



Your 2027 Prescription Drug List

Traditional 4-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, River Valley, Optimum Choice, Inc., Global Solutions, Student Resources, and UnitedHealthOne medical plans when sold in your market with a pharmacy benefit subject to the Traditional 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 5 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage – 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 ⁴ – 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. ⁴

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

4. Not applicable to certain Student Resources 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 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	Drug name	Drug tier	Requirements & limits
Analgesics - Drugs for pain					
acetaminophen-codeine oral tablet	1	QL	methadone hcl oral tablet	1	PA, QL
apap-caff-dihydrocodeine	1	QL	morphine sulfate er	1	PA, QL
ascomp-codeine	1	QL	morphine sulfate oral tablet	1	QL
bac (butalbital-acetamin-caff)	1	QL	NUCYNTA ER	3	PA, QL
BELBUCA	3	PA, QL	oxycodone hcl oral capsule	1	QL
buprenorphine	1	PA, QL	oxycodone hcl oral solution	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		oxycodone hcl oral tablet	1	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
butalbital-apap-caffeine oral capsule	1	QL	premium lidocaine external ointment 5 %	1	QL
butalbital-apap-caffeine oral tablet	1	QL	tapentadol hcl	1	QL
butalbital-asa-caff-codeine	1	QL	TENCON	3	
butalbital-aspirin-caffeine	1		tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
butorphanol tartrate nasal	1	QL	tramadol hcl er tablet extended release 24 hour 100 mg oral	1	(generic for Ultram ER), QL
endocet	1	QL	tramadol hcl er tablet extended release 24 hour 100 mg oral	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL	tramadol hcl er tablet extended release 24 hour 200 mg oral	1	(generic for Ultram ER), QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL	tramadol hcl er tablet extended release 24 hour 200 mg oral	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL	tramadol hcl er tablet extended release 24 hour 300 mg oral	1	(generic for Ultram ER), QL
FIORICET	4	QL	tramadol hcl er tablet extended release 24 hour 300 mg oral	1	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL	tramadol hcl oral tablet 50 mg	1	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	tramadol-acetaminophen	1	QL
hydromorphone hcl oral tablet	1	QL	TREZIX	3	QL
JOURNAVX	4	QL	XTAMPZA ER	4	PA, QL
lidocaine external ointment 5 %	1	QL	ZTLIDO	3	PA, QL
lidocaine external patch 5 %	1	PA, QL	Analgesics - Drugs for pain and inflammation		
lidocaine-prilocaine external cream	1		aspirin 81 oral tablet delayed release	1	H
			aspirin adult low dose	1	H
			aspirin adult low strength	1	H
			aspirin childrens	1	H
			aspirin ec adult low dose	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
aspirin ec low dose	1	H	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
aspirin ec low strength	1	H	indomethacin er	1	
aspirin low dose	1	H	indomethacin oral capsule	1	
aspirin oral tablet chewable	1	H	ketorolac tromethamine oral	1	
aspirin oral tablet delayed release 81 mg	1	H	kls aspirin low dose	1	H
aspirin regimen	1	H	kp aspirin	1	H
celecoxib oral	1		meloxicam oral tablet	1	
cvs aspirin adult low dose	1	H	mm aspirin	1	H
cvs aspirin adult low strength	1	H	nabumetone oral	1	
cvs aspirin ec	1	H	naproxen dr	1	
cvs aspirin low dose	1	H	naproxen oral tablet	1	
cvs aspirin low strength	1	H	naproxen oral tablet delayed release	1	
DAYPRO ORAL TABLET 600 MG	4		naproxen sodium oral tablet 275 mg, 550 mg	1	
diclofenac potassium oral tablet 50 mg	1		oxaprozin oral tablet	1	
diclofenac sodium er	1		piroxicam oral	1	
diclofenac sodium oral	1		qc aspirin low dose	1	H
diclofenac-misoprostol	1		qc childrens aspirin	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3		ra aspirin adult low dose oral tablet chewable 81 mg	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4		ra aspirin adult low strength oral tablet chewable 81 mg	1	H
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1		ra aspirin childrens oral tablet chewable 81 mg	1	H
eq aspirin adult low dose	1	H	ra aspirin ec adult low st oral tablet delayed release 81 mg	1	H
eq aspirin low dose	1	H	ra aspirin ec oral tablet delayed release 81 mg	1	H
eql aspirin low dose	1	H	sm aspirin low dose oral tablet chewable 81 mg	1	H
etodolac	1		sm childrens aspirin oral tablet chewable 81 mg	1	H
ft aspirin low dose	1	H	sulindac oral	1	
ft aspirin oral tablet chewable	1	H	Anti-addiction / Substance abuse treatment agents		
gnp adult aspirin low strength	1	H	acamprosate calcium	1	
gnp aspirin low dose	1	H	buprenorphine hcl sublingual	1	QL
gnp aspirin oral tablet delayed release 81 mg	1	H	buprenorphine hcl-naloxone hcl sublingual film	1	QL
goodsense aspirin low dose	1	H			
goodsense aspirin oral tablet chewable	1	H			
h-e-b aspirin	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL	NICORETTE STARTER KIT	4	H
bupropion hcl er (smoking det)	1	H	nicotine mini	1	H
cvs nicotine	1	H	nicotine polacrilex mini	1	H
cvs nicotine polacrilex	1	H	nicotine polacrilex mouth/throat	1	H
disulfiram oral	1		nicotine step 1	1	H
eq nicotine	1	H	nicotine step 2	1	H
eq nicotine mouth/throat gum 4 mg	1	H	nicotine step 3	1	H
eq nicotine polacrilex	1	H	nicotine transdermal patch 24 hour	1	H
eq nicotine step 3	1	H	OPVEE	1	QL
ft naloxone hcl	1	QL	qc nicotine transdermal system	1	H
ft nicotine	1	H	ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mini	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp naloxone hcl	1	QL	ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
gnp nicotine mini	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	REXTOVY	1	QL
gnp nicotine polacrilex mouth/throat lozenge	1	H	REZENOPY	3	QL
gnp nicotine transdermal	1	H	sm nicotine mouth/throat gum	1	H
goodsense nicotine	1	H	sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
goodsense nicotine polacrilex	1	H	sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	1	H
habitrol	1	H	THRIVE	4	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	varenicline tartrate	1	H
KLOXXADO	1	QL	ZUBSOLV	1	QL
klis quit2	1	H	Antibacterials - Drugs for infections		
klis quit4	1	H	amoxicillin	1	
naloxone hcl nasal	1	QL	amoxicillin-potassium clavulanate	1	
naltrexone hcl oral	1	QL	ampicillin	1	
NARCAN	1	QL (includes Narcan OTC)	AVIDOXY	4	
NICODERM CQ	4	H	azithromycin oral packet 1 gm	1	
NICORETTE MINI	2	H	BACTRIM	4	
NICORETTE MOUTH/THROAT GUM	4	H	BACTRIM DS	4	
NICORETTE MOUTH/THROAT LOZENGE	2	H	BLUJEPA	4	QL

