



Your 2026 Prescription Drug List

Access 3-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, River Valley and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

Using lower-tier medications 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. Mainly preferred brand-name 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.	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. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification)³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



Reading your PDL (continued)

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted.

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

Coverage is set by the member's prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

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

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

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

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

- **Endocrine: growth hormone**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share.

- **Infertility**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	3	
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (bupalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	1	PA, QL
bupalbital-acetaminophen oral tablet 50-300 mg	E	
bupalbital-acetaminophen oral tablet 50-325 mg	1	
bupalbital-apap-caff-cod	1	QL
bupalbital-apap-caffeine	1	QL
bupalbital-asa-caff-codeine	1	QL
bupalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL

Drug Name	Drug Tier	Requirements & Limits
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAIN II	E	PA, QL
TRIDACAIN III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements & Limits
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefixime oral capsule	1		linezolid oral tablet	1	
cefpodoxime proxetil oral tablet	1		MACROBID	3	
cefprozil	1		MACRODANTIN	3	
cefuroxime axetil	1		methenamine hippurate	1	
cephalexin	1		metronidazole oral tablet 125 mg	E	
CIPRO ORAL TABLET	3		metronidazole oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral	1		metronidazole vaginal	1	
clarithromycin oral tablet	1		minocycline hcl oral capsule	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		MONDOXYNE NL	E	
CLEOCIN ORAL CAPSULE 75 MG	2		moxifloxacin hcl oral	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		mupirocin cream	1	
CLEOCIN VAGINAL CREAM	3		mupirocin ointment	1	
clindamycin hcl oral	1		neomycin sulfate oral	1	
clindamycin palmitate hcl	1		nitrofurantoin macrocrystal	1	
clindamycin phosphate vaginal	1		nitrofurantoin monohydrate macrocrystals	1	
CLINDESSE	2		NUVESSA	3	
dicloxacillin sodium	1		NUZYRA ORAL	3	
DIFICID ORAL TABLET	E	QL	penicillin v potassium	1	
doxycycline hyclate oral capsule	1		SEYSARA	E	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		SILVADENE	3	
doxycycline hyclate oral tablet 50 mg	E		silver sulfadiazine external	1	
doxycycline monohydrate oral	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	3		sulfatrim pediatric	1	
erythromycin base oral tablet	1		TARGADOX	E	
erythromycin ethylsuccinate oral suspension reconstituted	1		tetracycline hcl oral capsule	1	
fidaxomicin oral tablet	1	QL	tinidazole oral	1	
fosfomycin tromethamine	1		trimethoprim oral	1	
gentamicin sulfate external	1		VANCOCIN	3	
HIPREX	3		vancomycin hcl oral capsule	1	
levofloxacin oral tablet	1		VANDAZOLE	3	
LIKMEZ	3		VIBRAMYCIN ORAL CAPSULE 100 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3		DEPAKOTE SPRINKLES	3	
XACIATO	2		DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
XENLETA ORAL TABLET 600 MG	3		DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
XIFAXAN ORAL TABLET 200 MG	3		diazepam rectal	1	
XIFAXAN ORAL TABLET 550 MG	3	QL	DILANTIN	3	
ZITHROMAX ORAL	3		divalproex sodium er	1	
ZITHROMAX TRI-PAK	3		divalproex sodium oral	1	
ZITHROMAX Z-PAK	3		ELEPSIA XR	E	PA
ZYVOX ORAL TABLET	E		EPIDIOLEX	3	PA, SP
Anticoagulants - Drugs to Treat or Prevent Blood Clots			epitol	1	
dabigatran etexilate mesylate	1	QL	eslicarbazepine acetate	1	PA
ELIQUIS	2	QL	ethosuximide oral	1	
ELIQUIS DVT/PE STARTER PACK	2	QL	FYCOMPA ORAL SUSPENSION	3	PA
enoxaparin sodium injection solution prefilled syringe	1		FYCOMPA ORAL TABLET	3	PA
jantoven	1		gabapentin oral capsule	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E		gabapentin oral solution 250 mg/5ml	1	
PRADAXA ORAL CAPSULE	E	QL	GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
rivaroxaban	1	QL	gabapentin oral tablet 600 mg, 800 mg	1	
warfarin sodium oral	1		GABARONE	E	
XARELTO	2	QL	KEPPRA ORAL	3	
XARELTO STARTER PACK	2	QL	KEPPRA XR	3	
Anticonvulsants - Drugs for Seizures			lacosamide oral	1	
APTIOM	3	PA	LAMICTAL	3	
BRIVIACT ORAL TABLET	3	PA	LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
carbamazepine er	1		LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
carbamazepine oral tablet	1		lamotrigine er	1	
carbamazepine oral tablet chewable	1		lamotrigine oral tablet	1	
CARBATROL	3		lamotrigine oral tablet chewable	1	
clobazam oral suspension 2.5 mg/ml	1	PA	lamotrigine oral tablet dispersible	1	
clobazam oral tablet	1	PA	levetiracetam er	1	
DEPAKOTE	3		levetiracetam oral solution	1	
DEPAKOTE ER	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	3	
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
escitalopram oxalate oral solution 5 mg/5ml	1		venlafaxine hcl er oral capsule extended release 24 hour	1	
escitalopram oxalate oral tablet	1		venlafaxine hcl er oral tablet extended release 24 hour	1	QL
FETZIMA	3	ST, QL	VIIBRYD	E	QL
fluoxetine hcl oral capsule	1		vilazodone hcl	1	QL
fluoxetine hcl oral solution	1		WAINUA	2	PA, QL, SP
fluoxetine hcl oral tablet 10 mg	1	QL	WELLBUTRIN SR	E	
fluoxetine hcl oral tablet 20 mg, 60 mg	1		WELLBUTRIN XL	E	
fluvoxamine maleate	1		ZOLOFT	E	
fluvoxamine maleate er	1	QL	ZURZUVAE	2	PA, QL, SP
FORFIVO XL	3	QL	Antiemetics - Drugs for Nausea and Vomiting		
imipramine hcl oral	1		ANTIVERT ORAL TABLET 50 MG	E	
LEXAPRO	E		aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
mirtazapine oral	1		DICLEGIS	E	
NORPRAMIN	3		doxylamine-pyridoxine	1	
nortriptyline hcl oral capsule	1		dronabinol	1	
PAMELOR	E		EMEND BIPACK	E	
paroxetine hcl er	1	QL	MARINOL	E	
paroxetine hcl oral tablet	1		meclizine hcl oral tablet	E	
PAXIL	E		metoclopramide hcl oral tablet	1	
PAXIL CR	E	QL	ondansetron hcl oral	1	
PRISTIQ	E	QL	ondansetron odt oral tablet dispersible 16 mg	E	
PROZAC	E		ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
RALDESY	3	PA	perphenazine oral	1	
REMERON	E		prochlorperazine maleate oral	1	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E		promethazine hcl oral solution	1	
SERTRALINE HCL ORAL CAPSULE	3	QL	promethazine hcl oral tablet	1	
sertraline hcl oral concentrate	1		promethazine hcl rectal	1	
sertraline hcl oral tablet	1		PROMETHEGAN	3	
SPRAVATO (56 MG DOSE)	3	PA, QL	REGLAN	3	
SPRAVATO (84 MG DOSE)	3	PA, QL	scopolamine	1	
trazodone hcl oral	1		TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
TRINTELLIX	3	ST, QL			
venlafaxine hcl	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
FROVA	E	
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	3	
UBRELVY	2	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP

Antimycobacterials - Drugs to Treat Infections

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

Antineoplastics - Drugs for Cancer

abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	

Drug Name	Drug Tier	Requirements & Limits
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
SPRYCEL	E	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
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL

Drug Name	Drug Tier	Requirements & Limits
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	

