



Your 2025 Prescription Drug List

Access 3-Tier

Effective May 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, River Valley and Oxford medical plans 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 can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. 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 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 consult plan documents regarding benefit coverage and cost-share.

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	3	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	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
oxymorphone hcl er	1	PA, QL
PERCOCET	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 50 mg, 25 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE 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	
CATAFLAM ORAL TABLET 50 MG	E	
CELEBREX	E	QL
celecoxib oral	1	QL
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	

Drug Name	Drug Tier	Requirements & Limits
ec-naproxen	1	
etodolac	1	
etodolac er	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	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	
RELAFEN ORAL TABLET 500 MG, 750 MG	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	1	
bupropion hcl er (smoking det)	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
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

Drug Name	Drug Tier	Requirements & Limits
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	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		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
erythromycin base oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
erythromycin base oral tablet delayed release	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
FIRVANQ	3	
FLAGYL	3	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	3	
MONUROL ORAL PACKET 3 GM	3	
moxifloxacin hcl oral	1	
mupirocin cream	1	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOGIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG	3	
XIFAXAN ORAL TABLET 550 MG	3	QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam	1	PA
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	
FINTEPLA	3	PA
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral	1	
LIBERVANT	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	3	
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	
OXTELLAR XR	E	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepa	1	
rufinamide oral suspension	1	

Drug Name	Drug Tier	Requirements & Limits
rufinamide oral tablet	1	PA
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er oral capsule extended release 24 hour	E	
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA
vigabatrin oral packet	1	PA, QL, SP
vigadrone oral packet	1	PA, QL, SP
vigpoder	1	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
galantamine hydrobromide er	1	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	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 solution	1	
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	
escitalopram oxalate oral	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	

Drug Name	Drug Tier	Requirements & Limits
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	3	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	QL
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranlycypromine sulfat	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	QL
VIIBRYD	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	2	
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP

Antiemetics - Drugs for Nausea and Vomiting

ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
DICLEGIS	E	
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND ORAL CAPSULE	E	
granisetron hcl oral	1	
MARINOL ORAL CAPSULE 10 MG, 5 MG	E	
MARINOL ORAL CAPSULE 2.5 MG	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	

Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
ciclodan	1	QL
ciclopirox external	1	QL
ciclopirox olamine external cream	1	QL
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	QL
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	QL
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	QL
LOPROX EXTERNAL SHAMPOO 1 %	E	QL
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	QL
voriconazole oral tablet	1	
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	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
AJOVY	E	PA, QL
almotriptan malate	1	
eletriptan hydrobromide	1	
EMGALITY	2	PA, 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
RELPAX	E	
REYVOW	3	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous	1	
TOSYMRA	3	
UBRELVY	2	PA, ST, QL
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	E	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	SP
CASODEX	3	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	1	
dasatinib	1	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	3	PA, ST, QL, SP
KISQALI (400 MG DOSE)	3	PA, ST, QL, SP
KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, QL, SP
LUMAKRAS ORAL TABLET	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	1	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, SP
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, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	1	QL
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	1	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
CREXONT	E	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	2	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	

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	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	1	QL
NUPLAZID ORAL CAPSULE	3	PA
olanzapine oral	1	
paliperidone er	1	QL
pimozide	1	
quetiapine fumarate	1	

Drug Name	Drug Tier	Requirements & Limits
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	

Antivirals - Drugs for Viral Infections

abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	3	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	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
etravirine	1	
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
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	

Drug Name	Drug Tier	Requirements & Limits
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	
XOFLUZA (80 MG DOSE)	3	
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone 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 intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	3	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
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	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	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	

Drug Name	Drug Tier	Requirements & Limits
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digitek oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	3	PA, QL
EPANED	3	
eplerenone	1	
EXFORGE	E	
ezetimibe	1	
ezetimibe-simvastatin	1	

Drug Name	Drug Tier	Requirements & Limits
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG	3	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	3	PA
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
indapamide	1	
INDERAL LA	E	
INSPRA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
isosorbide mononitrate er	1	
ivabradine hcl	1	PA, QL
KASPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
LODOCO	3	QL
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	

Drug Name	Drug Tier	Requirements & Limits
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	QL
NEXLIZET	2	QL
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
perindopril erbumine	1	
pindolol	1	
pitavastatin calcium	E	
PRALUENT	E	PA, QL
pravastatin sodium	1	
prazosin hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
ramipril	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKURNA	3	
TEKURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	

Drug Name	Drug Tier	Requirements & Limits
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
torse mide	1	
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	QL
clonidine hcl er	1	
CONCERTA	E	QL
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	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