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
vancomycin hcl oral capsule	1		divalproex sodium er	1	
VANDAZOLE	4		divalproex sodium oral	1	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4		EPIDIOLEX	3	PA, SP
XACIATO	2	QL	epitol oral tablet 200 mg	1	
XEPI	3		eslicarbazepine acetate	1	PA
XIFAXAN	3	PA, QL	ethosuximide oral	1	
ZITHROMAX	4		FYCOMPA ORAL SUSPENSION	4	PA
Anticoagulants - Drugs to treat or prevent blood clots			FYCOMPA ORAL TABLET	3	PA
dabigatran etexilate mesylate	1	QL	gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
ELIQUIS TABLET	2	QL	gabapentin oral solution 250 mg/5ml	1	
enoxaparin sodium injection solution prefilled syringe	1	QL	gabapentin oral tablet 600 mg, 800 mg	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1		KEPPRA ORAL	4	PA
rivaroxaban oral tablet	1	QL	KEPPRA XR	4	PA
warfarin sodium oral	1		lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
XARELTO	2	QL	lacosamide oral tablet	1	
Anticonvulsants - Drugs for seizures			LAMICTAL	4	PA
APTIOM	4	PA	LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
brivaracetam oral tablet	1	PA	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
BRIVIACT ORAL SOLUTION	4	PA	lamotrigine er	1	
BRIVIACT ORAL TABLET	3	PA	lamotrigine oral tablet	1	
carbamazepine er	1		lamotrigine oral tablet chewable	1	
carbamazepine oral tablet	1		lamotrigine oral tablet dispersible	1	PA
carbamazepine oral tablet chewable	1		levetiracetam er	1	
CARBATROL	4		levetiracetam oral solution	1	
clobazam oral suspension 2.5 mg/ml	1	PA	levetiracetam oral tablet	1	
clobazam oral tablet	1	PA	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
DEPAKOTE	4	PA	MOTPOLY XR	3	PA
DEPAKOTE ER	4	PA	MYSOLINE	2	
DEPAKOTE SPRINKLES	4	PA	NAYZILAM	3	PA, QL
diazepam rectal	1	QL	NEURONTIN	4	PA
DILANTIN	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ONFI	4	PA	AUVELITY	4	ST, QL
oxcarbazepine	1		bupropion hcl er (sr)	1	
perampanel oral tablet	1	PA	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
phenobarbital oral tablet	1		bupropion hcl oral	1	
phenytek	1		citalopram hydrobromide oral tablet	1	
phenytoin sodium extended	1		clomipramine hcl oral	1	
primidone oral	1		desipramine hcl oral	1	
roweepra	1		desvenlafaxine succinate er	1	
subvenite oral tablet	1		doxepin hcl oral capsule	1	
SYMPAZAN	4	PA	doxepin hcl oral concentrate	1	
TEGRETOL ORAL TABLET	4		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
TEGRETOL-XR	4		escitalopram oxalate oral solution	1	
TOPAMAX	4	PA	escitalopram oxalate oral tablet	1	
TOPAMAX SPRINKLE	4	PA	EXXUA	4	ST, QL
topiramate oral capsule sprinkle	1		EXXUA TITRATION PACK	4	ST, QL
topiramate oral tablet	1		FETZIMA	4	ST, QL
TRILEPTAL	4	PA	fluoxetine hcl oral capsule	1	
valproic acid oral capsule	1		fluoxetine hcl oral solution	1	
valproic acid oral solution 250 mg/5ml	1		fluoxetine hcl oral tablet	1	
VALTOCO 10 MG DOSE	3	PA, QL	fluvoxamine maleate	1	
VALTOCO 15 MG DOSE	3	PA, QL	fluvoxamine maleate er	1	
VALTOCO 20 MG DOSE	3	PA, QL	imipramine hcl oral	1	
VALTOCO 5 MG DOSE	3	PA, QL	mirtazapine oral	1	
VIMPAT ORAL	4	PA	NORPRAMIN	4	
XCOPRI	3	PA	nortriptyline hcl oral capsule	1	
ZARONTIN	4		paroxetine hcl er	1	
ZONEGRAN	4	PA	paroxetine hcl oral tablet	1	
zonisamide oral	1		RALDESY	4	PA
Antidementia agents - Drugs for Alzheimer's disease and dementia			sertraline hcl oral concentrate	1	
donepezil hcl oral tablet	1		sertraline hcl oral tablet	1	
memantine hcl er	1		SPRAVATO	4	PA, QL, SP
memantine hcl oral tablet	1		trazodone hcl oral	1	
rivastigmine	1		TRINTELLIX	4	ST, QL
rivastigmine tartrate	1				
Antidepressants - Drugs for depression					
amitriptyline hcl oral	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	1	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule	1	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	4	
scopolamine	1	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	

Drug name	Drug tier	Requirements & limits
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	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX	4	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	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA, QL
rizatriptan benzoate oral	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
sumatriptan succinate subcutaneous solution auto-injector	1	QL	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
UBRELVY	2	PA, ST, QL	exemestane	1	H-PA
ZAVZPRET	4	PA, ST, QL	GAVRETO	4	PA, QL, SP
zolmitriptan oral	1	QL	hydroxyurea oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	3	QL	HYRNUO	2	PA, QL, SP
ZOMIG NASAL SOLUTION 5 MG	1	QL	IBRANCE ORAL TABLET	4	PA, ST, QL, SP
Antimyasthenic agents - Drugs to treat myasthenia gravis			ICLUSIG	3	PA, QL, SP
pyridostigmine bromide oral tablet 60 mg	1		IDHIFA	2	PA, QL, SP
Antimycobacterials - Drugs to treat infections			imatinib mesylate oral	1	QL, SP
dapsone oral	1		IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
ethambutol hcl oral	1		IMBRUVICA ORAL SUSPENSION	2	PA, QL, SP
isoniazid oral tablet	1		IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
MYAMBUTOL ORAL TABLET 400 MG	4		IMKELDI	4	PA, QL, SP
rifampin oral	1		JAKAFI	2	PA, QL, SP
Antineoplastics - Drugs for cancer			KISQALI (200 MG DOSE)	2	PA, QL, SP
abiraterone acetate oral tablet 250 mg	1	QL, SP	KISQALI (400 MG DOSE)	2	PA, QL, SP
abirtega	1	QL, SP	KISQALI (600 MG DOSE)	2	PA, QL, SP
ALECENSA	2	PA, QL, SP	KOSELUGO ORAL CAPSULE	3	PA, QL, SP
ALUNBRIG	2	PA, QL, SP	lederle leucovorin	1	
anastrozole oral	1	H-PA	lenalidomide	1	PA, QL, SP
AUGTYRO	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
BESREMI	4	PA, QL, SP	letrozole oral	1	H-PA
bicalutamide	1		leucovorin calcium oral	1	
BRUKINSA ORAL CAPSULE	3	PA, ST, SP	leuprolide acetate injection	1	PA, SP
CABOMETYX	2	PA, QL, SP	LUMAKRAS	4	PA, QL, SP
CALQUENCE	2	PA, QL, SP	LYNPARZA	2	PA, QL, SP
capecitabine	1	SP	mercaptopurine oral tablet	1	
COTELLIC	2	PA, QL, SP	nilotinib hcl	1	PA, ST, QL, SP
dasatinib	1	PA, QL, SP	NUBEQA	2	PA, QL, SP
ENSACOVE	2	PA, QL, SP	ODOMZO	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP	ORGOVYX	3	PA, QL, SP
ERLEADA	2	PA, QL, SP	PIQRAY	2	PA, QL, SP
			pomalidomide	1	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
RETEVMO	4	PA, QL, SP	bromocriptine mesylate oral tablet	1	
ROZLYTREK	2	PA, QL, SP	carbidopa-levodopa er oral tablet extended release	1	
RYDAPT	2	PA, QL, SP	carbidopa-levodopa oral tablet	1	
SCEMBLIX	4	PA, QL, SP	CREXONT	4	ST
STIVARGA	2	PA, QL, SP	INBRIJA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP	NEUPRO	3	
TAGRISSO	3	PA, QL, SP	pramipexole dihydrochloride	1	
tamoxifen citrate oral tablet 10 mg	1		rasagiline mesylate oral	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA	ropinirole hcl	1	
temozolomide	1	SP	SINEMET	4	
TEPMETKO	4	PA, QL, SP	trihexyphenidyl hcl oral tablet	1	
torpenz	1	PA, QL, SP	Antiplatelets - Drugs for heart attack and stroke prevention		
TRUQAP	2	PA, QL, SP	cilostazol	1	
VENCLEXTA	2	PA, QL, SP	clopidogrel bisulfate oral	1	
VERZENIO	2	PA, QL, SP	prasugrel hcl	1	
VITRAKVI	2	PA, QL, SP	ticagrelor	1	QL
XTANDI	2	PA, QL, SP	Antipsychotics - Drugs for mood disorders		
yulithira	1	PA, QL, SP	aripiprazole oral solution	1	
ZEJULA	2	PA, QL, SP	aripiprazole oral tablet	1	
ZELBORAF	2	PA, QL, SP	asenapine maleate	1	QL
Antiparasitics - Drugs for parasitic infections			CAPLYTA	4	PA, ST, QL
ARAKODA	4	QL	chlorpromazine hcl oral tablet	1	QL
atovaquone	1		clozapine oral tablet	1	
atovaquone-proguanil hcl	1		CLOZARIL	4	
ELIMITE EXTERNAL CREAM 5 %	4		haloperidol oral	1	
hydroxychloroquine sulfate oral	1		lurasidone hcl	1	QL
ivermectin oral tablet 3 mg	1	PA, QL	olanzapine oral	1	
ivermectin oral tablet 6 mg	1	PA	paliperidone er	1	QL
MALARONE	4		quetiapine fumarate	1	
mefloquine hcl	1		quetiapine fumarate er	1	
permethrin external	1		REXULTI	4	QL
STROMEKTOL	4	PA, QL	risperidone	1	
Antiparkinson agents - Drugs for Parkinson's disease			VRAYLAR	4	QL
amantadine hcl oral capsule	1		ziprasidone hcl	1	
amantadine hcl oral tablet	1				
benztropine mesylate oral	1				

