



Your 2027 Prescription Drug List

Advantage 3-Tier

Effective January 1, 2027



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Student Resources, Health Plan of Nevada, Sierra Health and Life Insurance, UnitedHealthOne, Optimum Choice, Inc. and New York and New Jersey Oxford medical plans when sold in your market 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 5 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
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 specific coverage requirements or limits. Your plan sets how these medications may be covered for you.

E	May be excluded from coverage – There may be over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally covered 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.

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted. Please review your plan documents for coverage and cost-share.

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

Coverage is set by your prescription drug benefit plan.

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

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

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

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

- **Endocrine: growth hormone**

Coverage is set by your prescription drug benefit plan.

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

4. Not applicable to some Neighborhood Health Plan, UnitedHealthcare Freedom Plans and New Jersey Oxford plans.



Reading your PDL (continued)

- **Infertility**

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

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

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

Drug name	Drug tier	Requirements & limits
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine external ointment 5 %	2	QL
tapentadol hcl	3	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	2	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	2	QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	2	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	2	QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	2	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	2	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
aspirin adult low dose	1	H	goodsense aspirin low dose	1	H
aspirin adult low strength	1	H	goodsense aspirin oral tablet chewable	1	H
aspirin childrens	1	H	h-e-b aspirin	1	H
aspirin ec adult low dose	1	H	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
aspirin ec low dose	1	H	indomethacin er	2	
aspirin ec low strength	1	H	indomethacin oral capsule	1	
aspirin low dose	1	H	ketorolac tromethamine oral	1	
aspirin oral tablet chewable	1	H	kls aspirin low dose	1	H
aspirin oral tablet delayed release 81 mg	1	H	kp aspirin	1	H
aspirin regimen	1	H	meloxicam oral tablet	1	
celecoxib oral	2		mm aspirin	1	H
cvs aspirin adult low dose	1	H	nabumetone oral	1	
cvs aspirin adult low strength	1	H	naproxen dr	1	
cvs aspirin ec	1	H	naproxen oral tablet	1	
cvs aspirin low dose	1	H	naproxen oral tablet delayed release	1	
cvs aspirin low strength	1	H	naproxen sodium oral tablet 275 mg, 550 mg	2	
DAYPRO ORAL TABLET 600 MG	3		oxaprozin oral tablet	2	
diclofenac potassium oral tablet 50 mg	2		piroxicam oral	2	
diclofenac sodium er	3		qc aspirin low dose	1	H
diclofenac sodium oral	1		qc childrens aspirin	1	H
diclofenac-misoprostol	3		ra aspirin adult low dose oral tablet chewable 81 mg	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3		ra aspirin adult low strength oral tablet chewable 81 mg	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3		ra aspirin childrens oral tablet chewable 81 mg	1	H
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1		ra aspirin ec adult low st oral tablet delayed release 81 mg	1	H
eq aspirin adult low dose	1	H	ra aspirin ec oral tablet delayed release 81 mg	1	H
eq aspirin low dose	1	H	sm aspirin low dose oral tablet chewable 81 mg	1	H
eql aspirin low dose	1	H	sm childrens aspirin oral tablet chewable 81 mg	1	H
etodolac	2		sulindac oral	1	
ft aspirin low dose	1	H			
ft aspirin oral tablet chewable	1	H			
gnp adult aspirin low strength	1	H			
gnp aspirin low dose	1	H			
gnp aspirin oral tablet delayed release 81 mg	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
goodsense nicotine polacrilex	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
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
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
REZENOPY	3	QL
sm nicotine mouth/throat gum	1	H
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	1	H
THRIVE	3	H
varenicline tartrate	3	H
ZUBSOLV	2	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AVIDOXY	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral tablet	1	
BACTRIM	3		E.E.S. GRANULES	3	
BACTRIM DS	3		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
BLUJEPA	3	QL	ERYPED 400	3	
cefadroxil oral capsule	1		erythromycin base oral tablet	1	
cefadroxil oral suspension reconstituted	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefdinir	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cefixime oral capsule	3		fidaxomicin	3	QL
cefpodoxime proxetil oral tablet	1		fosfomycin tromethamine	3	
cefprozil	1		gentamicin sulfate external	1	QL
cefuroxime axetil	1		HIPREX	3	
cephalexin	1		levofloxacin oral tablet	1	
CIPRO ORAL TABLET	3		linezolid oral tablet	2	
ciprofloxacin hcl oral	1		MACROBID	3	
clarithromycin oral tablet	1		MACRODANTIN	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		methenamine hippurate	1	
CLEOCIN ORAL CAPSULE 75 MG	2		metronidazole oral tablet 250 mg, 500 mg	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		metronidazole vaginal	2	
CLEOCIN VAGINAL CREAM	3		minocycline hcl oral capsule	1	
clindamycin hcl oral	1		moxifloxacin hcl oral	3	
clindamycin palmitate hcl	2		mupirocin cream	3	QL
clindamycin phosphate vaginal	2		mupirocin ointment	1	QL
CLINDESSE	2		neomycin sulfate oral	1	
dicloxacillin sodium	1		nitrofurantoin macrocrystal	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL	nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	2		NUZYRA ORAL	3	QL
doxycycline hyclate oral tablet 100 mg	2		ORLYNVAH	3	QL
doxycycline hyclate oral tablet 20 mg	1		penicillin v potassium	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		PIVYA	3	QL
doxycycline monohydrate oral suspension reconstituted	3		SILVADENE	3	
			silver sulfadiazine external	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XEPI	3	
XIFAXAN	3	PA, QL
ZITHROMAX	3	