Drug Name	Drug Tier	Requirements & Limits
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	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
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAMIFLU	E	
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
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	

Drug Name	Drug Tier	Requirements & Limits
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENICAR HCT	E		colestipol hcl oral tablet	1	
BETAPACE	E		COREG	E	
bisoprolol fumarate oral tablet	1		COREG CR	E	
bisoprolol-hydrochlorothiazide	1		CORGARD ORAL TABLET 20 MG, 40 MG	3	
bumetanide oral	1		CORLANOR	3	PA, QL
BUMEX	3		COZAAR	E	
BYSTOLIC	E		CRESTOR	E	
CAMZYOS	3	PA, QL, SP	digoxin oral tablet	1	
candesartan cilexetil	1		diltiazem hcl er	1	
candesartan cilexetil-hctz	1		diltiazem hcl er beads	1	
captopril oral	1		diltiazem hcl er coated beads	1	
CARDIZEM	E		diltiazem hcl oral	1	
CARDIZEM CD	E		dilt-xr	1	
CARDIZEM LA	E		DIOVAN	E	
CARDURA	3		DIOVAN HCT	E	
cartia xt	1		dofetilide	1	
carvedilol	1		doxazosin mesylate oral	1	
carvedilol phosphate er	1		EDARBI	3	
CATAPRES-TTS-1	E		EDARBYCLOR	3	
CATAPRES-TTS-2	E		enalapril maleate oral	1	
CATAPRES-TTS-3	E		enalapril-hydrochlorothiazide	1	
chlorthalidone	1		ENTRESTO ORAL TABLET	E	PA, QL
cholestyramine light	1		EPANED	3	
cholestyramine oral	1		eplerenone	1	
clonidine hcl oral	1		EXFORGE	E	
clonidine patch weekly 0.1 mg/24hr transdermal	1		ezetimibe	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)	ezetimibe-simvastatin	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1		felodipine er	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
colesevelam hcl oral tablet	1		fenofibrate oral tablet	1	
COLESTID ORAL TABLET	3		fenofibric acid oral capsule delayed release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		LIVALO	E	ST
flecainide acetate	1		LODOCO	3	QL
fosinopril sodium	1		LOPID	3	
FUROSCIX	3		LOPRESSOR ORAL TABLET	3	
furosemide oral	1		losartan potassium oral	1	
gemfibrozil oral	1		losartan potassium-hctz	1	
guanfacine hcl	1		LOTENSIN	3	
HEMANGEOL	3		LOTENSIN HCT	3	
HEMICLOR	E		LOTREL	E	
hydralazine hcl oral	1		lovastatin oral	1	H
hydrochlorothiazide oral	1		LOVAZA	E	
HYZAAR	E		matzim la	1	
icosapent ethyl	E	PA	MAXZIDE ORAL TABLET 75-50 MG	3	
indapamide	1		MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
INDERAL LA	E		metolazone	1	
INSPRA	E		metoprolol succinate er	1	
INZIRQO	3		metoprolol tartrate oral	1	
irbesartan	1		metoprolol-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1		mexiletine hcl oral	1	
ISORDIL TITRADOSE	E		MICARDIS	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		MICARDIS HCT	E	
isosorbide dinitrate oral tablet 40 mg	E		midodrine hcl	1	
isosorbide mononitrate er	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
ivabradine hcl	1	PA, QL	minoxidil oral	1	
KAPSPARGO SPRINKLE	3		MULTAQ	3	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL	nadolol oral	1	
labetalol hcl oral	1		nebivolol hcl	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		NEXLETOL	2	PA, ST, QL
LANOXIN ORAL TABLET 62.5 MCG	3		NEXLIZET	2	PA, ST, QL
LASIX	3		niacin er (antihyperlipidemic)	1	
LIPITOR	E		nifedipine er	1	
lisinopril oral	1		nifedipine er osmotic release	1	
lisinopril-hydrochlorothiazide	1		nifedipine oral	1	
			NITRO-BID	2	
			NITRO-DUR	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nitroglycerin rectal	1	QL	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nitroglycerin sublingual	1		simvastatin oral tablet 80 mg	1	
nitroglycerin transdermal	1		SOAANZ	3	QL
NITROSTAT	3		sotalol hcl oral	1	
NORLIQVA	3		spironolactone oral tablet	1	
NORVASC	E		spironolactone-hctz	1	
olmesartan medoxomil oral	1		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
olmesartan medoxomil-hctz	1		TEKTURNA	3	
olmesartan-amlodipine-hctz	1		TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
omega-3-acid ethyl esters	1		telmisartan	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3		telmisartan-hctz	1	
PACERONE ORAL TABLET 200 MG	3		TENORETIC 100	E	
pentoxifylline er	1		TENORETIC 50	E	
pitavastatin calcium	E		TENORMIN	E	
PRALUENT	E	PA, ST, QL	THALITONE	3	
pravastatin sodium	1		tiadylt er	1	
prazosin hcl oral	1		TIAZAC	3	
prevalite	1		TIKOSYN	3	
PROCARDIA XL	E		TOPROL XL	E	
propafenone hcl	1		torse mide	1	
propafenone hcl er	1		trandolapril	1	
propranolol hcl er	1		triamterene-hctz	1	
propranolol hcl oral	1		TRIBENZOR	E	
QUESTRAN	3		TRICOR	E	
QUESTRAN LIGHT	3		TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
ramipril	1		VALSARTAN ORAL SOLUTION	3	
ranolazine er	1		valsartan oral tablet	1	
RECTIV	3	QL	valsartan-hydrochlorothiazide	1	
REPATHA	2	QL	VASCEPA	E	PA
REPATHA PUSHTRONEX SYSTEM	2	QL	VASERETIC	E	
REPATHA SURECLICK	2	QL	VASOTEC	E	
rosuvastatin calcium oral	1		verapamil hcl er	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		verapamil hcl oral	1	
sacubitril-valsartan	1	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 10 MG ORAL	E	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	E	
ZESTRIL TABLET 5 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	3	QL
amphetamine sulfate	1	
amphetamine- dextroamphetamine	1	
amphetamine- dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST, QL
clonidine hcl er	1	
CONCERTA	E	QL