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Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
Antivirals - Drugs for viral infections					
acyclovir external ointment	1		tenofovir disoproxil fumarate	1	H-PA
acyclovir oral capsule	1		TIVICAY	3	
acyclovir oral suspension 200 mg/5ml	1		TRIUMEQ	2	QL
acyclovir oral tablet	1		TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
BIKTARVY	4	QL	valacyclovir hcl oral tablet 1 gm	1	QL
CIMDUO	2	QL	valacyclovir hcl oral tablet 500 mg	1	
DELSTRIGO	2	QL	valganciclovir hcl oral tablet	1	
DESCOVY ORAL TABLET 120-15 MG	4	QL	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
DESCOVY ORAL TABLET 200-25 MG	4	QL, H	VOSEVI	2	PA, QL, SP
DOVATO	2	QL	XOFLUZA (40 MG DOSE)	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL	XOFLUZA (80 MG DOSE)	3	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H	Anxiolytics - Drugs for anxiety		
entecavir	1		alprazolam er	1	
famciclovir oral	1		alprazolam oral	1	
GENVOYA	4	QL	alprazolam xr	1	
ISENTRESS HD	2		buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
ISENTRESS ORAL TABLET	2		chlordiazepoxide hcl	1	
JULUCA	2	QL	clonazepam oral	1	
LAGEVRIO	2	QL	clorazepate dipotassium	1	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	diazepam oral solution	1	
MAVYRET	2	PA, QL, SP	diazepam oral tablet	1	
ODEFSEY	4	QL	HALCION ORAL TABLET 0.25 MG	4	
oseltamivir phosphate oral	1		hydroxyzine hcl oral syrup 10 mg/5ml	1	
PAXLOVID (150/100)	2	QL	hydroxyzine hcl oral tablet	1	
PAXLOVID (300/100 & 150/100)	2	QL	hydroxyzine pamoate oral	1	
PAXLOVID (300/100)	2	QL	lorazepam oral tablet	1	
PREVYMIS ORAL TABLET	2	PA	triazolam	1	
PREZCOBIX	2		Bipolar agents - Drugs for mood disorders		
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	lithium carbonate er	1	
SYMFI	2	QL	lithium carbonate oral	1	
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL	LITHOBID	4	PA

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Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
Cardiovascular agents - Drugs for heart and circulation conditions			clonidine patch weekly	1	
acebutolol hcl oral	1		colesevelam hcl oral tablet	1	
acetazolamide er	1		COLESTID ORAL TABLET	4	
acetazolamide oral	1		colestipol hcl oral tablet	1	
amiloride hcl oral	1		CORLANOR ORAL TABLET	3	PA, QL
amiodarone hcl oral	1		digoxin oral tablet	1	
amlodipine besylate oral	1		diltiazem hcl er	1	
amlodipine besylate-benazepril hcl	1		diltiazem hcl er beads	1	
amlodipine besylate-valsartan	1		diltiazem hcl er coated beads	1	
amlodipine-olmesartan	1		diltiazem hcl oral	1	
ARB LI	4	PA	dilt-xr	1	
atenolol oral	1		dofetilide	1	
atenolol-chlorthalidone	1		doxazosin mesylate oral	1	
ATORVALIQ	4	PA	enalapril maleate oral solution	1	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	enalapril maleate oral tablet	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		enalapril-hydrochlorothiazide	1	
benazepril hcl oral	1		eplerenone	1	
benazepril-hydrochlorothiazide	1		ezetimibe	1	
bisoprolol fumarate oral	1		ezetimibe-simvastatin	1	
bisoprolol-hydrochlorothiazide	1		felodipine er	1	
bumetanide oral	1		fenofibrate micronized	1	
BUMEX	3		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
CAMZYOS	4	PA, QL, SP	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
candesartan cilexetil	1		fenofibric acid oral capsule delayed release	1	
candesartan cilexetil-hctz	1		flecainide acetate	1	
captopril oral	1		fosinopril sodium	1	
CARDURA	4		furosemide oral	1	
cartia xt	1		gemfibrozil oral	1	
carvedilol	1		guanfacine hcl	1	
chlorthalidone	1		HEMANGEOL	3	
cholestyramine light	1		hydralazine hcl oral	1	
cholestyramine oral	1		hydrochlorothiazide oral	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1		indapamide	1	
			INZIRQO	4	PA
			irbesartan	1	

