydralazine hcl oral	1	
dofetilide	2		hydrochlorothiazide oral	1	
doxazosin mesylate oral	1		HYZAAR	E	
			icosapent ethyl	E	PA
			indapamide	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
INDERAL LA	E		metolazone	1	
INSPIRA	E		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
irbesartan	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
irbesartan-hydrochlorothiazide	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorb dinitrate-hydralazine	2		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		mexiletine hcl oral	1	
isosorbide dinitrate oral tablet 40 mg	E		MICARDIS	E	
isosorbide mononitrate	1		MICARDIS HCT	E	
isosorbide mononitrate er	1		midodrine hcl	1	
ivabradine hcl	3	PA, QL	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
KAPSPARGO SPRINKLE	3		minoxidil oral	1	
KERENDIA	3	PA, QL	moexipril hcl	1	
labetalol hcl oral	1		MULTAQ	3	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nadolol oral	1	
LANOXIN ORAL TABLET 62.5 MCG	3		nebivolol hcl	3	
LASIX	3		NEXLETOL	2	PA, ST, QL
LIPITOR	E		NEXLIZET	2	PA, ST, QL
lisinopril oral	1		niacin er (antihyperlipidemic)	2	
lisinopril-hydrochlorothiazide	1		nifedipine er	1	
LIVALO	E	ST	nifedipine er osmotic release	1	
LODOCO	3	QL	nifedipine oral	1	
LOPID	3		nisoldipine er	2	
LOPRESSOR	3		NITRO-BID	2	
losartan potassium oral	1		NITRO-DUR	3	
losartan potassium-hctz	1		nitroglycerin rectal	3	QL
LOTENSIN	3		nitroglycerin sublingual	1	
LOTENSIN HCT	3		nitroglycerin transdermal	1	
LOTREL	E		NITROSTAT	3	
lovastatin oral	1	H	NORLIQVA	3	PA
LOVAZA	E		NORVASC	E	
matzim la	2		olmesartan medoxomil oral	2	
MAXZIDE ORAL TABLET 75-50 MG	3		olmesartan medoxomil-hctz	2	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
olmesartan-amlodipine-hctz	E		sotalol hcl oral	1	
omega-3-acid ethyl esters	2		spironolactone oral tablet	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3		spironolactone-hctz	1	
PACERONE ORAL TABLET 200 MG	3		SULAR	3	
pentoxifylline er	1		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
perindopril erbumine	2		TEKTURNA	3	
pindolol	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
pitavastatin calcium	E	ST	telmisartan	2	
PRALUENT	E	PA, ST, QL	telmisartan-hctz	2	
pravastatin sodium	1		TENORETIC 100	E	
prazosin hcl oral	1		TENORETIC 50	E	
prevalite	1		TENORMIN	E	
PROCARDIA XL	E		THALITONE	E	
propafenone hcl	1		tiadylt er	2	
propafenone hcl er	3		TIAZAC	3	
propranolol hcl er	2		TIKOSYN	3	
propranolol hcl oral	1		TOPROL XL	E	
QUESTRAN	3		torsemide	1	
QUESTRAN LIGHT	3		trandolapril	1	
quinapril hcl	1		triamterene oral	3	
ramipril	1		triamterene-hctz	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E		TRIBENZOR	E	
ranolazine er	2		TRICOR	E	
RECTIV	3	QL	TRILIPIX	E	
REPATHA	2	PA, ST, QL	valsartan oral tablet	2	
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL	valsartan-hydrochlorothiazide	1	
REPATHA SURECLICK	2	PA, ST, QL	VASCEPA	E	PA
rosuvastatin calcium oral	2		VASERETIC	E	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		VASOTEC	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
simvastatin oral tablet 80 mg	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
SOAANZ	E	QL	verapamil hcl er oral tablet extended release	1	
sotalol hcl (af)	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
verapamil hcl oral	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
VERELAN	3		dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
VERELAN PM	3		DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
VERQUVO	3	PA, QL	EVEKEO	E	
VYTORIN	E		FOCALIN	3	
WELCHOL ORAL TABLET	E		FOCALIN XR	E	QL
ZESTORETIC	E		guanfacine hcl er	2	
ZESTRIL	E		INTUNIV	E	
ZETIA	E		JORNAY PM	3	ST, QL
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
ZIAC ORAL TABLET 5-6.25 MG	3		lisdexamfetamine dimesylate	3	QL
ZOCOR	E		METADATE CD	E	QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder			METHYLIN	3	
ADDERALL	E		methylphenidate hcl er (cd)	2	QL
ADDERALL XR	E	QL	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
ADZENYS XR-ODT	E	QL	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
amphetamine sulfate	2		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
amphetamine-dextroamphetamine	1		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
amphetamine-dextroamphetamine er	2	QL	methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
amphet-dextroamphet 3-bead er	3	QL	methylphenidate hcl er (xr)	E	QL
APTENSIO XR	E	QL	methylphenidate hcl er oral tablet extended release	2	QL
atomoxetine hcl	3	QL	methylphenidate hcl er oral tablet extended release 24 hour	E	QL
AZSTARYS	3	ST, QL	methylphenidate hcl oral solution	1	
clonidine hcl er	3		methylphenidate hcl oral tablet	1	
CONCERTA	E	QL			
COTEMPLA XR-ODT	E	QL			
DEXEDRINE	E	QL			
dexmethylphenidate hcl	1				
dexmethylphenidate hcl er	2	QL			
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL			
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	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 ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	3	PA, QL, SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, 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	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	