Drug Name	Drug Tier	Requirements & Limits
COTEMPLA XR-ODT	3	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	QL
EVEKEO	3	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methlyphenidate hcl er oral tablet extended release 24 hour	E	QL
methlyphenidate hcl oral	1	
MYDAYIS	3	QL
ONYDA XR	3	QL
QELBREE	E	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	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	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ACANYA	3	
acutane	1	
acitretin	1	
ACZONE	E	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA
adapalene-benzoyl peroxide external gel	1	
ADEINZDE	E	
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnestem	1	
AMZEEQ	3	
ARAZLO	E	PA
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium external gel 3 %	1	PA	hydrocortisone external cream 1 %	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA	hydrocortisone external cream 2.5 %	1	
DIPROLENE	3		hydrocortisone external lotion 2 %, 2.5 %	1	
doxycycline	E		hydrocortisone external ointment 1 %, 2.5 %	1	
DRYSOL	2		hydrocortisone valerate external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydroquinone external	E	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	HYDROXYM EXTERNAL CREAM	E	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	imiquimod external cream 3.75 %	E	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	imiquimod external cream 5 %	1	
EFUDEX EXTERNAL CREAM 5 %	3		imiquimod pump	E	
ELIDEL	E		IMPOYZ	3	
ENSTILAR	3		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
EPIDUO	E		isotretinoin oral capsule 25 mg, 35 mg	E	
EPIDUO FORTE	E		ivermectin external cream	E	
ERYGEL	3		KLARON	3	
erythromycin external	1		KLISYRI (250 MG)	3	ST
EUCRISA	3	ST	KLISYRI (350 MG)	3	ST
FINACEA EXTERNAL FOAM	2		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
FINACEA EXTERNAL GEL	E		METROCREAM	3	
fluocinolone acetonide body	1		METROGEL	E	
fluocinolone acetonide external	1		METROLOTION	3	
fluocinolone acetonide scalp	1		metronidazole external	1	
fluocinonide external	1		MIRVASO	2	PA
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		mometasone furoate external	1	
fluorouracil external cream 5 %	1		NEMLUVIO	2	PA, QL, SP
fluticasone propionate external cream	1		neuac	1	QL
fluticasone propionate external ointment	1		NORITATE	E	
halobetasol propionate external cream	1		ONEXTON	3	
halobetasol propionate external ointment	1		OPZELURA	3	PA, QL, SP
			ORACEA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OVACE PLUS WASH EXTERNAL LIQUID	3		tretinoin external cream	1	
OVACE WASH	3		tretinoin external gel 0.01 %, 0.025 %	1	
PANRETIN	3		tretinoin external gel 0.05 %	1	PA
pimecrolimus	1		triamcinolone acetonide external cream	1	
PLEXION CLEANSER	3		triamcinolone acetonide external lotion	1	
podofilox external solution	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
RETIN-A	E	PA	triamcinolone acetonide external ointment 0.05 %	E	
RHOFADE	3	PA	triamcinolone in absorbase	E	
SANTYL	3		TRIANEX EXTERNAL OINTMENT 0.05 %	E	
selenium sulfide external lotion	1		triderm	1	
sodium sulfacetamide wash	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	
SOOLANTRA	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium (acne)	1		urea external cream 20 %, 40 %, 41 %, 45 %	1	
sulfacetamide sodium external	1		urea external cream 39 %, 47 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E		uredeb	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		UREMEZ-40	3	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		URESOL	E	
SUMADAN WASH	E		VANOS	E	
SYNALAR	3		VTAMA	3	PA
SYNALAR EXTERNAL SOLUTION 0.01 %	3		WINLEVI	E	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E		xurea	E	
TACLONEX EXTERNAL SUSPENSION	1		zenatane	1	
tacrolimus external	1		ZILXI	3	PA, ST
tazarotene external cream	1	PA	ZORYVE EXTERNAL CREAM 0.15 %	3	PA
TAZORAC EXTERNAL CREAM	3	PA	ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
TOLAK	3		ZORYVE EXTERNAL FOAM	3	PA
TOPICORT	3		ZYCLARA	E	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3		ZYCLARA PUMP	E	
TREMFYA	2	PA, QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	

Drug Name	Drug Tier	Requirements & Limits
BD-ULTRA FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARESENS N PLUS BT	E	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA

Drug Name	Drug Tier	Requirements & Limits
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	NOVOFINE PEN NEEDLE	2	QL
GUARDIAN SENSOR 3	3	PA, QL	NOVOFINE PLUS PEN NEEDLE	2	QL
GVOKE HYPOPEN 1-PACK	2		NOVOPEN ECHO	3	
GVOKE HYPOPEN 2-PACK	2		OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
GVOKE KIT	2		OMNIPOD 5 DEXCOM PODS	2	PA
GVOKE PFS	2		OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
HEALTHPRO BLOOD GLUCOSE MONITO	E		OMNIPOD 5 G7 PODS (GEN 5)	2	PA
IHEALTH BLOOD GLUCOSE TEST STR	E	QL	OMNIPOD 5 LIBRE INTRO KIT	2	PA
IHEALTH GLUCO+ KIT 10	E		OMNIPOD 5 LIBRE PODS	2	PA
IHEALTH GLUCO+ KIT 100	E		ON CALL EXPRESS BLOOD GLUCOSE	E	QL
INPEN	3	ST	ON CALL EXPRESS MONITORING SYS	E	
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	ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
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	ONETOUCH ULTRA BLUE TEST	E	QL
LANCETS	1		ONETOUCH ULTRA TEST STRIPS	E	QL
MICRODOT TEST	E	QL	ONETOUCH VERIO FLEX SYSTEM KIT	E	
MINILINK REAL-TIME TRANSMITTER	3	PA	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
MINIMED 630G GUARDIAN PRESS	3	PA	ONETOUCH VERIO KIT W/ DEVICE	E	
MM BLOOD GLUCOSE SYSTEM	E		ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E		ONETOUCH VERIO TEST STRIPS	E	QL
MM BLULINK GLUCOSE TEST	E	QL	OPTIUMEZ TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		PARADIGM REAL-TIME TRANSMITTER	3	PA
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2		PIP BLOOD GLUCOSE TEST STRIP	E	QL
NEUTEK 2TEK TEST	E	QL	PRECISION XTRA BLOOD GLUCOSE	E	QL
			PRECISION XTRA KIT W/DEVICE	E	
			PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
			PTS PANELS EGLU TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTTEST GT333 GLUCOSE TEST	E	QL
SIMPLERA SENSOR	E	PA
SIMPLERA SYNC SENSOR	E	PA
SIMPLERA SYSTEM	E	PA
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
UNISTRIPI1 GENERIC	E	QL
VERISAFE SAFETY STERILE NEEDLE	2	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	