Anticoagulants - Drugs to treat or prevent blood clots

dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral tablet	2	QL
warfarin sodium oral	1	
XARELTO	2	QL

Anticonvulsants - Drugs for seizures

APTOM	3	PA
brivaracetam oral tablet	2	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	

Drug name	Drug tier	Requirements & limits
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	
lacosamide oral tablet	2	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
lamotrigine oral tablet	1		VIMPAT ORAL	3	PA
lamotrigine oral tablet chewable	1		XCOPRI	3	PA
lamotrigine oral tablet dispersible	3	PA	ZARONTIN	3	
levetiracetam er	2		ZONEGRAN	3	PA
levetiracetam oral solution	1		zonisamide oral	1	
levetiracetam oral tablet	1		Antidementia agents - Drugs for Alzheimer's disease and dementia		
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL	donepezil hcl oral tablet	1	
MOTPOLY XR	3	PA	memantine hcl er	1	
MYSOLINE	2		memantine hcl oral tablet	1	
NAYZILAM	3	PA, QL	rivastigmine	3	
NEURONTIN	3	PA	rivastigmine tartrate	1	
ONFI	3	PA	Antidepressants - Drugs for depression		
oxcarbazepine	1		amitriptyline hcl oral	1	
perampanel oral tablet	2	PA	AUVELITY	3	ST, QL
phenobarbital oral tablet	1		bupropion hcl er (sr)	1	
phenytek	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
phenytoin sodium extended	1		bupropion hcl oral	1	
primidone oral	1		citalopram hydrobromide oral tablet	1	
roweepra	1		clomipramine hcl oral	3	
subvenite oral tablet	1		desipramine hcl oral	1	
SYMPAZAN	3	PA	desvenlafaxine succinate er	3	
TEGRETOL ORAL TABLET	3		doxepin hcl oral capsule	1	
TEGRETOL-XR	3		doxepin hcl oral concentrate	1	
TOPAMAX	3	PA	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
TOPAMAX SPRINKLE	3	PA	escitalopram oxalate oral solution	2	
topiramate oral capsule sprinkle	1		escitalopram oxalate oral tablet	1	
topiramate oral tablet	1		EXXUA	3	ST, QL
TRILEPTAL	3	PA	EXXUA TITRATION PACK	3	ST, QL
valproic acid oral capsule	1		FETZIMA	3	ST, QL
valproic acid oral solution 250 mg/5ml	1		fluoxetine hcl oral capsule	1	
VALTOCO 10 MG DOSE	3	PA, QL	fluoxetine hcl oral solution	1	
VALTOCO 15 MG DOSE	3	PA, QL	fluoxetine hcl oral tablet	3	
VALTOCO 20 MG DOSE	3	PA, QL			
VALTOCO 5 MG DOSE	3	PA, QL			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule	2	QL
dronabinol oral capsule	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external gel	1	

Drug name	Drug tier	Requirements & limits
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-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
nyamyc external powder 100000 unit/gm	1	QL
nystatin external	1	QL
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout agents - Drugs for gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
febuxostat	3	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA, QL
rizatriptan benzoate oral	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL

Antimyasthenic agents - Drugs to treat myasthenia gravis

pyridostigmine bromide oral tablet 60 mg	1	
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Antimycobacterials - Drugs to treat infections

dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	

Drug name	Drug tier	Requirements & limits
Antineoplastics - Drugs for cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abirtega	2	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA ORAL CAPSULE	3	PA, ST, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	2	PA, QL, SP
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
GAVRETO	3	PA, QL, SP
hydroxyurea oral	1	
HYRNUO	2	PA, QL, SP
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL SUSPENSION	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	2	PA, QL, SP
KISQALI (400 MG DOSE)	2	PA, QL, SP
KISQALI (600 MG DOSE)	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
KOSELUGO ORAL CAPSULE	3	PA, QL, SP
lederle leucovorin	1	
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	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
leuprolide acetate injection	1	PA, SP
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
pomalidomide	3	PA, QL, SP
RETEVMO	3	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCSEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
TEPMETKO	3	PA, QL, SP
torpenz	2	PA, QL, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
yulithira	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for parasitic infections		
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE EXTERNAL CREAM 5 %	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
STROMEKTOL	3	PA, QL
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	2	
ropinirole hcl	1	
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
ziprasidone hcl	2	
Antivirals - Drugs for viral infections		
acyclovir external ointment	3	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H