Drug Name	Drug Tier	Requirements & Limits
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	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	3	PA, QL
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
amnestem	2	
AMZEEQ	3	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	3	
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	3		clindamycin phosphate external swab	1	
betamethasone dipropionate aug external ointment	3		clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
betamethasone dipropionate external cream	2		clindamycin phosphate gel 1 % external	2	QL
betamethasone dipropionate external lotion	1		clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
betamethasone dipropionate external ointment	2		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external cream	1		clobetasol propionate e	2	QL
betamethasone valerate external lotion	1		clobetasol propionate external cream	2	QL
betamethasone valerate external ointment	1		clobetasol propionate external foam	E	QL
brimonidine tartrate external	3	PA, QL	clobetasol propionate external gel	2	QL
calcipotriene external cream	2	QL	clobetasol propionate external liquid	1	QL
calcipotriene external ointment	2		clobetasol propionate external ointment	2	QL
calcipotriene external solution	1	QL	clobetasol propionate external shampoo	E	QL
CALCITRENE	3		clobetasol propionate external solution	1	QL
CARAC	E		CLOBEX EXTERNAL SHAMPOO	E	QL
CIBINQO	2	PA, QL, SP	CLOBEX SPRAY	E	QL
ciclopirox olamine external suspension	1		clodan	E	QL
claravis	2		clotrimazole external cream	E	
CLEOCIN-T	3		clotrimazole-betamethasone	1	
clindacin	3		CORDRAN	3	QL
clindacin etz external swab	1		dapsone external	3	QL
clindacin-p	1		DERMACINRX UREA	E	
CLINDAGEL	E	QL	DERMA-SMOOTH/FS BODY	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DERMA-SMOOTH/FS SCALP	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external cream	2	QL
clindamycin phosphate external foam	3		desonide external lotion	3	QL
clindamycin phosphate external lotion	3		desonide external ointment	2	QL
clindamycin phosphate external solution	1		DESOWEN	3	QL
			desoximetasone external cream	1	QL
			desoximetasone external ointment	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium external gel 3 %	2	PA, QL	fluorouracil external cream 5 %	1	
DIPROLENE	3		fluticasone propionate external cream	1	
doxycycline	E		fluticasone propionate external ointment	1	
DRYSOL	3		halobetasol propionate external cream	2	QL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	halobetasol propionate external ointment	2	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	hydrocortisone butyrate external cream	1	
EFUDEX	3		hydrocortisone external cream 1 %	E	
ELIDEL	E	QL	hydrocortisone external cream 2.5 %	1	
ENSTILAR	3	QL	hydrocortisone external lotion 2 %	3	
EPIDUO	E	QL	hydrocortisone external lotion 2.5 %	1	
EPIDUO FORTE	E	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
ERYGEL	3		hydrocortisone valerate external cream	2	QL
erythromycin external	1		hydrocortisone valerate external ointment	3	QL
EUCRISA	3	ST, QL	HYDROXYM EXTERNAL CREAM	E	
EVOCLIN EXTERNAL FOAM 1 %	3		imiquimod external cream 3.75 %	E	QL
FINACEA EXTERNAL FOAM	3		imiquimod external cream 5 %	1	
FINACEA EXTERNAL GEL	E		imiquimod pump	E	QL
fluocinolone acetonide body	3	QL	IMPOYZ	E	QL
fluocinolone acetonide external cream	3	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
fluocinolone acetonide external ointment	2	QL	isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide external solution	3	QL	ivermectin external cream	E	QL
fluocinolone acetonide scalp	3		KLARON	3	
fluocinonide external cream 0.05 %	1		KLISYRI (250 MG)	3	ST, QL
fluocinonide external cream 0.1 %	E	QL	KLISYRI (350 MG)	3	ST, QL
fluocinonide external gel	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external ointment	1				
fluocinonide external solution	1				
FLUOROURACIL EXTERNAL CREAM 0.5 %	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
neuac	3	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
spinosad	3	
sss 10-5 external cream	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream 0.1 %	3	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	3	QL
TOPICORT EXTERNAL OINTMENT	3	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
triamcinolone in absorbase	E		ACCU-CHEK SOFTCLIX LANCET	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
triderm	1	QL	ACCUTREND GLUCOSE	E	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ALCOHOL PREP PADS PAD	3	
tritocin external ointment 0.05 %	E		AQ INSULIN SYRINGE	2	QL
urea external cream 20 %, 40 %, 45 %	1		AQINJECT PEN NEEDLE	2	QL
urea external cream 39 %, 41 %, 47 %	E		BD AUTOSHIELD DUO PEN NEEDLES	2	
UREA EXTERNAL CREAM 39.5 %	E		BD BLUNT FILL NEEDLE W/ FILTER	2	
uredeb	E		BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	2	
UREMEZ-40	3		BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
VANOS	E	QL	BD ECLIPSE SHIELDED NEEDLE	2	
VTAMA	3	PA, QL	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
WINLEVI	E	PA, QL	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
xurea	E		BD SHARPS COLLECTOR	3	
zenatane	2		BD ULTRA-FINE INSULIN SYRINGES	2	
ZILXI	3	PA, ST, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	3	PA, QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA	E	QL	BIGFOOT UNITY PROGRAM	3	
ZYCLARA PUMP	E	QL	BIOTEL CARE TEST STRIPS	E	QL
Diabetes - Glucose Monitoring and Supplies			BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK FASTCLIX LANCET	1		CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	2	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	3				
ACCU-CHEK GUIDE ME METER	3				
ACCU-CHEK GUIDE TEST	3	QL			
ACCU-CHEK GUIDE TEST STRIPS	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS BLUE	E	
CONTOUR PLUS TEST	E	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS NEEDLE COLLECTION/ DISPOSAL	3	
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
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
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	