Drug Name	Drug Tier	Requirements & Limits
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	(Fresenius)
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
liraglutide	1	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	QL
ONGLYZA	E	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTLET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP	CO-NATAL FA	2	
NUVIQ INTRAVENOUS KIT 1500 UNIT	2		cvs prenatal	E	
NYVEPRIA	E		cyanocobalamin injection solution 1000 mcg/ml	1	
RECOMBINATE	2	SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP	cyanocobalamin nasal	1	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2		DAVIMET-FLUORIDE	3	
TAVALISSE	3	PA, QL, SP	DENTA 5000 PLUS SENSITIVE	3	
tranexamic acid oral	1	QL	DODEX INJECTION SOLUTION 1000 MCG/ML	3	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		DRISDOL	3	
VOYDEYA	2	PA, QL, SP	ergocalciferol oral capsule	1	
WILATE	2		FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
ZARXIO	2		FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3	
Drugs for Sexual Dysfunction			FLORIVA PLUS	3	
ADDYI	3	QL	FLOTREX	3	
avanafil	1	QL	FLUORIMAX 5000 SENSITIVE	3	
CIALIS	E	QL	folic acid oral tablet 1 mg	1	
IMVEXXY MAINTENANCE PACK	2	QL	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
IMVEXXY STARTER PACK	2	QL	klor-con	1	
INTRAROSA	3	PA, QL	klor-con 10	1	
OSPHEA	2	PA, QL	klor-con m10	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	klor-con m15	1	
STENDRA	3	QL	klor-con m20	1	
tadalafil oral	1	QL	K-PHOS-NEUTRAL	2	
varafenil hcl oral tablet	1	QL	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
VIAGRA	E	QL	levocarnitine oral solution	1	
VYLEESI	3	QL	levocarnitine sf	1	
Electrolytes / Vitamins			LOKELMA	3	QL
ACCRUFER	E		M-NATAL PLUS	3	
CARNITOR ORAL SOLUTION	3		multivitamin w/fluoride	1	
CARNITOR SF	3		multi-vitamin/fluoride	1	
			multivitamin/fluoride oral tablet chewable	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MULTI-VIT-FLOR	3		sod fluoride-potassium nitrate	1	
NASCOBAL	3		sodium fluoride 5000 enamel	1	
NEONATAL COMPLETE	3		sodium fluoride 5000 sensitive	1	
NEONATAL PLUS	3		sodium fluoride oral solution	1	H
NEONATAL PRENATAL	E		sodium fluoride oral tablet chewable	1	H
NEONATAL VITAMIN	E		TRICARE ORAL TABLET	3	
NIVA-PLUS	3		TRINATAL RX 1	3	
ONE VITE WOMENS	E		TRINATE	3	
ONE VITE WOMENS PLUS	3		tri-vite/fluoride	1	
ORACIT	2		UROCIT-K 10	3	
ORAL CITRATE	2		UROCIT-K 15	3	
PHOSPHA 250 NEUTRAL	2		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
phosphorous	1		VELTASSA	3	QL
phospho-trin 250 neutral	1		VITAFOL FE+	3	
pnv 27-ca/fe/fa	1		VITAFOL ULTRA	3	
POKONZA	E		VITAFOL-OB	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
potassium chloride crys er	1		VITATHELY WITH GINGER	3	
potassium chloride er	1		wes-phos 250 neutral	1	
potassium chloride oral	1		WESTAB PLUS	E	
potassium citrate er	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
prenatal oral tablet 27-0.8 mg	E		ACIPHEX	E	QL
prenatal oral tablet 27-1 mg	1		bis subcit-metronid-tetracyc	1	QL
prenatal plus	1		bismuth/metronidaz/tetracyclin	1	QL
prenatal plus vitamin/mineral	1		CARAFATE	E	
prenatal vitamins oral tablet 27-0.8 mg	E		cimetidine oral	1	
PRENATE MINI	3		CYTOTEC	3	
PRENATOL-M	E		DEXILANT	E	QL
PRENATRIX	E		dexlansoprazole	E	QL
PRENATRYL	E		esomeprazole magnesium oral capsule delayed release	E	QL
PREVIDENT 5000 ENAMEL PROTECT	3		esomeprazole magnesium oral packet	1	QL
PREVIDENT 5000 SENSITIVE	3				
QUFLORA PEDIATRIC	3				
sod citrate-citric acid oral solution 500-334 mg/5ml	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
famotidine oral suspension reconstituted	1		dicyclomine hcl oral tablet 20 mg	1	
famotidine oral tablet 20 mg, 40 mg	E		diphenoxylate-atropine oral tablet	1	
lansoprazole oral capsule delayed release	E	QL	enulose	1	
lansoprazole oral tablet delayed release dispersible	1	QL	GASTROCROM	E	
misoprostol oral	1		gavilyte-c	1	H
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL	gavilyte-g	1	H
NEXIUM ORAL PACKET	3	QL	gavilyte-n with flavor pack	1	H
OMECLAMOX-PAK	3	QL	generlac	1	
omeprazole oral capsule delayed release	1		GLYCATE	E	
pantoprazole sodium oral tablet delayed release	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
PEPCID	E		GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
PREVACID	E	QL	GOLYTELY	1	H
PREVACID SOLUTAB	E	QL	hyoscyamine sulfate er	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E		hyoscyamine sulfate oral tablet	1	
PYLERA	3	QL	hyoscyamine sulfate oral tablet dispersible	1	
rabeprazole sodium oral tablet delayed release	1	QL	hyoscyamine sulfate sublingual	1	
sucralfate oral	1		IBSRELA	E	PA, ST, QL
VOQUEZNA	3	PA, QL	IQIRVO	3	PA, ST, QL, SP
VOQUEZNA DUAL PAK	3	ST, QL	lactulose encephalopathy	1	
VOQUEZNA TRIPLE PAK	3	ST, QL	lactulose oral solution	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			LEVIBID	3	
AMITIZA	3	PA, QL	LEVSIN	3	
ANASPAZ	2		LEVSIN/SL	3	
BYLVAY	3	PA, QL, SP	LIBRAX	E	
BYLVAY (PELLETS)	3	PA, QL, SP	LINZESS	2	PA, QL
chlordiazepoxide-clidinium	1		LIVDELZI	3	PA, ST, QL, SP
CLENPIQ	2		LOMOTIL	3	
constulose	1		loperamide hcl oral capsule	E	
cromolyn sodium oral	1		lubiprostone	1	PA, QL
dicyclomine hcl oral capsule	1		MOTEGRITY	E	PA, QL
			MOVIPREP	3	
			na sulfate-k sulfate-mg sulf	1	
			NULEV	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OSCIMIN	3		ORFADIN ORAL CAPSULE	1	PA, SP
peg 3350-kcl-na bicarb-nacl	1	H	ORFADIN ORAL SUSPENSION	2	PA, SP
peg-3350/electrolytes	1	H	PANCREAZE	3	ST
peg-3350/electrolytes/ascorbat	1		PERTZYE	3	ST
peg-kcl-nacl-nasulf-na asc-c	1		STRENSIQ	2	PA, QL, SP
PLENVU	2		SUCRAID	2	PA, SP
prucalopride succinate	1	PA, QL	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
RELTONE	E		tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA, QL, SP
REZDIFFRA	3	PA, QL	tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA, QL
ROBINUL ORAL TABLET 1 MG	E		VYNDAMAX	2	PA, QL, SP
ROBINUL-FORTE ORAL TABLET 2 MG	E		ZENPEP	2	
SUFLAVE	3		Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
SUPREP BOWEL PREP KIT	3		bethanechol chloride oral	1	
SUTAB	2		calcium acetate (phos binder) oral capsule	1	
SYMPROIC	2	PA, QL	DETROL	E	
TRULANCE	3	PA, ST, QL	DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
URSO 250 ORAL TABLET 250 MG	E		DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
URSO FORTE	E		ELMIRON	3	ST
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E		GEMTESA	3	
ursodiol oral capsule 300 mg	1		mirabegron er	1	ST
ursodiol oral tablet	1		MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
VIBERZI	3	QL	oxybutynin chloride er	1	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			oxybutynin chloride oral	1	
ATTRUBY	2	PA, QL, SP	phenazo oral tablet 200 mg	1	
CARNITOR ORAL TABLET	3		phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
CERDELGA	2	PA, SP	PYRIDIUM	3	
CREON	2		REVELA ORAL TABLET	E	
DEPEN TITRATABS	2	SP	sevelamer carbonate oral tablet	1	
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP			
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP			
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL			
levocarnitine oral tablet	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	3	PA, SP
VELPHORO	3	ST
VESICARE	3	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H

Drug Name	Drug Tier	Requirements & Limits
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL

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Drug Name	Drug Tier	Requirements & Limits
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), 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	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
mibelas 24 fe	1	H	nortrel 1/35 (28)	1	H
microgestin 1.5/30	1	H	nortrel 7/7/7	1	H
microgestin 1/20	1	H	NUVARING	E	
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nylia 1/35	1	H
microgestin fe 1.5/30	1	H	nylia 7/7/7	1	H
microgestin fe 1/20	1	H	nymyo oral tablet 0.25-35 mg-mcg	1	H
mili	1	H	ocella	1	H
mimvey	1		PHEXXI	E	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E		philith	1	H
MINIVELLE	E	QL	pimtrea	1	H
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E		portia-28	1	H
mono-lynyah	1	H	PREMARIN ORAL	2	
MYFEMBREE	2	QL	PREMARIN VAGINAL	3	
NATAZIA	1		PREMPHASE	2	
necon 0.5/35 (28)	1	H	PREMPRO	2	
NEXTSTELLIS	3		progesterone intramuscular	1	
nikki	1	H	progesterone oral	1	
nora-be	1	H	PROMETRIUM	E	
norelgestromin-eth estradiol	1	H	PROVERA	3	
norethin ace-eth estrad-fe oral tablet	1	H	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
norethin ace-eth estrad-fe oral tablet chewable	1	H	reclipsen	1	H
norethindrone acetate oral	1		rivelsa	1	H
norethindrone acet-ethinyl est	1	H	rosyrah	1	H
norethindrone oral	1	H	SAFYRAL	E	
norethindrone-eth estradiol	1		SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	setlakin	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	sharobel	1	H
norgestimate-ethinyl estradiol triphasic	1	H	simliya	1	H
norlyroc	1	H	simpesse	1	H
nortrel 0.5/35 (28)	1	H	SLYND	3	
nortrel 1/35 (21)	1	H	sprintec 28	1	H
			sronyx	1	H
			syeda	1	H
			tarina 24 fe	1	H
			tarina fe 1/20 eq	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H