Drug name	Drug tier	Requirements & limits
entecavir	1	
famciclovir oral	2	
GENVOYA	3	QL
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
valacyclovir hcl oral tablet 1 gm	1	QL
valacyclovir hcl oral tablet 500 mg	1	
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
alprazolam xr	1		atorvastatin calcium oral tablet 40 mg, 80 mg	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1		benazepril hcl oral	1	
chlordiazepoxide hcl	1		benazepril-hydrochlorothiazide	1	
clonazepam oral	1		bisoprolol fumarate oral	1	
clorazepate dipotassium	1		bisoprolol-hydrochlorothiazide	1	
diazepam oral solution	1		bumetanide oral	1	
diazepam oral tablet	1		BUMEX	3	
HALCION ORAL TABLET 0.25 MG	3		CAMZYOS	3	PA, QL, SP
hydroxyzine hcl oral syrup 10 mg/5ml	1		candesartan cilexetil	3	
hydroxyzine hcl oral tablet	1		candesartan cilexetil-hctz	3	
hydroxyzine pamoate oral	1		captopril oral	1	
lorazepam oral tablet	1		CARDURA	3	
triazolam	1		cartia xt	2	
Bipolar agents - Drugs for mood disorders			carvedilol	1	
lithium carbonate er	1		chlorthalidone	1	
lithium carbonate oral	1		cholestyramine light	1	
LITHOBID	3	PA	cholestyramine oral	1	
Cardiovascular agents - Drugs for heart and circulation conditions			clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
acebutolol hcl oral	1		clonidine patch weekly	3	
acetazolamide er	1		colesevelam hcl oral tablet	2	
acetazolamide oral	1		COLESTID ORAL TABLET	3	
amiloride hcl oral	1		colestipol hcl oral tablet	1	
amiodarone hcl oral	1		CORLANOR ORAL TABLET	3	PA, QL
amlodipine besylate oral	1		digoxin oral tablet	1	
amlodipine besylate-benazepril hcl	1		diltiazem hcl er beads	2	
amlodipine besylate-valsartan	2		diltiazem hcl er coated beads	2	
amlodipine-olmesartan	3		diltiazem hcl er oral capsule extended release 12 hour	1	
ARBLI	3	PA	diltiazem hcl er oral capsule extended release 24 hour	1	
atenolol oral	1		diltiazem hcl er oral tablet extended release 24 hour	2	
atenolol-chlorthalidone	1		diltiazem hcl oral	1	
ATORVALIQ	3	PA	dilt-xr	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	dofetilide	2	
			doxazosin mesylate oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
enalapril maleate oral solution	3	PA	lisinopril-hydrochlorothiazide	1	
enalapril maleate oral tablet	1		LODOCO	3	QL
enalapril-hydrochlorothiazide	1		LOPID	3	
eplerenone	2		LOPRESSOR ORAL SOLUTION	3	PA
ezetimibe	2		losartan potassium oral	1	
ezetimibe-simvastatin	3		losartan potassium-hctz	1	
felodipine er	1		LOTENSIN	3	
fenofibrate micronized	2		LOTENSIN HCT	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2		lovastatin oral	1	H
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2		matzim la	2	
fenofibric acid oral capsule delayed release	2		metolazone	1	
flecainide acetate	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
fosinopril sodium	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
furosemide oral	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
gemfibrozil oral	1		metoprolol-hydrochlorothiazide	1	
guanfacine hcl	1		mexiletine hcl oral	1	
HEMANGEOL	3		midodrine hcl	1	
hydralazine hcl oral	1		minoxidil oral	1	
hydrochlorothiazide oral	1		MULTAQ	3	PA
indapamide	1		nadolol oral	1	
INZIRQO	3	PA	nebivolol hcl	3	
irbesartan	1		NEXLETOL	2	PA, ST, QL
irbesartan-hydrochlorothiazide	1		NEXLIZET	2	PA, ST, QL
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		niacin er (antihyperlipidemic)	2	
isosorbide mononitrate er	1		nifedipine er	1	
ivabradine hcl	3	PA, QL	nifedipine er osmotic release	1	
KAPSPARGO SPRINKLE	3		nifedipine oral	1	
KERENDIA	3	PA, QL	nitro-bid	2	
labetalol hcl oral	1		NITRO-DUR	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nitroglycerin rectal	3	QL
LANOXIN ORAL TABLET 62.5 MCG	3		nitroglycerin sublingual	1	
LASIX	3		nitroglycerin transdermal ointment	2	
lisinopril oral	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
nitroglycerin transdermal patch 24 hour	1		telmisartan-hctz	2	
NITROSTAT	3		tiadylt er	2	
NORLIQVA	3	PA	TIAZAC	3	
olmesartan medoxomil oral	2		TIKOSYN	3	
olmesartan medoxomil-hctz	2		torsemide	1	
omega-3-acid ethyl esters	2		trandolapril	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3		triamterene-hctz	1	
PACERONE ORAL TABLET 200 MG	3		TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA, QL, SP
pentoxifylline er	1		valsartan oral solution	3	PA
pravastatin sodium	1		valsartan oral tablet	2	
prazosin hcl oral	1		valsartan-hydrochlorothiazide	1	
prevalite	1		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
propafenone hcl	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
propafenone hcl er	3		verapamil hcl er oral tablet extended release	1	
propranolol hcl er	2		verapamil hcl oral	1	
propranolol hcl oral	1		VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	3	
QUESTRAN	3		VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
QUESTRAN LIGHT	3		VERQUVO	3	PA, QL
ramipril	1		VYNDAQEL ORAL CAPSULE 20 MG	2	PA, QL, SP
ranolazine er	2		Central nervous system agents - Drugs for attention deficit disorder		
RECTIV	3	QL	amphetamine sulfate	2	
REPATHA	2	QL	amphetamine-dextroamphetamine	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL	amphetamine-dextroamphetamine er	2	QL
REPATHA SURECLICK	2	QL	amphet-dextroamphet 3-bead er	3	QL
rosuvastatin calcium oral	2				
sacubitril-valsartan	2	PA, QL			
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA			
simvastatin oral tablet 80 mg	1				
sotalol hcl oral	1				
spironolactone oral tablet	1				
spironolactone-hctz	1				
TEKTURNA	3				
telmisartan	2				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
atomoxetine hcl oral capsule	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	3	
guanfacine hcl er	2	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la)	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er(diffus)	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL
Central nervous system agents - Drugs for multiple sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP

Drug name	Drug tier	Requirements & limits
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	2	PA, QL, SP
Central nervous system agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYNKUET	3	PA, QL
LYRICA ORAL CAPSULE	3	PA
milnacipran hcl oral tablet	3	QL
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA, SP
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
Dental and oral agents - Drugs for mouth and throat conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
JUST RIGHT 5000	3		azelaic acid external	3	
KOURZEQ	2		AZELEX	3	QL
lidocaine hcl mouth/throat	1		BENZAMYCIN	2	QL
lidocaine viscous hcl	1		benzoyl peroxide-erythromycin	1	QL
ORALONE	2		betamethasone dipropionate aug external cream	1	
PERIDEX	3		betamethasone dipropionate aug external lotion	3	
periogard	1		betamethasone dipropionate aug external ointment	3	
pilocarpine hcl oral	1		betamethasone dipropionate external cream	2	
PREVIDENT 5000 BOOSTER PLUS	3		betamethasone dipropionate external lotion	1	
PREVIDENT 5000 DRY MOUTH	3		betamethasone dipropionate external ointment	2	
PREVIDENT 5000 KIDS	3		betamethasone dipropionate external ointment	2	
PREVIDENT 5000 ORTHO DEFENSE	3		betamethasone valerate external cream	1	
PREVIDENT 5000 PLUS	3		betamethasone valerate external lotion	1	
PREVIDENT DENTAL	3		betamethasone valerate external ointment	1	
SALAGEN	3		calcipotriene external cream	2	QL
sf 5000 plus	1		calcipotriene external ointment	2	
sf gel 1.1%	1		calcipotriene external solution	3	QL
sodium fluoride 5000 plus	1		CALCITRENE	3	
sodium fluoride 5000 ppm	1		CIBINQO	2	PA, QL, SP
sodium fluoride 5000 ppm dental cream 1.1 %	1		ciclopirox olamine external suspension	1	
sodium fluoride dental	1		claravis	2	
triamcinolone acetonide mouth/ throat	1		CLEOCIN-T	3	
Dermatological agents - Drugs for skin conditions			clindacin etz	1	
acutane	2		clindacin-p	1	
acitretin	1		clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL	clindamycin phos (twice-daily) gel 1 % external	2	QL
ADBRY	2	PA, QL, SP	clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
AKLIEF	3	PA, QL	clindamycin phosphate external lotion	3	
alclometasone dipropionate	1				
amnestem	2				
AMZEEQ	3	QL			
ANZUPGO	3	PA, QL, SP			
AVAR CLEANSER	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
clindamycin phosphate external solution	1		fluocinolone acetonide body	3	QL
clindamycin phosphate external swab	1		fluocinolone acetonide external cream	3	QL
clobetasol prop emollient base	2	QL	fluocinolone acetonide external ointment	2	QL
clobetasol propionate e	2	QL	fluocinolone acetonide external solution	1	
clobetasol propionate external cream 0.05 %	2	QL	fluocinolone acetonide scalp	3	
clobetasol propionate external gel	2	QL	fluocinonide external cream 0.05 %	1	
clobetasol propionate external liquid	1	QL	fluocinonide external gel	1	
clobetasol propionate external ointment	2	QL	fluocinonide external ointment	1	
clobetasol propionate external solution	1	QL	fluocinonide external solution	1	
clotrimazole-betamethasone	1		fluorouracil external cream 5 %	1	
dapsone external	3	QL	fluticasone propionate external cream	1	
DERMA-SMOOTH/FS BODY	3	QL	fluticasone propionate external ointment	1	
DERMA-SMOOTH/FS SCALP	3		halobetasol propionate external cream	2	QL
desonide external cream	2	QL	halobetasol propionate external ointment	2	QL
desonide external lotion	3	QL	hydrocortisone external cream 2.5 %	1	
desonide external ointment	2	QL	hydrocortisone external lotion 2.5 %	1	
DESOWEN EXTERNAL CREAM 0.05 %	3	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
desoximetasone external cream	1	QL	hydrocortisone valerate external cream	2	QL
desoximetasone external ointment	3	QL	ICOTYDE	2	PA, QL, SP
diclofenac sodium external gel 3 %	2	PA, QL	imiquimod external cream 5 %	1	
DIPROLENE	3		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
DRYSOL	3		KLARON	3	
DUPIXENT	2	PA, QL, SP	KLISYRI	3	ST, QL
EBGLYSS	2	PA, QL, SP	METROCREAM EXTERNAL CREAM 0.75 %	3	
EFUDEX EXTERNAL CREAM 5 %	3		METROLOTION EXTERNAL LOTION 0.75 %	3	
ENSTILAR	3	QL	metronidazole external cream	1	
ERYGEL EXTERNAL GEL 2 %	3				
erythromycin external	1				
EUCRISA	3	ST, QL			
FINACEA EXTERNAL FOAM	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
metronidazole external gel 0.75 %	1	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	3	QL
OPZELURA	3	PA, QL, SP
OVACE PLUS WASH EXTERNAL LIQUID 10 %	3	
OVACE WASH EXTERNAL LIQUID 10 %	3	
PANRETIN	3	
PELLIX	3	QL
pimecrolimus	3	QL
podofilox external solution	1	
RHOFADE	3	PA, QL
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS SOLUTION	2	SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TOPICORT	3	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
TREMFYA	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
tretinoin external cream	3	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	
triderm	1	QL
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
VTAMA	3	PA, QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	3	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL

Diabetes - Glucose monitoring and supplies

ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	QL
ACCU-CHEK GUIDE KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE ME KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BIGFOOT UNITY PROGRAM	3	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 1-1/2", 25G X 5/8"	2		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2		FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL
CAREPOINT PRECISION POLY HUB	2		FREESTYLE LIBRE 2 READER	3	PA, QL
CAREPOINT SAFETY 1ST NEEDLE	2		FREESTYLE LIBRE 2 SENSOR	3	PA, QL
CEQUR SIMPLICITY 2U 10PK	3	ST	FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL
CONTOUR NEXT EZ KIT W/ DEVICE	1	QL	FREESTYLE LIBRE 3 READER	3	PA, QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
CONTOUR NEXT GEN TEST STRIPS	1	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	QL	GUARDIAN 4 TRANSMITTER	3	PA, QL
CONTOUR NEXT ONE KIT	1	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
CONTOUR PLUS TEST STRIP	1	QL	GUARDIAN SENSOR 3	3	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL	INPEN 100-BLUE-LILLY-HUMALOG	3	ST
DEXCOM G6 SENSOR	3	PA, QL	INPEN 100-BLUE-NOVOLOG-FIASP	3	ST
DEXCOM G6 TRANSMITTER	3	PA, QL	INPEN 100-GREY-LILLY-HUMALOG	3	ST
DEXCOM G7 15 DAY SENSOR	3	PA, QL	INPEN 100-GREY-NOVOLOG-FIASP	3	ST
DEXCOM G7 RECEIVER	3	PA, QL	INPEN 100-PINK-LILLY-HUMALOG	3	ST
DEXCOM G7 SENSOR	3	PA, QL	INPEN 100-PINK-NOVOLOG-FIASP	3	ST
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL	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
DROPSAFE SICURA	2		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
EMBECTA AUTOSHIELD 30GX5MM	2	QL	LANCETS	1	
EMBECTA INSULIN SYRINGE	2	QL	MINIMED 630G GUARDIAN PRESS	3	PA
EMBECTA INSULIN SYRINGE U-500	2	QL			
EMBECTA PEN NEEDLE/ NANO/32G X 4MM	2	QL			
ENLITE GLUCOSE SENSOR	3	PA			
FREESTYLE LIBRE 14 DAY READER	3	PA, QL			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
MINIMED INSTINCT GLUC SENSOR	3	PA, QL
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 LIBRE INTRO	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
RELION GLUCOSE TEST STRIPS	3	QL
SIMPLERA SYNC SENSOR	3	PA
TECHLITE INSULIN SYRINGES (Arkay)	2	QL
TECHLITE PEN NEEDLES (Arkay)	2	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG 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 SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL

Drug name	Drug tier	Requirements & limits
HUMULIN R VIAL	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-insulin agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	
CYCLOSET	3	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	(manufactured by Fresenius)

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
glucagon emergency kit injection solution reconstituted 1 mg	2	
GLUCOTROL XL	3	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	2	
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL

Drug name	Drug tier	Requirements & limits
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	2	SP
AFSTYLA	2	SP
ALPROLIX	3	SP
ALTUVIIIO	2	SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTelet	3	PA, QL, SP
ELOCTATE	2	SP
eltrombopag olamine oral tablet	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA, QL, SP
IDELVION	3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
tranexamic acid oral	2	QL
UDENYCA	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	3	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
IMVEXXY MAINTENANCE PACK	2	QL	multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
IMVEXXY STARTER PACK	2	QL	multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
INTRAROSA	3	PA, QL	multivitamin w/fluoride tablet chewable 1 mg oral	1	
OSPHEA	3	PA, QL	multivitamin/fluoride oral tablet chewable	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL	NASCOBAL	3	
tadalafil oral	2	QL	NEONATAL COMPLETE	3	
varafenil hcl oral tablet	3	QL	NEONATAL PLUS	3	
VYLEESI	3	PA, QL	NIVA-PLUS	3	
Electrolytes / Vitamins			ONE VITE WOMENS PLUS	3	
CARNITOR ORAL SOLUTION	3		ORACIT	2	
CARNITOR SF	3		ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
CO-NATAL FA	2		PHOSPHA 250 NEUTRAL	2	
cyanocobalamin injection solution 1000 mcg/ml	1		phosphorous	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		phospho-trin 250 neutral	1	
cyanocobalamin nasal	3		pnr 27-ca/fe/fa	1	
DENTA 5000 PLUS SENSITIVE	3		potassium chloride crys er	1	
DODEX INJECTION SOLUTION 1000 MCG/ML	3		potassium chloride er	1	
DRISDOL	3		potassium chloride oral packet 20 meq	1	
ergocalciferol oral capsule	1		potassium chloride oral solution	1	
FLOTREX ORAL TABLET CHEWABLE 1 MG	3		potassium citrate er	1	
FLUORIMAX 5000 SENSITIVE	3		prenatal oral tablet 27-1 mg	1	
folic acid oral tablet 1 mg	1		prenatal plus	1	
klor-con	1		prenatal plus vitamin/mineral	1	
klor-con 10	1		PREVIDENT 5000 ENAMEL PROTECT	3	
klor-con m10	1		PREVIDENT 5000 SENSITIVE	3	
klor-con m15	1		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3	
klor-con m20	1		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
K-PHOS-NEUTRAL	2		sod fluoride-potassium nitrate	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3		sodium fluoride 5000 enamel	1	
levocarnitine oral solution	1		sodium fluoride 5000 sensitive	1	
levocarnitine sf	1				
LOKELMA	3	PA, QL			
M-NATAL PLUS	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
tolvaptan oral tablet therapy pack	2	PA, QL, SP
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL

Drug name	Drug tier	Requirements & limits
sucralfate oral suspension	3	
sucralfate oral tablet	1	
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		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	2	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
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
prucalopride succinate	3	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	QL
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or enzyme disorder - Drugs for replacement, modification, treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
VYNDAMAX	2	PA, QL, SP
YUWIWEL	3	PA, QL, SP
ZENPEP	2	

Drug name	Drug tier	Requirements & limits
Genitourinary agents - Drugs for bladder, genital and kidney conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
FILSPARI	3	PA, QL, SP
mirabegron er oral tablet extended release 24 hour	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tropium chloride	3	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST
VOYXACT	3	PA, QL, SP
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	3	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	2	
ACTIVELLA	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
afirmelle	1	H	dasetta 7/7/7	1	H
ALORA	3	QL	daysee	1	H
altavera	1	H	deblitane	1	H
alyacen 1/35	1	H	DELESTROGEN	3	
alyacen 7/7/7	1	H	delyla	1	H
ANNOVERA	3	QL	DEPO-PROVERA	3	QL
apri	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
aranelle	1	H	desogestrel-ethinyl estradiol	1	H
ashlyna	1	H	DIVIGEL	3	
aubra eq	1	H	dotti	2	QL
aurovela 1.5/30	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aurovela 1/20	1	H	drospirenone-ethinyl estradiol	3	
aurovela 24 fe	1	H	DUAVEE	3	QL
aurovela fe 1.5/30	1	H	EEMT	2	
aurovela fe 1/20	1	H	EEMT HS	3	
aviane	1	H	ELESTRIN	3	
ayuna	1	H	elinest	1	H
azurette	1	H	ELLA	1	QL, H
balziva	1	H	eluryng	1	H
BIJUVA	3		emzahh	1	H
blisovi 24 fe	1	H	enilloring	1	H
blisovi fe 1.5/30	1	H	enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
blisovi fe 1/20	1	H	enskyce	1	H
briellyn	1	H	errin	1	H
camila	1	H	est estrogens-methyltest	1	
camrese	1	H	est estrogens-methyltest ds	1	
camrese lo	1	H	est estrogens-methyltest hs	1	
charlotte 24 fe	1	H	estarylla	1	H
chateal eq	1	H	estradiol oral	1	
CLIMARA PRO	3	QL	estradiol patch twice weekly	2	QL
COMBIPATCH	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	
COVARYX	2		estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
COVARYX HS	3				
cryselle	1	H			
cryselle-28	1	H			
cyred eq	1	H			
dasetta 1/35 (28)	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
estradiol transdermal patch weekly	1	(generic for Climara), QL	jencycla	1	H
estradiol vaginal cream	3		jinteli	1	
estradiol vaginal tablet	2		jolessa	2	H
estradiol valerate intramuscular	1		juleber	1	H
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	2		junel 1.5/30	1	H
estradiol-norethindrone acet oral tablet 1-0.5 mg	1		junel 1/20	1	H
estratest f.s. oral tablet 1.25-2.5 mg	1		junel fe 1.5/30	1	H
ESTRATEST H.S.	3		junel fe 1/20	1	H
ESTRING	2	QL	junel fe 24	1	H
estrogens conjugated	3		kalliga	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H	kariva	1	H
etonogestrel-ethinyl estradiol	1	H	kelnor 1/35	1	H
EVAMIST	2		kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
falmina	1	H	kurvelo	1	H
feirza 1.5/30	1	H	larin 1.5/30	1	H
feirza 1/20	1	H	larin 1/20	1	H
FEMRING	3	QL	larin 24 fe	1	H
finzala	1	H	larin fe 1.5/30	1	H
fyavolv	1		larin fe 1/20	1	H
gallifrey	1		leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H
hailey 1.5/30	1	H	lessina	1	H
hailey 24 fe	1	H	levonest	1	H
hailey fe 1.5/30	1	H	levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
hailey fe 1/20	1	H	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
heather	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
iclevia	2	H	levonorg-eth estrad triphasic	1	H
incassia	1	H	levora 0.15/30 (28)	1	H
introvale	2	H	LO LOESTRIN FE	1	H
isibloom	1	H	lojaimiess	1	H
jaimiess	1	H	loryna	3	
jasmiel	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
low-ogestrel	1	H	norethindrone-eth estradiol	1	
lo-zumandimine	3		norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
luizza 1.5/30	1	H	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
luizza 1/20	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
luteria	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
lyleq	1	H	norlyroc	1	H
lyllana	2	QL	nortrel 0.5/35 (28)	1	H
lyza	1	H	nortrel 1/35 (21)	1	H
marlissa	1	H	nortrel 1/35 (28)	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	nortrel 7/7/7	1	H
medroxyprogesterone acetate oral	1		nylia 1/35	1	H
megestrol acetate oral tablet	1		nylia 7/7/7	1	H
meleya	1	H	ocella oral tablet 3-0.03 mg	3	
MENOSTAR	3	QL	orquidea	1	H
mibelas 24 fe	1	H	philith	1	H
microgestin 1.5/30	1	H	pimtrea	1	H
microgestin 1/20	1	H	portia-28	1	H
microgestin fe 1.5/30	1	H	PREMARIN ORAL	3	
microgestin fe 1/20	1	H	PREMARIN VAGINAL	3	
mili	1	H	PREMPHASE	3	
mimvey	1		PREMPRO	3	
mono-lynyah	1	H	progesterone intramuscular	1	
MYFEMBREE	2	PA, QL	progesterone oral	2	
NATAZIA	1		PROVERA	3	
necon 0.5/35 (28)	1	H	reclipsen	1	H
nikki	3		rivelsa	1	H
nora-be	1	H	rosyrah	1	H
norelgestromin-eth estradiol	3	H	setlakin	2	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H	sharobel	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H	simliya	1	H
norethindrone acetate oral	1		simpesse	1	H
norethindrone acet-ethinyl est	1	H	SLYND	3	PA, ST
norethindrone oral	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
violele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H