Drug Name	Drug Tier	Requirements & Limits
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST

Drug Name	Drug Tier	Requirements & Limits
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL	QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SHARPS COLLECTOR	3	
ON CALL EXPRESS MONITORING SYS	E		SHARPS CONTAINER	3	
ONETOUCH DELICA LANCETS	1	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA BLUE TEST	1	QL	TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA TEST STRIPS	1	QL	TEMPO REFILL	E	
ONETOUCH ULTRASOFT LANCETS	1	QL	TEMPO WELCOME	E	
ONETOUCH VERIO FLEX SYSTEM KIT	1		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH VERIO KIT W/ DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX METER KIT	E	
OPTIUMEZ TEST	E	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE TRACK TEST	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	UNISTRIPI GENERIC	E	QL
PRECISION XTRA	3		VERIFINE SHARPS CONTAINER	3	
PRECISION XTRA BLOOD GLUCOSE	E	QL	VIVAGUARD INO GLUCOSE METER KIT	E	
PREMIUM BLOOD GLUCOSE TEST	E	QL	VIVAGUARD INO TEST STRIPS	E	QL
PTS PANELS EGLU TEST	E	QL	Diabetes - Insulin		
QUINTET AC BLOOD GLUCOSE TEST	E	QL	ADMELOG	E	QL
			ADMELOG SOLOSTAR	E	QL
			BASAGLAR KWIKPEN	E	QL
			BASAGLAR TEMPO PEN	E	
			HUMALOG CARTRIDGE	2	QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTouch	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl er	1	
FARXIGA	E	ST, QL	metformin hcl er (mod)	E	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl er (osm)	E	PA
glimepiride oral tablet 3 mg	E		metformin hcl oral solution	3	
glipizide er	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide oral tablet 10 mg, 5 mg	1		metformin hcl oral tablet 625 mg	E	
glipizide oral tablet 2.5 mg	E		MOUNJARO	2	PA, QL
glipizide xl	1		nateglinide	2	QL
glipizide-metformin hcl	2		ONGLYZA	E	QL
glucagon emergency kit 1 mg injection	2	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	pioglitazone hcl	1	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	pioglitazone hcl-metformin hcl	2	QL
GLUCOTROL XL	3		repaglinide	2	QL
GLUMETZA	E	PA	RYBELSUS	2	PA, QL
glyburide micronized	1		saxagliptin hcl	2	QL
glyburide oral	1		saxagliptin-metformin er	2	QL
glyburide-metformin	1		SOLQUA	2	QL
GLYNASE ORAL TABLET 1.5 MG	3		SYMLINPEN 120	3	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	3		SYMLINPEN 60	3	QL
GLYXAMBI	2	ST, QL	SYNJARDY	2	QL
INVOKANA	E	ST, QL	SYNJARDY XR	2	QL
JANUMET	E	ST, QL	TRADJENTA	2	QL
JANUMET XR	E	ST, QL	TRIARDY XR	2	QL
JANUVIA	E	ST, QL	TRULICITY	2	PA, QL
JARDIANCE	2	QL	XIGDUO XR	E	ST, QL
JENTADUETO	2	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
JENTADUETO XR	2	QL	Drugs for Blood Disorders		
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	ADVATE	2	SP
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL	ADYNOVATE	3	PA, SP
			AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
			AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	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	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
NEULASTA	2	
NIVESTYM	E	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP

Drug Name	Drug Tier	Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CITRANATAL DHA ORAL 27-1 & 250 MG	3		multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
COMPLETENATE	3		multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
CO-NATAL FA	2		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
CONCEPT DHA	3		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 1 mg oral	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 1 mg oral	E	
cyanocobalamin nasal	3		multi-vitamin/fluoride	1	
DAVIMET-FLUORIDE	E		multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
deferiasirox oral tablet	2	PA, SP	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
DENTA 5000 PLUS SENSITIVE	3		multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
DODEX	3		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
DRISDOL	3		multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
ELITE-OB	3		MULTI-VIT-FLOR	E	
ergocalciferol oral capsule	1		NAFRINSE CHW 1MG F	1	H
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
FLORIVA PLUS	E		NASCOBAL	3	
FLUORIMAX 5000 SENSITIVE	3		NATALVIT	2	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NEONATAL COMPLETE	3	
folic acid oral tablet 1 mg	1		NEONATAL PLUS	3	
FRAICHE 5000 SENSITIVE	E		NIVA-PLUS	3	
klor-con	1		OB COMPLETE	3	
klor-con 10	1		ONE VITE WOMENS PLUS	3	
klor-con m10	1		ORACIT	2	
klor-con m15	1		ORAL CITRATE	2	
klor-con m20	1		PHOSPHA 250 NEUTRAL	2	
kosher prenatal plus iron	1				
K-PHOS-NEUTRAL	2				
K-TAB	3				
levocarnitine oral solution	1				
levocarnitine sf	1				
LOKELMA	3	PA, QL			
M-NATAL PLUS	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
phosphorous	1		sodium fluoride 5000 enamel	1	
phospho-trin 250 neutral	1		sodium fluoride 5000 sensitive	1	
pnv-dha	3		sodium fluoride mouth/throat	1	
POKONZA	E		sodium fluoride oral solution	1	H
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		sodium fluoride oral tablet chewable	1	H
potassium chloride crys er	1		SPS (SODIUM POLYSTYRENE SULF)	3	
potassium chloride er	1		TARON-C DHA	3	
potassium chloride oral	1		THRIVITE RX	3	
potassium citrate er	1		TRICARE	3	
potassium citrate-citric acid	1		TRINATAL RX 1	3	
PRENA1 PEARL	3		TRINATE	3	
prenatal 19 oral tablet 29-1 mg	1		tri-vite/fluoride	1	
prenatal 19 oral tablet chewable	1		UROCIT-K 10	3	
prenatal oral tablet 27-1 mg	1		UROCIT-K 15	3	
prenatal plus	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
prenatal plus vitamin/mineral	1		VELTASSA ORAL PACKET 1 GM	3	PA
prenatal vitamin plus low iron oral tablet 27-1 mg	1		VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA, QL
PRENATE DHA	3		virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
PRENATE ENHANCE	3		VITAFOL FE+	3	
PRENATE ESSENTIAL	3		VITAFOL GUMMIES	3	
PRENATE MINI	3		VITAFOL ULTRA	3	
PRENATE PIXIE	3		VITAFOL-OB	3	
PRENATE RESTORE	3		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATOL-M	E		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PRENATRIX	E		VITAPEARL	3	
PRENATRYL	E		VITATHELY WITH GINGER	3	
PREVIDENT 5000 ENAMEL PROTECT	3		WESCAP-C DHA	3	
PREVIDENT 5000 SENSITIVE	3		WESCAP-PN DHA	3	
PREVIDENT MOUTH/THROAT	3		wes-phos 250 neutral	1	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E		WESTAB PLUS	E	
QUFLORA PEDIATRIC	3		ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
SE-NATAL 19	3				
sod citrate-citric acid oral solution 500-334 mg/5ml	1				
sod fluoride-potassium nitrate	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	2	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IQIRVO	3	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	3	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
opium	1	
OSCIMIN	3	
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
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, 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