Drug Name	Drug Tier	Requirements & Limits
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SKYTROFA	3	PA, QL, SP

Hormonal Agents - Testosterone Replacement

ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	QL
JATENZO	E	QL
KYZATREX	3	QL
NATESTO	E	QL
TESTIM	1	QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	QL
testosterone gel 12.5 mg/act (1%) transdermal	E	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	QL

Drug Name	Drug Tier	Requirements & Limits
testosterone gel 20.25 mg/act (1.62%) transdermal	E	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	E	QL
testosterone transdermal gel 1.62 %	1	QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	QL
TLANDO	E	QL
UNDECATREX	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	E	QL

Hormonal Agents - Thyroid

ADTHYZA	E	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	BIMZELX	3	PA, ST, QL, SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	CELLCEPT ORAL CAPSULE	E	
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	CELLCEPT ORAL TABLET	E	
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	CINRYZE	E	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
AMJEVITA 40 MG/0.8ML	E	PA, QL, SP	COSENTYX 75MG/0.5ML SUBCUTANEOUS	2	PA, QL, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
ARAVA	E		COSENTYX UNOREADY	2	PA, QL, SP
AZASAN	3		cyclosporine modified oral capsule	1	
azathioprine oral	1		CYLTEZO (2 PEN)	E	PA, QL, SP
			CYLTEZO (2 SYRINGE)	E	PA, QL, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
			CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
			CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
			EMPAVELI	2	PA, QL, SP
			ENBREL	2	PA, QL, SP
			ENBREL MINI	2	PA, QL, SP
			ENBREL SURECLICK	2	PA, QL, SP
			ENTYVIO PEN	2	PA, QL, SP
			ENVARUSUS XR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
HADLIMA	E	PA, QL, SP
HADLIMA PUSH TOUCH	E	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (1 PEN)	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	OTREXUP	E	QL
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	PROGRAF ORAL CAPSULE	3	
IMURAN	E		RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
JYLAMVO	3	PA	RASUVO	2	QL
KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	3	PA, ST, QL, SP	RINVOQ	2	PA, QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	RUCONEST	3	PA, QL, SP
leflunomide oral	1		SIMLANDI (1 PEN)	E	PA, QL, SP
LITFULO	3	PA, QL, SP	SIMLANDI (1 SYRINGE)	E	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	SIMLANDI (2 PEN)	E	PA, QL, SP
methotrexate sodium (pf)	1		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
methotrexate sodium injection solution	1		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
methotrexate sodium oral	1		SIMPONI	2	PA, QL, SP
mycophenolate mofetil oral capsule	1		sirolimus oral tablet	1	
mycophenolate mofetil oral tablet	1		SKYRIZI PEN	2	PA, QL, SP
mycophenolate sodium	1		SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
mycophenolic acid	1		SOTYKTU	2	PA, QL, SP
MYFORTIC	E		STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
MYHIBBIN	1		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
NEORAL ORAL CAPSULE	E		tacrolimus oral	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL, SP	TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP	TREMFYA	2	PA, QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP	TREXALL	2	
ORENCIA CLICKJECT	3	PA, ST, QL, SP	USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP	WEZLANA	2	PA, QL, SP
OTEZLA ORAL TABLET 20 MG	2	PA, QL, SP	XELJANZ	2	PA, QL, SP
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
			XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H

Drug Name	Drug Tier	Requirements & Limits
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	

Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
PROCORT	3	
PROCTOCORT EXTERNAL	E	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVEY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	1	
VYZULTA	3	ST
XALATAN	E	
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	
MIEBO	3	PA, QL
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	

Drug Name	Drug Tier	Requirements & Limits
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cycloheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
RYALTRIS	3		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
ryvent	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
sodium chloride inhalation	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA)
XHANCE	E	ST	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3		albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD			ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ACCOLATE	3		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
ADVAIR DISKUS	E	QL	albuterol sulfate oral syrup 2 mg/5ml	1	
ADVAIR HFA	2	QL, RS	ANORO ELLIPTA	3	QL
AEROCHAMBER HOLDING CHAMBER	2		ARNUITY ELLIPTA	1	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2		ASMANEX HFA	E	QL
AEROCHAMBER PLUS FLO-VU	2		ATROVENT HFA	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2		BEVESPI AEROSPHERE	2	QL
AEROCHAMBER PLUS FLO-VU LARGE	2		BREATHE COMFORT CHAMBER/ ADULT	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		BREATHE COMFORT CHAMBER/ CHILD	2	
AEROCHAMBER PLUS FLO-VU SMALL	2		BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS
AEROCHAMBER PLUS FLO-VU W/MASK	2		BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
AEROCHAMBER2GO ANTI-STATIC	2		breyna	E	QL, RS
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	QL	BREZTRI AEROSPHERE	3	QL, RS
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL	budesonide inhalation	1	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL			
AIRSUPRA	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
budesonide-formoterol fumarate	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
COMBIVENT RESPIMAT	2	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
DALIRESP	E	QL	PERFOROMIST	3	QL
DULERA	3	ST, QL	PROCHAMBER VHC	2	
EASIVENT	2		PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
EASIVENT MASK LARGE	2		PULMICORT SUSPENSION	E	QL
EASIVENT MASK MEDIUM	2		QVAR REDIHALER	1	QL
EASIVENT MASK SMALL	2		roflumilast	1	QL
FASENRA PEN	3	PA, QL	SEREVENT DISKUS	2	QL
FLEXICHAMBER	2		SINGULAIR ORAL PACKET	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL	SINGULAIR ORAL TABLET	E	
FLUTICASONE FUROATE-VILANTEROL	3	QL, RS	SINGULAIR ORAL TABLET CHEWABLE	E	
FLUTICASONE PROPIONATE HFA	3	QL	SPIRIVA HANDIHALER	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS	SPIRIVA RESPIMAT	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	STIOLTO RESPIMAT	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL	STRIVERDI RESPIMAT	2	QL
INSPIREASE	2		SYMBICORT	1	QL
ipratropium bromide inhalation	1		TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
ipratropium-albuterol	1		tiotropium bromide monohydrate	E	QL
levalbuterol hcl inhalation	1		TRELEGY ELLIPTA	3	QL, RS
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3		UMECLIDINIUM-VILANTEROL	E	QL
MICROCHAMBER	2		VENTOLIN HFA	E	
montelukast sodium oral	1		VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP	VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
			VORTEX VALVE CHAMBER-PEDI MASK	2	
			VORTEX VALVED HOLDING CHAMBER	2	
			wixela inhub	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	
YUPELRI	3	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg	E	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	1	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	3	QL
SODIUM OXYBATE	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	1	
zolpidem tartrate oral tablet	1	

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ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	47
ADALIMUMAB-ADB(CD/UC/ HS STRT)	47
ADALIMUMAB-ADB(PS/UV STARTER).....	47
ADALIMUMAB-FKJP (2 PEN).....	47
ADALIMUMAB-FKJP (2 SYRINGE)	47
adapalene external gel	26
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ADBRY SOLUTION AUTO- INJECTOR.....	47
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	47
ADCIRCA.....	57
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ADDERALL XR	24
ADDYI	36