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Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
irbesartan-hydrochlorothiazide	1		nifedipine er	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		nifedipine er osmotic release	1	
isosorbide mononitrate er	1		nifedipine oral	1	
ivabradine hcl	1	PA, QL	nitro-bid	1	
KAPSPARGO SPRINKLE	4		NITRO-DUR	3	
KERENDIA	4	PA, QL	nitroglycerin rectal	1	QL
labetalol hcl oral	1		nitroglycerin sublingual	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nitroglycerin transdermal	1	
LANOXIN ORAL TABLET 62.5 MCG	4		NITROSTAT	4	
LASIX	4		NORLIQVA	4	PA
lisinopril oral	1		olmesartan medoxomil oral	1	
lisinopril-hydrochlorothiazide	1		olmesartan medoxomil-hctz	1	
LODOCO	4	QL	omega-3-acid ethyl esters	1	
LOPID	4		PACERONE ORAL TABLET 100 MG, 400 MG	3	
LOPRESSOR ORAL SOLUTION	4	PA	PACERONE ORAL TABLET 200 MG	4	
losartan potassium oral	1		pentoxifylline er	1	
losartan potassium-hctz	1		pravastatin sodium	1	
LOTENSIN	4		prazosin hcl oral	1	
LOTENSIN HCT	4		prevalite	1	
lovastatin oral	1	H	propafenone hcl	1	
matzim la	1		propafenone hcl er	1	
metolazone	1		propranolol hcl er	1	
metoprolol succinate er	1		propranolol hcl oral	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		QUESTRAN	4	
metoprolol-hydrochlorothiazide	1		QUESTRAN LIGHT	4	
mexiletine hcl oral	1		ramipril	1	
midodrine hcl	1		ranolazine er	1	
minoxidil oral	1		RECTIV	4	QL
MULTAQ	4	PA	REPATHA	2	QL
nadolol oral	1		REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL
nebivolol hcl	1		REPATHA SURECLICK	2	QL
NEXLETOL	2	PA, ST, QL	rosuvastatin calcium oral	1	
NEXLIZET	2	PA, ST, QL	sacubitril-valsartan	1	PA, QL
niacin er (antihyperlipidemic)	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	amphet-dextroamphet 3-bead er	1	QL
simvastatin oral tablet 80 mg	1		atomoxetine hcl oral capsule	1	QL
sotalol hcl oral	1		AZSTARYS	3	ST, QL
spironolactone oral tablet	1		clonidine hcl er	1	
spironolactone-hctz	1		dexmethylphenidate hcl	1	
TEKTURN	3		dexmethylphenidate hcl er	1	QL
telmisartan	1		dextroamphetamine sulfate er	1	QL
telmisartan-hctz	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
tiadylt er	1		FOCALIN	4	
TIAZAC	4		guanfacine hcl er	1	
TIKOSYN	4		JORNAY PM	3	ST, QL
torsemide	1		lisdexamfetamine dimesylate	1	QL
trandolapril	1		METHYLIN	4	
triamterene-hctz	1		methylphenidate hcl er (cd)	1	QL
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	4	PA, QL, SP	methylphenidate hcl er (la)	1	QL
valsartan oral solution	1	PA	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
valsartan oral tablet	1		methylphenidate hcl er oral tablet extended release	1	QL
valsartan-hydrochlorothiazide	1		methylphenidate hcl er(diffus)	1	QL
verapamil hcl er	1		methylphenidate hcl oral	1	
verapamil hcl oral	1		ONYDA XR	3	QL
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	4		Central nervous system agents - Drugs for multiple sclerosis		
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4		AVONEX	2	PA, QL, SP
VERQUVO	4	PA, QL	BAFIERTAM	2	PA, QL, SP
VYNDALIN ORAL CAPSULE 20 MG	2	PA, QL, SP	BETASERON	2	PA, QL, SP
Central nervous system agents - Drugs for attention deficit disorder			dalfampridine er	1	PA, QL, SP
amphetamine sulfate	1		dimethyl fumarate oral	1	PA, QL, SP
amphetamine-dextroamphetamine	1		fingolimod hcl	1	PA, QL, SP
amphetamine-dextroamphetamine er	1	QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
			glatiramer acetate	1	PA, QL, SP
			glatopa	1	PA, QL, SP
			KESIMPTA	2	PA, QL, SP
			MAYZENT	3	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
PLEGRIDY	3	PA, QL, SP	periogard	1	
teriflunomide	1	PA, QL, SP	pilocarpine hcl oral	1	
Central nervous system agents - Miscellaneous			PREVIDENT 5000 BOOSTER PLUS	3	
AUSTEDO	2	PA, QL, SP	PREVIDENT 5000 DRY MOUTH	4	
AUSTEDO XR	2	PA, QL, SP	PREVIDENT 5000 KIDS	3	
INGREZZA	2	PA, QL, SP	PREVIDENT 5000 ORTHO DEFENSE	3	
INGREZZA SPRINKLE	2	PA, QL, SP	PREVIDENT 5000 PLUS	4	
LYNKUET	4	PA, QL	PREVIDENT DENTAL	4	
LYRICA ORAL CAPSULE	4	PA	SALAGEN	4	
milnacipran hcl oral tablet	1	QL	sf 5000 plus	1	
NUEDEXTA	2	PA, QL	sf gel 1.1%	1	
pregabalin oral capsule	1		sodium fluoride 5000 plus	1	
RADICAVA ORS	3	PA, QL, SP	sodium fluoride 5000 ppm	1	
RADICAVA ORS STARTER KIT	3	PA, QL, SP	sodium fluoride 5000 ppm dental cream 1.1 %	1	
TEGLUTIK	3	PA, SP	sodium fluoride dental	1	
TIGLUTIK	3	PA, SP	triamcinolone acetonide mouth/throat	1	
VEOZAH	4	PA, QL	Dermatological agents - Drugs for skin conditions		
ZEPOSIA	3	PA, ST, QL, SP	accutane	1	
Dental and oral agents - Drugs for mouth and throat conditions			acitretin	1	
cevimeline hcl	1		adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	QL
chlorhexidine gluconate mouth/throat	1		ADBRY	2	PA, QL, SP
CLINPRO 5000	3		AKLIEF	4	PA, QL
DENTA 5000 PLUS	4		alclometasone dipropionate	1	
DENTAGEL	4		amnestem	1	
FLUORIDEX	3		AMZEEQ	4	QL
FLUORIDEX ENHANCED WHITENING	3		ANZUPGO	4	PA, QL, SP
FLUORIMAX 5000	3		AVAR CLEANSER	4	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4		azelaic acid external	1	
JUST RIGHT 5000	3		AZELEX	3	QL
KOURZEQ	2		BENZAMYCIN	2	QL
lidocaine hcl mouth/throat	1		benzoyl peroxide-erythromycin	1	QL
lidocaine viscous hcl	1		betamethasone dipropionate aug external cream	1	
ORALONE	2				
PERIDEX	4				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
betamethasone dipropionate aug external lotion	1		clobetasol propionate external liquid	1	QL
betamethasone dipropionate aug external ointment	1		clobetasol propionate external ointment	1	QL
betamethasone dipropionate external	1		clobetasol propionate external solution	1	QL
betamethasone valerate external cream	1		clotrimazole-betamethasone	1	
betamethasone valerate external lotion	1		dapsone external	1	QL
betamethasone valerate external ointment	1		DERMA-SMOOTH/FS BODY	4	QL
calcipotriene external cream	1	QL	DERMA-SMOOTH/FS SCALP	4	
calcipotriene external ointment	1		desonide external cream	1	QL
calcipotriene external solution	1	QL	desonide external lotion	1	QL
CALCITRENE	3		desonide external ointment	1	QL
CIBINQO	2	PA, QL, SP	DESOWEN EXTERNAL CREAM 0.05 %	3	QL
ciclopirox olamine external suspension	1		desoximetasone external cream	1	QL
claravis	1		desoximetasone external ointment	1	QL
CLEOCIN-T	4		diclofenac sodium external gel 3 %	1	PA, QL
clindacin etz	1		DIPROLENE	4	
clindacin-p	1		DRYSOL	4	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL	DUPIXENT	2	PA, QL, SP
clindamycin phos (twice-daily) gel 1 % external	1	QL	EBGLYSS	2	PA, QL, SP
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	EFUDEX EXTERNAL CREAM 5 %	4	
clindamycin phosphate external lotion	1		ENSTILAR	4	QL
clindamycin phosphate external solution	1		ERYGEL EXTERNAL GEL 2 %	3	
clindamycin phosphate external swab	1		erythromycin external	1	
clobetasol prop emollient base	1	QL	EUCRISA	3	ST, QL
clobetasol propionate e	1	QL	FINACEA EXTERNAL FOAM	4	
clobetasol propionate external cream 0.05 %	1	QL	fluocinolone acetonide body	1	QL
clobetasol propionate external gel	1	QL	fluocinolone acetonide external cream	1	QL
			fluocinolone acetonide external ointment	1	QL
			fluocinolone acetonide external solution	1	
			fluocinolone acetonide scalp	1	
			fluocinonide external cream 0.05 %	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
fluocinonide external gel	1		OVACE WASH EXTERNAL LIQUID 10 %	4	
fluocinonide external ointment	1		PANRETIN	3	
fluocinonide external solution	1		PELLIX	4	QL
fluorouracil external cream 5 %	1		pimecrolimus	1	QL
fluticasone propionate external cream	1		podofilox external solution	1	
fluticasone propionate external ointment	1		RHOFADE	4	PA, QL
halobetasol propionate external cream	1	QL	SANTYL	3	QL
halobetasol propionate external ointment	1	QL	selenium sulfide external lotion	1	
hydrocortisone external cream 2.5 %	1		sodium sulfacetamide wash	1	
hydrocortisone external lotion 2.5 %	1		SOOLANTRA	1	QL
hydrocortisone external ointment 1 %, 2.5 %	1		STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