Drug name	Drug tier	Requirements & limits
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal agents - Oral steroids		
CORTEF	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
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	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NORDITROPIN FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOGROYA	3	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Hormonal agents - Testosterone replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL (generic AndroGel Pump)
Hormonal agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liomny	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	

Drug name	Drug tier	Requirements & limits
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological agents - Drugs for immune system stimulation or suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AVTOZMA SUBCUTANEOUS	3	PA, ST, QL, SP
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
cyclosporine modified oral capsule	1		RINVOQ LQ	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	RUCONEST	3	PA, QL, SP
ENBREL	2	PA, QL, SP	SIMPONI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP	sirolimus oral tablet	1	
ENBREL SURECLICK	2	PA, QL, SP	SKYRIZI	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	tacrolimus oral	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	SP	TAKHZYRO	2	PA, QL, SP
engraf	1		TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP	TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	H
HYFTOR	3	PA, QL	TENIVAC	3	H
JYLAMVO	3	PA	tofacitinib citrate er	2	PA, QL, SP
KEVZARA	3	PA, ST, QL, SP	tofacitinib citrate oral tablet	2	PA, QL, SP
leflunomide oral	1		TREXALL	2	
LITFULO	3	PA, QL, SP	VAQTA INTRAMUSCULAR SUSPENSION	2	H
LUPKYNIS	3	PA, QL, SP	VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
methotrexate sodium (pf)	1		XOLAIR	2	PA, QL, SP
methotrexate sodium injection solution	1		YESINTEK	2	PA, QL, SP
methotrexate sodium oral	1		Immunological agents - Drugs for vaccination		
mycophenolate mofetil oral capsule	1		ABRYSVO	3	H
mycophenolate mofetil oral tablet	1		ADACEL	3	H
mycophenolate sodium	2		AFLURIA PRESERVATIVE FREE	3	H
mycophenolic acid	2		AREXVY	3	H
MYHIBBIN	1		BOOSTRIX	2	H
OLUMIANT	3	PA, ST, QL, SP	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
OMVOH SUBCUTANEOUS	2	PA, QL, SP	CAPVAXIVE	3	H
ORENCIA CLICKJECT	3	PA, ST, QL, SP	COMIRNATY	3	H
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP	COMIRNATY 5-11 YEARS	3	H
OTEZLA	2	PA, QL, SP	ENGERIX-B	2	H
OTEZLA XR	2	PA, QL, SP	FLUAD	3	H
PROGRAF ORAL CAPSULE	3		FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
RASUVO	2	QL			
RINVOQ	2	PA, QL, SP			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE	3	H
FLUZONE HIGH-DOSE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MNEXSPIKE	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
clomid	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP

Drug name	Drug tier	Requirements & limits
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	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3	ST, SP
MENOPUR	3	QL, SP
milophene	2	
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone vaginal	2	
Inflammatory bowel disease agents		
ANALPRAM HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
EOHILIA	3	PA, QL
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA RECTAL ENEMA 4 GM/60ML	3	
sulfasalazine oral	1	
UCERIS ORAL	3	

Metabolic bone disease agents - Drugs for osteoporosis

alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet	3	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