ADEINZDE	26	AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT.....	55	ALVAIZ	35
ADEMPAS	57	AIRSUPRA.....	55	alyacen 1/35	40
ADMELOG.....	33	AJOVY.....	16	alyacen 7/7/7	40
ADMELOG SOLOSTAR.....	33	AKLIEF	26	alyq	57
ADTHYZA.....	45	ALA SCALP.....	26	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	40
ADVAIR DISKUS.....	55	ala-cort.....	26	amantadine hcl oral capsule	18
ADVAIR HFA.....	55	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	55	amantadine hcl oral tablet	18
ADVATE.....	35	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml.....	55	AMBIEN	57
ADYNOVATE	35	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	55	AMBIEN CR.....	57
ADZENYS XR-ODT	24	albuterol sulfate oral syrup 2 mg/5ml.....	55	amethia oral tablet 0.15-0.03 & 0.01 mg	40
AEROCHAMBER HOLDING CHAMBER.....	55	alclometasone dipropionate.....	26	amiloride hcl oral	20
AEROCHAMBER PLS FLOVU MTHPIECE	55	ALDACTONE	20	amiodarone hcl oral	20
AEROCHAMBER PLUS FLO-VU....	55	ALECENSA	17	AMITIZA	38
AEROCHAMBER PLUS FLO-VU INTERM	55	alendronate sodium oral tablet...	51	amitriptyline hcl oral	14
AEROCHAMBER PLUS FLO-VU LARGE.....	55	alfuzosin hcl er.....	40	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	55	aliskiren fumarate	20	AMJEVITA 40 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU SMALL.....	55	allopurinol oral.....	16	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 10MG/0.2ML	47
AEROCHAMBER PLUS FLO-VU W/MASK.....	55	ALLZITAL	9	AMJEVITA-PED 15KG TO <30KG SOLUTION REFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	47
AEROCHAMBER2GO ANTI- STATIC	55	ALOGLIPTIN BENZOATE	34	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 20 MG/0.4ML	47
afirmelle.....	40	ALORA.....	40	amlodipine besylate oral	20
AFLURIA PRESERVATIVE FREE ...	50	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	52	amlodipine besylate-benazepril hcl	20
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	35	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	52	amlodipine besylate-valsartan....	20
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	35	ALPHANATE.....	35	amlodipine-olmesartan	20
AGAMATRIX PRESTO TEST.....	30	alprazolam er	20	ammonium lactate external	26
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	16	alprazolam oral	20	amnesteem.....	26
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT.....	55	alprazolam xr	20	amoxicillin.....	11
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	55	ALPROLIX.....	35	amoxicillin-potassium clavulanate.....	11
		ALREX.....	52	amphet-dextroamphet 3-bead er.....	24
		ALTACE.....	20	amphetamine sulfate.....	24
		altavera.....	40		
		ALTUVIIIO	35		
		ALUNBRIG	17		

amphetamine- dextroamphetamine	24	ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	45	AUSTEDO	25
amphetamine- dextroamphetamine er	24	ARMOUR THYROID TABLET 15 MG ORAL	45	AUSTEDO XR	25
ampicillin	11	ARNUITY ELLIPTA	55	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	25
AMPYRA	25	AROMASIN	17	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	25
AMZEEQ	26	ARTHROTEC	10	AUVELITY	14
ANAFRANIL	14	ascomp-codeine	9	AUVI-Q	54
ANALPRAM HC	51	asenapine maleate	19	AVALIDE	20
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	51	ashlyna	40	avanafil	36
ANALPRAM-HC EXTERNAL CREAM	51	ASMANEX HFA	55	AVAPRO	20
ANAPROX DS	10	ATACAND	20	AVAR CLEANSER	26
ANASPAZ	38	ATACAND HCT	20	AVAR LS CLEANSER	26
anastrozole oral	17	atenolol oral	20	aviane	40
ANDROGEL PUMP	45	atenolol-chlorthalidone	20	AVIDOXY	11
ANNOVERA	40	ATIVAN ORAL	20	AVITA EXTERNAL CREAM 0.025 %	26
ANORO ELLIPTA	55	atomoxetine hcl	24	AVODART	40
ANTIVERT ORAL TABLET 50 MG ..	15	ATORVALIQ	20	AVONEX PEN	25
ANUCORT-HC	51	atorvastatin calcium oral tablet 10 mg, 20 mg	20	AVONEX PREFILLED	25
ANUSOL-HC	51	atorvastatin calcium oral tablet 40 mg, 80 mg	20	AYGESTIN ORAL TABLET 5 MG ...	40
apap-caff-dihydrocodeine	9	atovaquone	18	ayuna	40
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	10	atovaquone-proguanil hcl	18	AZASAN	47
aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	ATRALIN	26	AZASITE	52
apri	40	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	53	azathioprine oral	47
APRISO	51	atropine sulfate ophthalmic solution 1 %	53	azelaic acid external	26
APTENSIO XR	24	ATROVENT HFA	55	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	54
APTIOM	13	ATTRUBY	39	azelastine hcl nasal solution 0.15 %	54
AQ INSULIN SYRINGE	30	AUBAGIO	25	azelastine hcl ophthalmic	52
AQINJECT PEN NEEDLE	30	aubra eq	40	azelastine-fluticasone	54
ARAKODA	18	AUGMENTIN	11	AZELEX	26
aranelle	40	AUGMENTIN ES-600	11	AZILECT	18
ARANESP (ALBUMIN FREE)	35	AUGTYRO	17	azithromycin oral packet 1 gm ...	11
ARAVA	47	aurovela 1/20	40	AZOPT	52
ARAZLO	26	aurovela 1.5/30	40	AZOR	20
AREXVY	50	aurovela 24 fe	40	AZSTARYS	24
ARICEPT	14	aurovela fe 1/20	40	AZULFIDINE	51
ARIMIDEX	17	aurovela fe 1.5/30	40	AZULFIDINE EN-TABS	51
aripiprazole oral solution	19				
aripiprazole oral tablet	19				
armodafinil	57				