hydrocortisone valerate external cream	1	QL	STEQEYMA SUBCUTANEOUS SOLUTION	2	SP
ICOTYDE	2	PA, QL, SP	STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
imiquimod external cream 5 %	1		sulfacetamide sodium (acne)	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		sulfacetamide sodium external	1	
KLARON	4		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
KLISYRI	4	ST, QL	sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
METROCREAM EXTERNAL CREAM 0.75 %	4		tacrolimus external	1	QL
METROLOTION EXTERNAL LOTION 0.75 %	4		tazarotene external cream	1	PA, QL
metronidazole external cream	1		TAZORAC EXTERNAL CREAM	4	PA, QL
metronidazole external gel 0.75 %	1		TOPICORT	4	QL
metronidazole external lotion	1		TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
MIRVASO	2	PA, QL	TREMFYA	2	PA, QL, SP
mometasone furoate external	1		tretinoin external cream	1	QL
NEMLUVIO	2	PA, QL, SP	triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
neuac	1	QL	triamcinolone acetonide external cream 0.5 %	1	QL
OPZELURA	4	PA, QL, SP	triamcinolone acetonide external lotion	1	
OVACE PLUS WASH EXTERNAL LIQUID 10 %	4		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
			triderm	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
urea external cream 20 %, 40 %, 45 %	1		CONTOUR NEXT EZ KIT W/ DEVICE	1	QL
UREMEZ-40 EXTERNAL CREAM 40 %	3		CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
VTAMA	4	PA, QL	CONTOUR NEXT GEN TEST STRIPS	1	QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP	CONTOUR NEXT MONITOR KIT W/DEVICE	1	QL
ZELSUVMI	4	QL	CONTOUR NEXT ONE KIT	1	QL
zenatane	1		CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
ZILXI	4	PA, ST, QL	CONTOUR PLUS TEST STRIP	1	QL
ZORYVE	4	PA, QL	DEXCOM G6 RECEIVER	3	PA, QL
Diabetes - Glucose monitoring and supplies			DEXCOM G6 SENSOR	3	PA, QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		DEXCOM G6 TRANSMITTER	3	PA, QL
ACCU-CHEK GUIDE	2	QL	DEXCOM G7 15 DAY SENSOR	3	PA, QL
ACCU-CHEK GUIDE KIT W/ DEVICE	2	QL	DEXCOM G7 RECEIVER	3	PA, QL
ACCU-CHEK GUIDE ME KIT W/ DEVICE	2	QL	DEXCOM G7 SENSOR	3	PA, QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL	DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		DROPSAFE SICURA	2	
AQ INSULIN SYRINGE	2	QL	EMBECTA AUTOSHIELD 30GX5MM	2	QL
AQINJECT PEN NEEDLE	2	QL	EMBECTA INSULIN SYRINGE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2		EMBECTA INSULIN SYRINGE U-500	2	QL
BD ULTRA-FINE INSULIN SYRINGES	2	QL	EMBECTA PEN NEEDLE/ NANO/32G X 4MM	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL	ENLITE GLUCOSE SENSOR	3	PA
BIGFOOT UNITY PROGRAM	3	QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
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
			FREESTYLE LIBRE 3 READER	3	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	OMNIPOD 5 LIBRE INTRO	2	PA, QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	OMNIPOD 5 LIBRE PODS	2	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL	RELION GLUCOSE TEST STRIPS	4	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	SIMPLERA SYNC SENSOR	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	TECHLITE INSULIN SYRINGES (Arkay)	2	QL
GUARDIAN SENSOR 3	3	PA, QL	TECHLITE PEN NEEDLES (Arkay)	2	QL
INPEN 100-BLUE-LILLY-HUMALOG	3	ST	TWIIST REFILL KIT	2	PA, QL
INPEN 100-BLUE-NOVOLOG-FIASP	3	ST	TWIIST REFILL KIT/INFUSION SET	2	PA, QL
INPEN 100-GREY-LILLY-HUMALOG	3	ST	TWIIST STARTER KIT	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP	3	ST	VERISAFE SAFETY STERILE NEEDLE	2	
INPEN 100-PINK-LILLY-HUMALOG	3	ST	Diabetes - Insulin		
INPEN 100-PINK-NOVOLOG-FIASP	3	ST	HUMALOG KWIKPEN	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	HUMALOG MIX 50/50 KWIKPEN	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	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
LANCETS	1		HUMALOG MIX 75/25 KWIKPEN	2	QL
MINIMED 630G GUARDIAN PRESS	3	PA	HUMALOG MIX 75/25 VIAL	1	QL
MINIMED INSTINCT GLUC SENSOR	3	PA, QL	HUMALOG U-100 JUNIOR KWIKPEN	2	QL
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2		HUMULIN 70/30 KWIKPEN	2	QL
NOVOFINE PEN NEEDLE	2	QL	HUMULIN 70/30 VIAL	1	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	HUMULIN N KWIKPEN	2	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	HUMULIN N VIAL	1	QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL	HUMULIN R U-500 KWIKPEN	2	QL
			HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL
			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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
LANTUS U-100 VIAL	1	QL	GVOKE KIT	2	QL
LYUMJEV KWIKPEN	2	QL	GVOKE PFS	2	QL
LYUMJEV VIAL	1	QL	JARDIANCE	2	QL
TOUJEO MAX SOLOSTAR	2	QL	JENTADUETO	2	QL
TOUJEO SOLOSTAR	2	QL	JENTADUETO XR	2	QL
Diabetes - Non-insulin agents			liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA, QL
acarbose oral	1		metformin hcl er	1	
ACTOPLUS MET	4	QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
ALOGLIPTIN BENZOATE	2	QL	MOUNJARO	2	PA, QL
BAQSIMI ONE PACK	2	QL	nateglinide	1	
BAQSIMI TWO PACK	2	QL	OZEMPIC	2	PA, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2		pioglitazone hcl	1	QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2		pioglitazone hcl-metformin hcl	1	QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2		repaglinide	1	QL
CYCLOSET	3		RYBELSUS	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		saxagliptin hcl	1	QL
glipizide er	1		saxagliptin-metformin er	1	QL
glipizide oral tablet 10 mg, 5 mg	1		SOLIQUA	2	QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
glipizide-metformin hcl	1		SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
GLUCAGON EMERGENCY KIT	2	(manufactured by Fresenius)	SYNJARDY	2	QL
glucagon emergency kit injection solution reconstituted 1 mg	1		SYNJARDY XR	2	QL
GLUCOTROL XL	4		TRADJENTA	2	QL
glyburide	1		TRIJARDY XR	2	QL
glyburide-metformin	1		TRULICITY	2	PA, QL
GLYXAMBI	2	QL	Drugs for blood disorders		
GVOKE HYPOPEN 1-PACK	2	QL	ADVATE	2	SP
GVOKE HYPOPEN 2-PACK	2	QL	ADYNOVATE	2	SP
			AFSTYLA	2	SP
			ALPROLIX	3	SP
			ALTUVIIIIO	2	SP
			ALVAIZ	4	PA, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ARANESP (ALBUMIN FREE)	2	QL, SP	CARNITOR SF	4	
BENEFIX	2	SP	CO-NATAL FA	2	
DOPTelet	4	PA, QL, SP	cyanocobalamin injection solution 1000 mcg/ml	1	
ELOCTATE	2	SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
eltrombopag olamine oral tablet	1	PA, SP	cyanocobalamin nasal	1	
FABHALTA	2	PA, QL, SP	DENTA 5000 PLUS SENSITIVE	3	
HEMLIBRA	2	PA, SP	DODEX INJECTION SOLUTION 1000 MCG/ML	4	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA, QL, SP	DRISDOL	4	
IDELVION	3	SP	ergocalciferol oral capsule	1	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP	FLOTREX ORAL TABLET CHEWABLE 1 MG	3	
KOVALTRY	2	SP	FLUORIMAX 5000 SENSITIVE	3	
NEULASTA	2	SP	folic acid oral tablet 1 mg	1	
NIVESTYM	2	SP	klor-con	1	
NOVOEIGHT	2	SP	klor-con 10	1	
NUWIQ	2	SP	klor-con m10	1	
RECOMBINATE	2	SP	klor-con m15	1	
RETACRIT	2	QL, SP	klor-con m20	1	
tranexamic acid oral	1	QL	K-PHOS-NEUTRAL	2	
UDENYCA	2	SP	K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
VOYDEYA	2	PA, QL, SP	levocarnitine oral solution	1	
WILATE	2	SP	levocarnitine sf	1	
ZARXIO	2	SP	LOKELMA	3	PA, QL
Drugs for sexual dysfunction			M-NATAL PLUS	3	
ADDYI	4	PA, QL	MULTIVITAMIN w/fluoride tablet chewable 0.25 mg oral	1	
IMVEXXY MAINTENANCE PACK	2	QL	MULTIVITAMIN w/fluoride tablet chewable 0.5 mg oral	1	
IMVEXXY STARTER PACK	2	QL	MULTIVITAMIN w/fluoride tablet chewable 1 mg oral	1	
INTRAROSA	4	PA, QL	MULTIVITAMIN/fluoride oral tablet chewable	1	
OSPHEA	3	PA, QL	NASCOBAL	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	NEONATAL COMPLETE	3	
tadalafil oral	1	QL	NEONATAL PLUS	3	
varafenafil hcl oral tablet	1	QL	NIVA-PLUS	3	
VYLEESI	4	PA, QL			
Electrolytes / Vitamins					
CARNITOR ORAL SOLUTION	4				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ONE VITE WOMENS PLUS	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