Drug Name	Drug Tier	Requirements & Limits
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
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	3	QL
QELBREE	E	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
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
HORIZANT	E	QL

Drug Name	Drug Tier	Requirements & Limits
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	
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	3	PA, QL, SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	3	QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ACANYA	3	
acutane	1	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
amnesteem	1	
AMZEEQ	3	QL
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
AVITA EXTERNAL GEL 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	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	1	PA
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CARAC	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	QL
claravis	1	
CLEOCIN-T	3	QL
clindacin	1	QL
clindacin etz external swab	1	QL
clindacin-p	1	QL
CLINDAGEL	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external foam	1	QL
clindamycin phosphate external lotion	1	QL
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	QL
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clindamycin phosphate gel 1 % external	1	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	1	QL
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
clobetasol propionate external cream	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL SHAMPOO	E	
CLOBEX SPRAY	E	
clodan	1	
clotrimazole external cream	E	QL
clotrimazole-betamethasone	1	
CORDRAN	3	
dapsone external	1	QL
DERMACINRX UREA	3	
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	PA
DIPROLENE	3	
doxycycline	E	
DRYSOL	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ELIDEL	E	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
erythromycin external	1	QL
EUCRISA	3	ST
EVOCLIN EXTERNAL FOAM 1 %	3	QL
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	
imiquimod external cream 5 %	1	
imiquimod pump	E	
IMPOYZ	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	

Drug Name	Drug Tier	Requirements & Limits
isotretinoin oral capsule 25 mg, 35 mg	E	
ivermectin external cream	E	
KLARON	3	QL
KLISYRI (250 MG)	3	
KLISYRI (350 MG)	3	
LOPROX EXTERNAL SUSPENSION 0.77 %	E	QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	2	PA
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
neuac	1	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	
ONEXTON	3	
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
RETIN-A	E	PA
RHOFADE	3	PA
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	
selenium sulfide external lotion	1	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external cream 39 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	
VTAMA	3	PA
WINLEVI	E	
xurea	E	
zenatane	1	
ZILXI	3	PA, ST
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA
ZYCLARA	E	
ZYCLARA PUMP	E	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
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 SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
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

Drug Name	Drug Tier	Requirements & Limits
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS BLUE	E	
CONTOUR PLUS TEST	E	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS NEEDLE COLLECTION/ DISPOSAL	3	
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL

Drug Name	Drug Tier	Requirements & Limits
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
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	

Drug Name	Drug Tier	Requirements & Limits
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA LANCETS	1	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	3	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	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
RIGHTEST GT333 GLUCOSE TEST	E	QL
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
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 KIT	E	

Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	
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	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	
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR 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	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL

Drug Name	Drug Tier	Requirements & Limits
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
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	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	E	
glyburide micronized	1	
glyburide oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	3	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	E	ST, QL
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 SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL

Drug Name	Drug Tier	Requirements & Limits
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
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
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	1	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
NEULASTA	2	
NIVESTYM	E	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	QL
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
vardeafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	
deferasirox oral tablet	1	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	3	
FLORIVA PLUS	3	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	QL
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NAFRINSE CHW 1MG F	1	H

Drug Name	Drug Tier	Requirements & Limits
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	1	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA ORAL PACKET 1 GM	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	QL
virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
VITAFOL FE+	3	

Drug Name	Drug Tier	Requirements & Limits
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	QL
misoprostol oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	QL
VOQUEZNA TRIPLE PAK	3	QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	PA, QL
AMITIZA	3	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	E	

Drug Name	Drug Tier	Requirements & Limits
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	3	
lubiprostone	1	PA, QL
methscopolamine bromide oral	1	
MOTTEGRITY	3	PA, QL
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	1	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	3	
me/naphos/mb/hyo1	1	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP
tolterodine tartrate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
UROGESIC-BLUE	2	
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	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

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

Drug Name	Drug Tier	Requirements & Limits
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	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
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL
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	
dolishale	1	H
dotti	1	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
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	

Drug Name	Drug Tier	Requirements & Limits
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
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 0.0375 mg/24hr transdermal	3	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 0.05 mg/24hr transdermal	3	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 0.075 mg/24hr transdermal	3	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 patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	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
her style	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

Drug Name	Drug Tier	Requirements & Limits
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
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	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
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutura	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-linyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	

Drug Name	Drug Tier	Requirements & Limits
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
opcicon one-step	1	H
option 2	1	H
PHEXXI	E	
philith	1	H
pimtrea	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
react	1	H
reclipsen	1	H
rivelsa	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	
sprintec 28	1	H
sronyx	1	H
syeda	1	H
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tilia fe	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-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	