azurette 40

B

bac (butalbital-acetamin-caff) 9

bacitracin-polymyxin b 52

baclofen oral tablet 57

BACTRIM 11

BACTRIM DS 11

BAFIERTAM 25

balsalazide disodium 51

balziva 40

BAQSIMI ONE PACK 34

BAQSIMI TWO PACK 34

BARACLUDE ORAL TABLET 19

BASAGLAR KWIKPEN 33

BASAGLAR TEMPO PEN 33

BD AUTOSHIELD DUO PEN
NEEDLES 30

BD BLUNT FILL NEEDLE W/
FILTER 30

BD ECLIPSE NEEDLE 18G X
1-1/2", 23G X 1", 25G X 5/8",
27G X 1/2" 30

BD ECLIPSE SHIELDED NEEDLE .. 30

BD PEN NEEDLE MICRO
ULTRAFINE 30

BD PEN NEEDLE MINI
ULTRAFINE 30

BD PEN NEEDLE NANO
ULTRAFINE 30

BD PEN NEEDLE ORIG
ULTRAFINE 30

BD PEN NEEDLE SHORT
ULTRAFINE 30

BD SAFETYGLIDE NEEDLE
23G X 1-1/2" 30

BD SAFETYGLIDE SHIELDED
NEEDLE 21G X 1-1/2" 30

BD ULTRA-FINE PEN NEEDLES ... 30

BD ULTRA-FINE U-500 INSULIN
SYRINGES 30

BD VEO ULTRA-FINE INSULIN
SYRINGES 30

BD-ULTRA FINE INSULIN
SYRINGES 30

BELBUCA 9

BELSOMRA 57

benazepril hcl oral 20

benazepril-hydrochlorothiazide .. 20

BENICAR 20, 21

BENICAR HCT 21

BENLYSTA SUBCUTANEOUS
SOLUTION AUTO-INJECTOR 47

BENZAMYCIN 26

benzonatate 54

benzoyl peroxide-erythromycin .. 26

benztropine mesylate oral 18

BESIVANCE 52

BESREMI 17

betamethasone dipropionate
aug external cream 26

betamethasone dipropionate
aug external lotion 26

betamethasone dipropionate
aug external ointment 26

betamethasone dipropionate
external 27

betamethasone valerate
external cream 27

betamethasone valerate
external lotion 27

betamethasone valerate
external ointment 27

BETAPACE 21

BETASERON 25

bethanechol chloride oral 39

BETIMOL OPHTHALMIC
SOLUTION 0.25 % 53

BETIMOL OPHTHALMIC
SOLUTION 0.5 % 53

BEVESPI AEROSPHERE 55

BEYAZ 40

bicalutamide 17

BIGFOOT UNITY PROGRAM 30

BIJUVA 40

BIKTARVY 19

bimatoprost ophthalmic 53

BIMZELX 47

BIOTEL CARE TEST STRIPS 30

bis subcit-metronid-tetracyc 37

bismuth/metronidaz/tetracyclin . 37

bisoprolol fumarate oral tablet ... 21

bisoprolol-hydrochlorothiazide ... 21

BLANCHE 27

blisovi 24 fe 40

blisovi fe 1/20 40

blisovi fe 1.5/30 40

BLOOD GLUCOSE TEST STRIPS .. 30

BLOOD GLUCOSE TEST STRIPS
333 30

BONSITY 51

BOOSTRIX 50

BOOSTRIX INTRAMUSCULAR
SUSPENSION 5-2.5-18.5

LF-MCG/0.5 50

BREATHE COMFORT CHAMBER/
ADULT 55

BREATHE COMFORT CHAMBER/
CHILD 55

BREO ELLIPTA INHALATION
AEROSOL POWDER BREATH

ACTIVATED 100-25 MCG/ACT 55

BREO ELLIPTA INHALATION
AEROSOL POWDER BREATH

ACTIVATED 200-25 MCG/ACT,
50-25 MCG/INH 55

breyna 55

BREZTRI AEROSPHERE 55

briellyn 40

BRILINTA 18

brimonidine tartrate ophthalmic
solution 0.1 % 53

brimonidine tartrate ophthalmic
solution 0.15 %, 0.2 % 53

brimonidine tartrate-timolol 53

brinzolamide 53

BRIVIACT ORAL TABLET 13

BROMFED DM ORAL SYRUP
2-30-10 MG/5ML 54

bromfenac sodium (once-daily) .. 52

bromfenac sodium ophthalmic ... 52

bromocriptine mesylate oral tablet.....	18	BYLVAY (PELLETS).....	38	CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8".....	30
bromphen-pseudoeph-dm	54	BYSTOLIC.....	21	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	30
BROMSITE	52	C			
BRONCHITOL.....	57	cabergoline	44	CAREPOINT SAFETY 1ST NEEDLE	30
BRONCHITOL TOLERANCE TEST.....	57	CABOMETYX.....	17	CARESENS N PLUS BT	30
BRUKINSA.....	17	CABTREO.....	27	CARETOUCH MONITOR SYSTEM ..	30
budesonide inhalation.....	55	calcipotriene external cream	27	CARETOUCH TEST.....	30
budesonide oral	51	calcipotriene external ointment ..	27	carisoprodol oral.....	57
budesonide-formoterol fumarate	56	calcipotriene external solution ...	27	CARNITOR ORAL SOLUTION	36
bumetanide oral	21	CALCITRENE.....	27	CARNITOR ORAL TABLET	39
BUMEX	21	calcitriol oral capsule.....	51	CARNITOR SF.....	36
BUPAP ORAL TABLET 50-300 MG .	9	calcium acetate (phos binder) oral capsule	39	cartia xt	21
buprenorphine.....	9,10	CALQUENCE.....	17	carvedilol.....	21
buprenorphine hcl sublingual	10	camila	40	carvedilol phosphate er	21
buprenorphine hcl-naloxone hcl sublingual film	10	camrese.....	40	CASODEX	17
buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	10	camrese lo	40	CATAPRES-TTS-1.....	21
bupropion hcl er (smoking det) ...	10	CAMZYOS.....	21	CATAPRES-TTS-2	21
bupropion hcl er (sr)	14	CANASA.....	51	CATAPRES-TTS-3	21
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14	candesartan cilexetil	21	cefadroxil oral capsule	11
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14	candesartan cilexetil-hctz	21	cefadroxil oral suspension reconstituted	11
bupropion hcl oral	14	capecitabine.....	17	cefdinir.....	11
buspirone hcl oral.....	20	CAPLYTA	19	cefixime oral capsule.....	12
butalbital-acetaminophen oral tablet 50-300 mg.....	9	captopril oral.....	21	cefpodoxime proxetil oral tablet .	12
butalbital-acetaminophen oral tablet 50-325 mg	9	CAPVAXIVE.....	50	cefprozil.....	12
butalbital-apap-caff-cod	9	CARAC EXTERNAL CREAM 0.5 % .	27	cefuroxime axetil	12
butalbital-apap-caffeine.....	9	CARAFATE.....	37	CELEBREX	10
butalbital-asa-caff-codeine.....	9	carbamazepine er	13	celecoxib oral.....	10
butalbital-aspirin-caffeine.....	9	carbamazepine oral tablet	13	CELEXA	14
butorphanol tartrate nasal	9	carbamazepine oral tablet chewable.....	13	CELLCEPT ORAL CAPSULE	47
BUTRANS	9	CARBATROL.....	13	CELLCEPT ORAL TABLET	47
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML.....	34	carbidopa-levodopa er	18	cephalexin	12
BYLVAY	38	carbidopa-levodopa oral tablet... 18		CEQUA	53
		carbinoxamine maleate oral tablet 4 mg.....	54	CEQUR SIMPLICITY 2U 8PK.....	30
		carbinoxamine maleate oral tablet 6 mg.....	54	CERDELGA.....	39
		CARDIZEM	21	cetirizine hcl oral solution.....	54
		CARDIZEM CD	21	CETROTIDE.....	50
		CARDIZEM LA	21	cevimeline hcl	26
		CARDURA	21	charlotte 24 fe	40
				chateal eq.....	40