ORACIT	2		VELTASSA	3	PA, QL
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2		VITAFOL FE+	3	
PHOSPHA 250 NEUTRAL	2		VITAFOL ULTRA	3	
phosphorous	1		VITAFOL-OB	3	
phospho-trin 250 neutral	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
pnv 27-ca/fe/fa	1		VITATHELY WITH GINGER	3	
potassium chloride crys er	1		Gastrointestinal agents - Drugs for acid reflux and ulcer		
potassium chloride er	1		cimetidine oral	1	
potassium chloride oral packet 20 meq	1		CYTOTEC	4	
potassium chloride oral solution	1		esomeprazole magnesium oral packet	1	PA, ST, QL
potassium citrate er	1		famotidine oral suspension reconstituted	1	
prenatal oral tablet 27-1 mg	1		lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
prenatal plus	1		misoprostol oral	1	
prenatal plus vitamin/mineral	1		omeprazole oral capsule delayed release	1	
PREVIDENT 5000 ENAMEL PROTECT	3		pantoprazole sodium oral tablet delayed release	1	
PREVIDENT 5000 SENSITIVE	3		PYLERA	4	QL
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3		rabeprazole sodium oral tablet delayed release	1	QL
sod citrate-citric acid oral solution 500-334 mg/5ml	1		sucralfate oral	1	
sod fluoride-potassium nitrate	1		VOQUEZNA	4	PA, QL
sodium fluoride 5000 enamel	1		VOQUEZNA DUAL PAK	4	ST, QL
sodium fluoride 5000 sensitive	1		VOQUEZNA TRIPLE PAK	4	ST, QL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H	Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
sodium fluoride oral tablet chewable	1	H	ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
tolvaptan oral tablet therapy pack	1	PA, QL, SP	BYLVAY	4	PA, QL, SP
TRICARE ORAL TABLET	3		BYLVAY (PELLETS)	4	PA, QL, SP
TRINATAL RX 1	3		chlordiazepoxide-clidinium	1	
TRINATE	3		constulose	1	
tri-vite/fluoride	1				
UROCIT-K 10	4				
UROCIT-K 15	4				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
cromolyn sodium oral	1		prucalopride succinate	1	PA, QL
dicyclomine hcl oral capsule	1		REZDIFFRA	4	PA, QL
dicyclomine hcl oral tablet 20 mg	1		SUFLAVE	3	QL
diphenoxylate-atropine oral tablet	1		SUPREP BOWEL PREP KIT	3	QL
enulose	1		SUTAB	3	QL
gavilyte-c	1	H	SYMPROIC	2	PA, QL
gavilyte-g	1	QL, H	ursodiol oral capsule 300 mg	1	
gavilyte-n with flavor pack	1	QL, H	ursodiol oral tablet	1	
generlac	1		VIBERZI	3	PA, QL
glycopyrrolate oral tablet 1 mg, 2 mg	1		Genetic or enzyme disorder - Drugs for replacement, modification, treatment		
GOLYTELY	1	QL, H	ATTRUBY	2	PA, QL, SP
hyoscyamine sulfate er	1		CARNITOR ORAL TABLET	4	
hyoscyamine sulfate oral tablet	1		CREON	2	
hyoscyamine sulfate oral tablet dispersible	1		DEPEN TITRATABS	2	SP
hyoscyamine sulfate sl	1		EVRYSDI	2	PA, QL, SP
hyoscyamine sulfate sublingual	1		levocarnitine oral tablet	1	
IQIRVO	4	PA, ST, QL, SP	ORFADIN ORAL CAPSULE	1	PA, SP
lactulose encephalopathy	1		ORFADIN ORAL SUSPENSION	2	PA, SP
lactulose oral solution	1		PANCREAZE	3	ST
LEVBIID	4		PERTZYE	4	ST
LEVSIN	4		STRENSIQ	2	PA, QL, SP
LEVSIN/SL	4		SUCRAID	2	PA, SP
LINZESS	2	PA, QL	VYNDAMAX	2	PA, QL, SP
LIVDELZI	4	PA, ST, QL, SP	YUUIWEL	4	PA, QL, SP
LOMOTIL	4		ZENPEP	2	
lubiprostone	1	PA, QL	Genitourinary agents - Drugs for bladder, genital and kidney conditions		
MOVIPREP	4	QL	bethanechol chloride oral	1	
na sulfate-k sulfate-mg sulf	1	QL	calcium acetate (phos binder) oral capsule	1	
NULEV	4		ELMIRON	4	ST
OSCIMIN	4		FILSPARI	4	PA, QL, SP
peg 3350-kcl-na bicarb-nacl	1	QL, H	mirabegron er oral tablet extended release 24 hour	1	ST
peg-3350/electrolytes	1	QL, H	oxybutynin chloride er	1	
peg-3350/electrolytes/ascorbat	1	QL	oxybutynin chloride oral	1	
peg-kcl-nacl-nasulf-na asc-c	1	QL	phenazo oral tablet 200 mg	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		aviane	1	H
PYRIDIUM	3		ayuna	1	H
sevelamer carbonate oral tablet	1		azurette	1	H
solifenacin succinate	1		balziva	1	H
tolterodine tartrate	1		BIJUVA	3	
trospium chloride	1		blisovi 24 fe	1	H
VANRAFIA	4	PA, QL, SP	blisovi fe 1.5/30	1	H
VELPHORO	4	ST	blisovi fe 1/20	1	H
VOYXACT	4	PA, QL, SP	briellyn	1	H
Genitourinary agents - Drugs for prostate conditions			camila	1	H
alfuzosin hcl er	1		camrese	1	H
dutasteride oral	1		camrese lo	1	H
finasteride oral tablet 5 mg	1		charlotte 24 fe	1	H
silodosin	1		chateal eq	1	H
tamsulosin hcl	1		CLIMARA PRO	3	QL
terazosin hcl	1		COMBIPATCH	3	QL
TEZRULY	4	PA	COVARYX	2	
Hormonal agents - Hormone replacement and birth control			COVARYX HS	3	
abigale	1		cryselle	1	H
abigale lo	1		cryselle-28	1	H
ACTIVEVELLA	4		cyred eq	1	H
afirmelle	1	H	dasetta 1/35 (28)	1	H
ALORA	3	QL	dasetta 7/7/7	1	H
altavera	1	H	daysee	1	H
alyacen 1/35	1	H	deblitane	1	H
alyacen 7/7/7	1	H	DELESTROGEN	4	
ANNOVERA	3	QL	delyla	1	H
apri	1	H	DEPO-PROVERA	4	QL
aranelle	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
ashlyna	1	H	desogestrel-ethinyl estradiol	1	H
aubra eq	1	H	DIVIGEL	3	
aurovela 1.5/30	1	H	dotti	1	QL
aurovela 1/20	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aurovela 24 fe	1	H	drosiprenone-ethinyl estradiol	1	H
aurovela fe 1.5/30	1	H	DUAVEE	3	QL
aurovela fe 1/20	1	H	EEMT	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
EEMT HS	3		feirza 1/20	1	H
ELESTRIN	3		FEMRING	3	QL
elinest	1	H	finzala	1	H
ELLA	1	QL, H	fyavolv	1	
eluryng	1	H	gallifrey	1	
emzabh	1	H	hailey 1.5/30	1	H
enilloring	1	H	hailey 24 fe	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H	hailey fe 1.5/30	1	H
enskyce	1	H	hailey fe 1/20	1	H
errin	1	H	haloette vaginal ring 0.12-0.015 mg/24hr	1	H
est estrogens-methyltest	1		heather	1	H
est estrogens-methyltest ds	1		iclevia	1	H
est estrogens-methyltest hs	1		incassia	1	H
estarylla	1	H	introvale	1	H
estradiol oral	1		isibloom	1	H
estradiol patch twice weekly	1	QL	jaimiess	1	H
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1		jasmiel	1	H
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL	jencycla	1	H
estradiol transdermal patch weekly	1	(generic for Climara), QL	jinteli	1	
estradiol vaginal	1		jolessa	1	H
estradiol valerate intramuscular	1		juleber	1	H
estradiol-norethindrone acet	1		junel 1.5/30	1	H
estratest f.s. oral tablet 1.25-2.5 mg	1		junel 1/20	1	H
ESTRATEST H.S.	3		junel fe 1.5/30	1	H
ESTRING	2	QL	junel fe 1/20	1	H
estrogens conjugated	1		junel fe 24	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H	kalliga	1	H
etonogestrel-ethinyl estradiol	1	H	kariva	1	H
EVAMIST	2		kelnor 1/35	1	H
falmina	1	H	kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
feirza 1.5/30	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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H	MYFEMBREE	2	PA, QL
lessina	1	H	NATAZIA	1	
levonest	1	H	necon 0.5/35 (28)	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H	nikki	1	H
levonorgest-eth estrad 91-day	1	H	nora-be	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norelgestromin-eth estradiol	1	H
levonorg-eth estrad triphasic	1	H	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
LO LOESTRIN FE	1	H	norethindrone acetate oral	1	
lojaimiess	1	H	norethindrone acet-ethinyl est	1	H
loryna	1	H	norethindrone oral	1	H
low-ogestrel	1	H	norethindrone-eth estradiol	1	
lo-zumandimine	1	H	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	1	H
lutura	1	H	norlyroc	1	H
lyleq	1	H	nortrel 0.5/35 (28)	1	H
lyllana	1	QL	nortrel 1/35 (21)	1	H
lyza	1	H	nortrel 1/35 (28)	1	H
marlissa	1	H	nortrel 7/7/7	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	nylia 1/35	1	H
medroxyprogesterone acetate oral	1		nylia 7/7/7	1	H
megestrol acetate oral tablet	1		ocella oral tablet 3-0.03 mg	1	H
meleya	1	H	orquidea	1	H
MENOSTAR	3	QL	philith	1	H
mibelas 24 fe	1	H	pimtrea	1	H
microgestin 1.5/30	1	H	portia-28	1	H
microgestin 1/20	1	H	PREMARIN ORAL	3	
microgestin fe 1.5/30	1	H	PREMARIN VAGINAL	3	
microgestin fe 1/20	1	H	PREMPHASE	3	
mili	1	H	PREMPRO	3	
mimvey	1		progesterone intramuscular	1	
mono-lynyah	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
progesterone oral	1	
PROVERA	4	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
violele	1	H