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	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	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	3	
afirmelle	1	H
aftera	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	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	2	
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
brielllyn	1	H
camila	1	H
camrese	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
camrese lo	3		ELESTRIN	3	
charlotte 24 fe	1	H	elinest	1	H
chateal eq	1	H	ELLA	1	QL, H
chateal oral tablet 0.15-30 mg-mcg	1	H	eluryng	1	H
CLIMARA	E	QL	emzahh	1	H
CLIMARA PRO	3	QL	enilloring	1	H
COMBIPATCH	3	QL	enpresse-28	1	H
COVARYX	2		enskyce	1	H
COVARYX HS	3		errin	1	H
cryselle-28	1	H	est estrogens-methyltest	1	
curae	1	H	est estrogens-methyltest ds	1	
cyred eq	1	H	est estrogens-methyltest hs	1	
cyred oral tablet 0.15-30 mg-mcg	1	H	estarylla	1	H
dasetta 1/35	1	H	ESTRACE	E	
dasetta 7/7/7	1	H	estradiol oral	1	
daysee	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
deblitane	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DELESTROGEN	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
delyla	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
DEPO-PROVERA	3	QL	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
DEPO-SUBQ PROVERA 104	1	QL	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2		estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
DIVIGEL	3		estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
dolishale	3		estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
dotti	2	QL	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
drospiren-eth estrad-levomefol	1		estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
drospirenone-ethinyl estradiol	3				
DUAVEE	3	QL			
econtra ez oral tablet 1.5 mg	1	H			
econtra one-step	1	H			
EEMT	2				
EEMT HS	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
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	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	3	
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

Drug Name	Drug Tier	Requirements & Limits
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	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	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
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	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
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	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	3	
luteria	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
mibelas 24 fe	1	H
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	2	
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	

Drug Name	Drug Tier	Requirements & Limits
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	E	
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
opcicon one-step	1	H	tilia fe	1	H
option 2	1	H	tri femynor	1	H
PHEXXI	E	PA	tri-estarylla	1	H
philith	1	H	tri-legest fe	1	H
pimtrea	2		tri-linyah	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H	tri-lo-estarylla	2	
pirmella 7/7/7	1	H	tri-lo-marzia	2	
PLAN B ONE-STEP	1	H	tri-lo-mili	2	
portia-28	1	H	tri-lo-sprintec	2	
PREMARIN ORAL	3		tri-mili	1	H
PREMARIN VAGINAL	3		tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
PREMPHASE	3		tri-sprintec	1	H
PREMPRO	3		trivora (28)	1	H
progesterone intramuscular	1		tri-vylibra	1	H
progesterone oral	2		tri-vylibra lo	2	
PROMETRIUM	E		turqoz	1	H
PROVERA	3		TWIRLA	E	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		TYBLUME	1	
react	1	H	tydemy	E	
reclipsen	1	H	VAGIFEM	E	
rivelsa	1	H	velivet	1	H
SAFYRAL	E		vestura	3	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		vienva	1	H
setlakin	2	H	viorele	2	
sharobel	1	H	VIVELLE-DOT	E	QL
simliya	2		volnea	2	
simpesse	3		vyfemla	1	H
SLYND	3	PA, ST	vylibra	1	H
sprintec 28	1	H	wera	1	H
sronyx	1	H	wymzya fe	1	H
syeda	3		xulane	3	H
take action	1	H	YASMIN 28	2	
tarina 24 fe	1	H	YAZ	2	
tarina fe 1/20 eq	1	H	yuvaferm	2	
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H	zafemy	3	H
			zovia 1/35 (28)	1	H
			zumandimine	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	3	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	