chlordiazepoxide hcl	20	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12	clobetasol propionate external ointment	27
chlordiazepoxide-clidinium	38	CLEOCIN VAGINAL CREAM.....	12	clobetasol propionate external shampoo	27
chlorhexidine gluconate mouth/ throat.....	26	CLEOCIN-T.....	27	clobetasol propionate external solution	27
chlorpromazine hcl oral tablet....	19	CLIMARA.....	40, 41	CLOBEX EXTERNAL SHAMPOO... 27	
chlorthalidone	21	CLIMARA PRO	40	CLOBEX SPRAY	27
chlorzoxazone oral tablet 250 mg	57	clindacin etz external swab	27	clodan.....	27
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg.....	57	clindacin-p.....	27	CLOMID.....	50
cholestyramine light	21	CLINDAGEL.....	27	clomiphene citrate oral	50
cholestyramine oral	21	clindamycin hcl oral	12	clomipramine hcl oral	14
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	50	clindamycin palmitate hcl.....	12	clonazepam oral	20
CIALIS	36	clindamycin phos (once-daily) gel 1 % external	27	clonidine hcl er.....	24
CIBINQO.....	27	clindamycin phos (twice-daily) gel 1 % external	27	clonidine hcl oral.....	21
ciclodan	16	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	27	clonidine patch weekly 0.1 mg/24hr transdermal.....	21
ciclopirox external.....	16	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	27	clonidine patch weekly 0.2 mg/24hr transdermal	21
ciclopirox olamine external cream	16	clindamycin phosphate external lotion	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox olamine external suspension.....	27	clindamycin phosphate external solution	27	clopidogrel bisulfate oral.....	19
cilostazol.....	18	clindamycin phosphate external swab.....	27	clorazepate dipotassium	20
CIMDUO	19	clindamycin phosphate vaginal ...	12	clotrimazole external cream	27
cimetidine oral.....	37	CLINDESSE.....	12	clotrimazole mouth/throat	16
CIMZIA (2 SYRINGE)	47	CLINPRO 5000	26	clotrimazole-betamethasone....	27
CIMZIA-STARTER.....	47	clobazam oral suspension 2.5 mg/ml	13	clozapine oral tablet.....	19
cinacalcet hcl	51	clobazam oral tablet.....	13	CLOZARIL.....	19
CINRYZE	47	clobetasol prop emollient base external cream 0.05 %.....	27	CO-NATAL FA	36
CIPRO ORAL TABLET.....	12	clobetasol propionate e.....	27	COLAZAL	51
CIPRODEX OTIC SUSPENSION 0.3-0.1 %.....	53	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	27	colchicine oral	16
ciprofloxacin hcl ophthalmic.....	52	clobetasol propionate external cream 0.05 %.....	27	colchicine-probenecid	16
ciprofloxacin hcl oral	12	clobetasol propionate external foam.....	27	COLCRYS ORAL TABLET 0.6 MG..	16
ciprofloxacin-dexamethasone....	53	clobetasol propionate external gel.....	27	colesevelam hcl oral tablet.....	21
citalopram hydrobromide oral tablet.....	14	clobetasol propionate external liquid	27	COLESTID ORAL TABLET	21
claravis	27			colestipol hcl oral tablet.....	21
CLARINEX	54			COMBIGAN	53
clarithromycin oral tablet	12			COMBIPATCH.....	40
CLENPIQ.....	38			COMBIVENT RESPIMAT.....	56
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12			COMIRNATY	50
CLEOCIN ORAL CAPSULE 75 MG. 12				CONCERTA.....	24
				constulose	38

CONTOUR MONITOR KIT W/ DEVICE.....	30	CRESTOR.....	21	cyred eq.....	40
CONTOUR NEXT EZ KIT W/ DEVICE.....	30	CREXONT.....	18	CYTOMEL.....	45
CONTOUR NEXT GEN MONITOR KIT.....	30	cromolyn sodium ophthalmic.....	53	CYTOTEC.....	37
CONTOUR NEXT GEN TEST STRIPS.....	30	cromolyn sodium oral.....	38	D	
CONTOUR NEXT LINK KIT W/ DEVICE.....	30	cryselle-28.....	40	D-CARE BLOOD GLUCOSE.....	31
CONTOUR NEXT MONITOR KIT W/DEVICE.....	30	CVS ADVANCED GLUCOSE TEST .	31	D-CARE GLUCOMETER.....	31
CONTOUR NEXT ONE KIT.....	30	CVS GLUCOSE METER TEST STRIPS.....	31	dabigatran etexilate mesylate	13
CONTOUR NEXT TEST STRIPS.....	30	cvs nicotine.....	10	dalfampridine er.....	25
CONTOUR PLUS BLUE KIT W/ DEVICE.....	30	cvs nicotine polacrilex.....	10	DALIRESP.....	56
CONTOUR PLUS TEST STRIP.....	30	cvs prenatal.....	36	DAPAGLIFLOZIN PRO- METFORMIN ER.....	34
CONTOUR TEST STRIPS.....	31	CVS TRUE METRIX GLUCOSE TEST.....	31	DAPAGLIFLOZIN PROPANEDIOL .	34
COPAXONE.....	25	cyanocobalamin injection solution 1000 mcg/ml.....	36	dapsone external.....	27
COREG.....	21	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	36	dapsone oral.....	17
COREG CR.....	21	cyanocobalamin nasal.....	36	dasatinib.....	17
CORGARD ORAL TABLET 20 MG, 40 MG.....	21	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	57	dasetta 1/35 (28).....	40
CORLANOR.....	21	cyclobenzaprine hcl oral tablet 7.5 mg.....	57	dasetta 7/7/7.....	40
CORTEF.....	44	CYCLOGYL.....	53	DAVIMET-FLUORIDE.....	36
CORTIFOAM.....	51	cyclopentolate hcl ophthalmic ...	53	DAYPRO.....	10
COSENTYX (300 MG DOSE).....	47	cyclosporine modified oral capsule.....	47	daysee.....	40
COSENTYX 150 MG/ML SUBCUTANEOUS.....	47	cyclosporine ophthalmic.....	53	DAYVIGO.....	57
COSENTYX 75MG/0.5ML SUBCUTANEOUS.....	47	CYLTEZO (2 PEN).....	47	DDAVP ORAL.....	44
COSENTYX SENSOREADY (300 MG).....	47	CYLTEZO (2 SYRINGE).....	47	deblitane.....	40
COSENTYX SENSOREADY PEN ...	47	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML.....	47	DELESTROGEN.....	40
COSENTYX UNOREADY.....	47	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	47	delyla.....	40
COSOPT.....	53	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	47	DELZICOL.....	51
COSOPT PF.....	53	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	47	DENTA 5000 PLUS.....	26, 36
COTELLIC.....	17	CYMBALTA.....	14	DENTA 5000 PLUS SENSITIVE....	36
COTEMPLA XR-ODT.....	24	cyproheptadine hcl oral.....	54	DENTAGEL.....	26
COVARYX.....	40			DEPAKOTE.....	13
COVARYX HS.....	40			DEPAKOTE ER.....	13
COZAAR.....	21			DEPAKOTE SPRINKLES.....	13
CREON.....	39			DEPEN TITRATABS.....	39
CRESEMBA ORAL.....	16			DEPO-PROVERA.....	40
				DEPO-SUBQ PROVERA 104.....	41
				DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	45
				DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	45
				DERMA-SMOOTH/FS BODY.....	27



DERMA-SMOOTH/FS SCALP	27	DIABETES CARE	31	DIOVAN HCT	21
DERMACINRX UREA.....	27	DIABETES MONITOR DIGIT		DIPENTUM	51
DERMOTIC.....	53	ADD-ON.....	31	diphenoxylate-atropine oral	
DESCOVY ORAL TABLET		DIABETES MONITOR DIGIT		tablet.....	38
120-15 MG.....	19	SOLN.....	31	DIPROLENE.....	28
DESCOVY ORAL TABLET		DIASTAT ACUDIAL RECTAL GEL		disulfiram oral	10
200-25 MG.....	19	10 MG, 20 MG	13	DITROPAN XL ORAL TABLET	
desipramine hcl oral.....	14	DIASTAT PEDIATRIC RECTAL		EXTENDED RELEASE 24 HOUR	
desloratadine oral tablet.....	54	GEL 2.5 MG.....	13	5 MG.....	39
desmopressin acetate oral.....	44	diazepam oral solution	20	divalproex sodium er	13
desmopressin acetate spray	44	diazepam oral tablet.....	20	divalproex sodium oral	13
desogestrel-ethinyl estradiol	41	diazepam rectal.....	13	DIVIGEL TRANSDERMAL GEL	
desonide external cream.....	27	DICLEGIS	15	0.25 MG/0.25GM, 0.5 MG/	
desonide external lotion	27	diclofenac potassium oral tablet		0.5GM, 1 MG/GM, 1.25 MG/	
desonide external ointment	27	25 mg.....	10	1.25GM	41
DESOWEN.....	27	diclofenac potassium oral tablet		DIVIGEL TRANSDERMAL GEL	
desoximetasone external cream .	27	50 mg	10	0.75 MG/0.75GM.....	41
desoximetasone external		diclofenac sodium er	10	DODEX INJECTION SOLUTION	
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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባሮች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি বাংলায় (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថ្លៃ និងការទំនាក់ទំនងគតិកថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខគតិកថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรีเช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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