Drug name	Drug tier	Requirements & limits
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal agents - Oral steroids		
CORTEF	4	
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	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
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	1	
desmopressin acetate oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NORDITROPIN FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOGROYA	4	PA, QL, SP

Hormonal agents - Testosterone replacement

DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone transdermal gel 1.62 %	1	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	

Drug name	Drug tier	Requirements & limits
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
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	
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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
AVTOZMA SUBCUTANEOUS	3	PA, ST, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
AZASAN	4		ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
azathioprine oral	1		OTEZLA	2	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	OTEZLA XR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP	PROGRAF ORAL CAPSULE	4	
CIMZIA	2	PA, QL, SP	RASUVO	2	QL
COSENTYX	2	PA, QL, SP	RINVOQ	2	PA, QL, SP
cyclosporine modified oral capsule	1		RINVOQ LQ	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	RUCONEST	4	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	1	SP	TAKHZYRO	2	PA, QL, SP
gengraf	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	4	PA, QL	TENIVAC	3	H
JYLAMVO	4	PA	tofacitinib citrate er	1	PA, QL, SP
KEVZARA	4	PA, ST, QL, SP	tofacitinib citrate oral tablet	1	PA, QL, SP
leflunomide oral	1		TREXALL	2	
LITFULO	3	PA, QL, SP	VAQTA INTRAMUSCULAR SUSPENSION	2	H
LUPKYNIS	4	PA, QL, SP	VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	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	1		AFLURIA PRESERVATIVE FREE	3	H
mycophenolic acid	1		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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
COMIRNATY	3	H	clomid	1	
COMIRNATY 5-11 YEARS	3	H	clomiphene citrate oral	1	
ENGERIX-B	2	H	ENDOMETRIN	2	
FLUAD	3	H	FOLLISTIM AQ	2	QL, SP
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H	FYREMADEL	3	QL, SP
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
FLUZONE	3	H	GONAL-F	4	ST, SP
FLUZONE HIGH-DOSE	3	H	GONAL-F RFF REDIRECT	4	ST, SP
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H	GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	ST, SP
HAVRIX	3	H	MENOPUR	4	QL, SP
HEPLISAV-B	3	H	milophene	1	
IPOL	2	H	NOVAREL	3	SP
MENQUADFI	3	H	OVIDREL	4	SP
MENVEO	3	H	PREGNYL	3	SP
M-M-R II	2	H	progesterone vaginal	1	
MNEXSPIKE	3	H	Inflammatory bowel disease agents		
PREVNAR 20	3	H	ANALPRAM HC EXTERNAL CREAM	4	
PRIORIX	3	H	ANALPRAM-HC EXTERNAL CREAM 1-1 %	4	
RECOMBIVAX HB	2	H	ANUCORT-HC	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H	ANUSOL-HC EXTERNAL	4	
SPIKEVAX	3	H	APRISO	1	
SPIKEVAX 6M-11Y	3	H	AZULFIDINE	4	
TWINRIX	3	H	AZULFIDINE EN-TABS	4	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H	balsalazide disodium	1	
VARIVAX	3	H	budesonide oral	1	
Infertility agents			CORTIFOAM	2	
CETROTIDE	4	PA, ST, QL, SP	DIPENTUM	3	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP	EOHILIA	4	PA, QL
			HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	QL
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA RECTAL ENEMA 4 GM/60ML	4	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	4	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
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	4	
YORVIPATH	4	PA, QL, SP
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ACULAR	4	
ACULAR LS	4	