Metabolic bone disease agents - Other

calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP

Ophthalmic agents - Drugs for eye allergy, infection and inflammation

ACULAR	3	
ACULAR LS	3	

Drug name	Drug tier	Requirements & limits
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMVEY	3	PA, QL
ZYLET	3	

Ophthalmic agents - Drugs for glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic solution 0.03 %	2	QL
bimatoprost solution 0.01 % ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	2	
ISTALOL	3	
latanoprost ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	

Drug name	Drug tier	Requirements & limits
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL

Ophthalmic agents - Drugs for miscellaneous eye conditions

atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL

Otic agents - Drugs for ear conditions

acetic acid otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector	1	QL
NEFFY	3	QL

Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
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See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
benzonatate oral capsule 100 mg, 200 mg	1		AEROCHAMBER PLS FLOVU MTHPIECE	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3		AEROCHAMBER PLUS FLO-VU INTERM	3	
carbinoxamine maleate oral tablet 4 mg	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	3	
ciproheptadine hcl oral syrup 2 mg/5ml	1		AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
ciproheptadine hcl oral tablet	1		AEROCHAMBER PLUS FLO-VU SMALL DEVICE	3	
flunisolide nasal	3		AEROCHAMBER2GO ANTI-STATIC	3	
fluticasone propionate nasal	2		AIRSUPRA	3	QL
hydrocod poli-chlorphe poli er	3	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
hydrocodone bit-homatrop mbr oral solution	1	PA, 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	
hydromet oral solution 5-1.5 mg/5ml	1	PA, QL	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
HYPERSAL	2		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ipratropium bromide nasal	1		albuterol sulfate oral syrup 2 mg/5ml	1	
levocetirizine dihydrochloride oral solution	3		ANORO ELLIPTA	3	QL
levocetirizine dihydrochloride oral tablet	1		ARNUITY ELLIPTA	1	QL
mometasone furoate nasal	3	QL	BEVESPI AEROSPHERE	2	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		BREO ELLIPTA	3	QL, RS
ODACTRA	3	PA, QL	BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS
olopatadine hcl nasal	3		BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL, RS
promethazine-codeine	1	PA, QL	budesonide inhalation	2	QL
promethazine-dm	1		COMBIVENT RESPIMAT	3	QL
pseudoephedrine-bromphen-dm	1		EASIVENT	3	
PULMOSAL	2		EASIVENT MASK LARGE	3	
RHAPSIDO	2	PA, QL, SP			
sodium chloride inhalation	1				
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD					
ACCOLATE ORAL TABLET 10 MG, 20 MG	3				
ADVAIR HFA	3	QL, RS			
AEROCHAMBER HOLDING CHAMBER	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
EASIVENT MASK MEDIUM	3		TRELEGY ELLIPTA	3	QL, RS
EASIVENT MASK SMALL	3		VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
FASENRA PEN	3	PA, QL, SP	VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
FLEXICHAMBER	3		VORTEX VALVE CHAMBER-PEDI MASK	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS	VORTEX VALVED HOLDING CHAMBER DEVICE	2	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL	VORTEX VALVED HOLDING CHAMBER DEVICE	3	
INSPIREASE	3		wixela inhub	3	QL, RS
ipratropium bromide hfa	3	QL	XOPENEX HFA	3	QL
ipratropium bromide inhalation	1		YUPELRI	3	PA, QL
ipratropium-albuterol	2		zafirlukast	1	
levalbuterol hcl inhalation	3	QL	Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	PULMOZYME	2	PA, QL, SP
MICROCHAMBER	3		TOBI PODHALER	3	PA, QL, SP
montelukast sodium oral packet	2		TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
montelukast sodium oral tablet	1		Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
montelukast sodium oral tablet chewable	1		nintedanib esylate	3	PA, QL, SP
NUCALA	3	PA, QL, SP	Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
PERFOROMIST	3	QL	ADEMPAS	2	PA, QL, SP
PROCHAMBER VHC	3		alyq	2	PA, QL, SP
QVAR REDHALER	1	QL	macitentan	2	PA, QL, SP
roflumilast	2	QL	sildenafil citrate oral tablet 20 mg	1	QL, SP
SEREVENT DISKUS	2	QL	tadalafil (pah)	1	PA, QL, SP
SINGULAIR ORAL PACKET	3		TADLIQ	3	PA, QL, SP
SPIRIVA HANDIHALER	2	QL	TYVASO	2	PA, QL, SP
SPIRIVA RESPIMAT	2	QL	TYVASO DPI	2	PA, QL, SP
STIOLTO RESPIMAT	2	QL	YUTREPIA	2	PA, QL, SP
STRIVERDI RESPIMAT	2	QL	Skeletal muscle relaxants - Drugs for muscle pain and spasm		
SYMBICORT	3	QL, RS	baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP	carisoprodol oral tablet 350 mg	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
TANLOR	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	2	QL
BELSOMRA	3	QL
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUMRYZ STARTER PACK	3	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL
RESTORIL	3	
sodium oxybate solution 500 mg/ml oral	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 5-7 for coverage details.



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abiraterone acetate oral tablet 250 mg	15	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	35	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	40
abirtega	15	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	35	albuterol sulfate oral syrup 2 mg/5ml	40
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cabergoline



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ទូរសព្ទមកលេខភក្តិភក្តិក្តីនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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