Drug Name	Drug Tier	Requirements & Limits
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, QL, SP
ABRILADA (2 PEN)	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
ADALIMUMAB-ADBIM(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP	COSENTYX UNOREADY	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP	cyclosporine modified oral capsule	1	
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP	cyclosporine oral	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	CYLTEZO (2 PEN)	E	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP	CYLTEZO (2 SYRINGE)	E	PA, QL, SP
ARAVA	E		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
AZASAN	3		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3		CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
azathioprine oral tablet 50 mg	1		CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	EMPAVELI	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP	ENBREL	2	PA, QL, SP
CELLCEPT ORAL CAPSULE	E		ENBREL MINI	2	PA, QL, SP
CELLCEPT ORAL TABLET	E		ENBREL SURECLICK	2	PA, QL, SP
CIMZIA	E	PA	ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
CIMZIA (2 SYRINGE)	2	PA, QL, SP	ENVARUSUS XR	E	
CIMZIA-STARTER	2	PA, QL, SP	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
CINRYZE	E	PA, QL, SP	engraf oral capsule	1	
			GRASTEK	3	PA, QL
			HADLIMA	E	PA, QL, SP
			HADLIMA PUSHTOUCH	E	PA, QL, SP
			HAEGARDA	2	PA, QL, SP
			HULIO (2 PEN)	E	PA, QL, SP
			HULIO (2 SYRINGE)	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMIRA (2 PEN)	2	PA, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP
IMURAN	E	
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
KINERET	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET 20 MG	2	PA, QL
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP
OTREXUP	E	QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
SIMLANDI (2 PEN)	E	PA, QL, SP	YUSIMRY	E	PA, QL, SP
SIMPONI	2	PA, QL, SP	ZORTRESS	E	
sirolimus oral solution	2		Immunological Agents - Drugs for Vaccination		
sirolimus oral tablet	1		ABRYSVO	3	H
SKYRIZI PEN	2	PA, QL, SP	ADACEL	3	H
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP	AREXVY	3	H
SOTYKTU	2	PA, QL, SP	BEXSERO	3	H
STELARA SUBCUTANEOUS	2	PA, QL, SP	BOOSTRIX	2	H
tacrolimus oral	1		BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
TAKHZYRO	2	PA, QL, SP	COMIRNATY	3	H
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP	ENGERIX-B	2	H
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA	HAVRIX	3	H
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP	HEPLISAV-B	3	H
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA	IPOL	2	H
TREXALL	2		MENQUADFI	3	H
XELJANZ	2	PA, QL, SP	MENVEO	3	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP	M-M-R II	2	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL	MODERNA COVID-19 VAC 6M-11Y	3	H
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP	PNEUMOVAX 23	2	H
YUFLYMA (2 PEN)	E	PA, QL, SP	PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
YUFLYMA (2 SYRINGE)	E	PA, QL, SP	PREVNAR 20	3	H
YUFLYMA-CD/UC/HS STARTER	E	PA, SP	RECOMBIVAX HB	2	H
			SHINGRIX	3	H
			SPIKEVAX	3	H
			TENIVAC	3	H
			TRUMENBA	3	H
			TWINRIX	3	H
			VAQTA	2	H
			VARIVAX	3	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
cetrorelix acetate	3	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	3	
clomiphene citrate oral tablet 50 mg	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	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	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	

Drug Name	Drug Tier	Requirements & Limits
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALtrol	3	
SENSIPAR	E	PA
ZEMPLAR ORAL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	QL
AZASITE	3	

Drug Name	Drug Tier	Requirements & Limits
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMYY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	v	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
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	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	

Drug Name	Drug Tier	Requirements & Limits
flac	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 solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	

Drug Name	Drug Tier	Requirements & Limits
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
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	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup	1	
ANORO ELLIPTA	3	QL
arformoterol tartrate	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	3	
BREATHE COMFORT CHAMBER/ CHILD	3	
BREO ELLIPTA	3	QL, RS
breynd	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	3	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	E	QL
DULERA	E	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL

Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
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
formoterol fumarate inhalation	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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFORMIST	3	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	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	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REMODULIN	E	PA
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 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA
TYVASO STARTER KIT	2	PA
UPTRA VI ORAL	3	PA, QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	E	
metaxalone	3	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	3	

ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
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ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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をご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយកតម្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាបំណុលរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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