Drug name	Drug tier	Requirements & limits
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
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	Drug name	Drug tier	Requirements & limits
prednisolone acetate ophthalmic	1		timolol maleate ophthalmic	1	
sulfacetamide sodium ophthalmic	1		timolol maleate pf	1	
TOBRADEX	3		TIMOPTIC OCUDOSE	4	
tobramycin ophthalmic	1	QL	travoprost (bak free)	1	QL
tobramycin-dexamethasone	1		ZIOPTAN	3	ST, QL
XDEMY	4	PA, QL	Ophthalmic agents - Drugs for miscellaneous eye conditions		
ZYLET	3		atropine sulfate ophthalmic solution 1 %	1	
Ophthalmic agents - Drugs for glaucoma			cromolyn sodium ophthalmic	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL	CYCLOGYL	4	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL	cyclopentolate hcl ophthalmic	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL	difluprednate	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL	MIEBO	4	PA, QL
bimatoprost ophthalmic solution 0.03 %	1	QL	RESTASIS	1	PA, QL
bimatoprost solution 0.01 % ophthalmic	1	QL	TRYPTIR	4	PA, QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL	TYRVAYA	4	PA, QL
brimonidine tartrate ophthalmic solution 0.2 %	1		VERKAZIA	4	PA, QL
brinzolamide	1	QL	XIIDRA	4	PA, QL
COMBIGAN	1	QL	Otic agents - Drugs for ear conditions		
COSOPT	4		acetic acid otic	1	
dorzolamide hcl solution 2 % ophthalmic	1		ciprofloxacin-dexamethasone	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4		DERMOTIC	4	
dorzolamide hcl-timolol mal	1		flac otic oil 0.01 %	1	
ISTALOL	4		fluocinolone acetonide otic	1	
latanoprost ophthalmic	1		hydrocortisone-acetic acid	1	
RHOPRESSA	3	QL	neomycin-polymyxin-hc otic	1	
ROCKLATAN	3	QL	ofloxacin otic	1	
tafluprost (pf)	1	ST, QL	Respiratory - Drugs for anaphylaxis		
timolol maleate (once-daily)	1		AUVI-Q	2	QL
timolol maleate ocudose	1		epinephrine solution auto-injector	1	QL
			NEFFY	4	QL
			Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
			azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
			benzonatate oral capsule 100 mg, 200 mg	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3		AEROCHAMBER PLS FLOVU MTHPIECE	2	
carbinoxamine maleate oral tablet 4 mg	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
cypheptadine hcl oral syrup 2 mg/5ml	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
cypheptadine hcl oral tablet	1		AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
flunisolide nasal	1		AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
fluticasone propionate nasal	1		AEROCHAMBER2GO ANTI-STATIC	2	
g tussin ac	1		AIRSUPRA	3	QL
guaifenesin-codeine	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
hydrocod poli-chlorphe poli er	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	
hydrocodone bit-homatrop mbr oral solution	1	PA, QL	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
hydromet oral solution 5-1.5 mg/5ml	1	PA, QL	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
HYPERSAL	2		albuterol sulfate oral syrup 2 mg/5ml	1	
ipratropium bromide nasal	1		ANORO ELLIPTA	3	QL
levocetirizine dihydrochloride oral	1		ARNUITY ELLIPTA	1	QL
maxi-tuss ac	1		BEVESPI AEROSPHERE	2	QL
mometasone furoate nasal	1	QL	BREATHE COMFORT CHAMBER/ADULT	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		BREATHE COMFORT CHAMBER/CHILD	2	
ODACTRA	4	PA, QL	BREO ELLIPTA	3	QL, RS
olopatadine hcl nasal	1		BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS
promethazine-codeine	1	PA, QL	BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL, RS
promethazine-dm	1		budesonide inhalation	1	QL
pseudoephedrine-bromphen-dm	1				
PULMOSAL	2				
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	4				
ADVAIR HFA	3	QL, RS			
AEROCHAMBER HOLDING CHAMBER	2				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
COMBIVENT RESPIMAT	3	QL	TRELEGY ELLIPTA	3	QL, RS
EASIVENT	2		VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
EASIVENT MASK LARGE	2		VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
EASIVENT MASK MEDIUM	2		VORTEX VALVE CHAMBER-PEDI MASK	2	
EASIVENT MASK SMALL	2		VORTEX VALVED HOLDING CHAMBER	2	
FASENRA PEN	4	PA, QL, SP	wixela inhub	1	QL
FLEXICHAMBER	2		XOPENEX HFA	3	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	YUPELRI	4	PA, QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL	zafirlukast	1	
INSPIREASE	2		Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
ipratropium bromide hfa	1	QL	PULMOZYME	2	PA, QL, SP
ipratropium bromide inhalation	1		TOBI PODHALER	3	PA, QL, SP
ipratropium-albuterol	1		TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
levalbuterol hcl inhalation	1	QL	Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	nintedanib esylate	1	PA, QL, SP
MICROCHAMBER	2		Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
montelukast sodium oral	1		ADEMPAS	2	PA, QL, SP
NUCALA	4	PA, QL, SP	alyq	1	PA, QL, SP
PERFOROMIST	4	QL	macitentan	1	PA, QL, SP
PROCHAMBER VHC	2		sildenafil citrate oral tablet 20 mg	1	QL, SP
QVAR REDIHALER	1	QL	tadalafil (pah)	1	PA, QL, SP
roflumilast	1	QL	TADLIQ	3	PA, QL, SP
SEREVENT DISKUS	2	QL	TYVASO	2	PA, QL, SP
SINGULAIR ORAL PACKET	3		TYVASO DPI	2	PA, QL, SP
SPIRIVA HANDIHALER	1	QL	YUTREPIA	2	PA, QL, SP
SPIRIVA RESPIMAT	2	QL	Skeletal muscle relaxants - Drugs for muscle pain and spasm		
STIOLTO RESPIMAT	2	QL	baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
STRIVERDI RESPIMAT	2	QL	carisoprodol oral tablet 350 mg	1	
SYMBICORT	1	QL, RS	chlorzoxazone oral tablet 500 mg	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
TANLOR	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	1	QL
BELSOMRA	4	QL
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUMRYZ STARTER PACK	4	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	4	
sodium oxybate solution 500 mg/ml oral	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
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See page 5-7 for coverage details.



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abigale lo	30	ADACEL	35	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	39
abiraterone acetate oral tablet 250 mg	15	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	34	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	39
abirtega	15	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	34	albuterol sulfate oral syrup 2 mg/5ml	39
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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 پہ زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ پزرگ، در دسترس شما هستند. پا شماره رایگان مندرج روی کارت شناسایی عضویتان تماس پگیرید.

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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