Drug Name	Drug Tier	Requirements & Limits
tydemy	1	
VAGIFEM	E	
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
wymzya fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	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	
ORAPRED ODT	3	
PEDIAPRED	2	

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Drug Name	Drug Tier	Requirements & Limits
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	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

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Testosterone Replacement		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	QL
ANDROGEL PUMP	E	QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	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
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
testosterone gel 20.25 mg/act (1.62%) transdermal	E	QL
testosterone transdermal gel 1.62 %	1	QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
CYTOMEL	E	
ERMEZA	2	PA
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	
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)	E	PA, QL, SP
ABRILADA (2 PEN)	E	PA, 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

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA	E	PA
CIMZIA (2 SYRINGE)	2	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	

Drug Name	Drug Tier	Requirements & Limits
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, 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, 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, (SUBCUTANEOUS), QL, SP
ENVARUSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
GRASTEK	3	PA, QL
HADLIMA	E	PA, QL, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP
HAEGARDA	2	PA, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (2 PEN)	2	PA, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMIRA-PED \geq 40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
HUMIRA-PED \geq 40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED \geq 40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UEVIT START	E	PA, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP
IMURAN	E	
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
TREXALL	2	
XELJANZ	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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Vaccination		
ABRYOVO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
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	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
mesalamine-cleanser	1	QL
PROCORT	3	
PROCTOCORT EXTERNAL	E	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
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	
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	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
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	
XDEMYY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL	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	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
travoprost (bak free)	1	
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
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	
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Drug Name	Drug Tier	Requirements & Limits
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-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 Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
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	
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See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaiaatussin 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	

Drug Name	Drug Tier	Requirements & Limits
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	3	
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup	1	
ANORO ELLIPTA	3	QL
arformoterol tartrate	1	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	3	QL

Drug Name	Drug Tier	Requirements & Limits
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	2	QL
DALIRESP	E	QL
DULERA	3	ST, QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	3	QL, RS
FLUTICASONE PROPIONATE HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ 55-14 MCG/ACT	2	QL
formoterol fumarate inhalation	1	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFORMIST	3	QL
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	

Drug Name	Drug Tier	Requirements & Limits
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	
XOPENEX HFA	3	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	
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
tobramycin inhalation nebulization solution 300 mg/4ml	1	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
pirfenidone oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
REMODULIN	E	
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA
TYVASO STARTER KIT	2	PA
UPTRAVI ORAL	3	PA, QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral	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	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	

Drug Name	Drug Tier	Requirements & Limits
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	QL
DAYVIGO	3	QL
doxepin hcl oral tablet	1	QL
estazolam	1	
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	1	QL
RESTORIL	3	
ROZEREM	E	QL
SILENOR	3	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
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HUMULIN R U-500 VIAL	35	hydroxyurea oral.....	18	IMBRUVICA ORAL CAPSULE.....	18	
HUMULIN R VIAL	35	hydroxyzine hcl oral	21	IMBRUVICA ORAL TABLET 140 MG, 280 MG	18	
HYCODAN ORAL SOLUTION.....	57	hydroxyzine pamoate oral.....	21	IMBRUVICA ORAL TABLET 420 MG	18	
hydralazine hcl oral	23	HYFTOR	51	IMBRUVICA ORAL TABLET 560 MG.....	18	
HYDREA	18	hyoscyamine sulfate er	41	imipramine hcl oral	15	
hydrochlorothiazide oral	23	hyoscyamine sulfate oral tablet... ..	41	imiquimod external cream 3.75 %.....	30	
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hydrocodone bit-homatrop mbr oral solution.....	57	hyoscyamine sulfate sublingual... ..	41	imiquimod pump	30	
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hydrocortisone external cream 2.5 %.....	30	IBSRELA.....	41	indomethacin er	10	
hydrocortisone external lotion 2 %, 2.5 %	30	ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	10	INDOMETHACIN ORAL CAPSULE 20 MG	10	
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		ICLUSIG ORAL TABLET 15 MG, 45 MG	18	INGREZZA ORAL CAPSULE 60 MG	27	
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		IDACIO (2 PEN)	51	INGREZZA ORAL CAPSULE THERAPY PACK	27	
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KISQALI (400 MG DOSE)	18	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	14	levo-t.....	49
KISQALI (600 MG DOSE)	18	lamotrigine er.....	14	levocarnitine oral solution.....	39
KLARITY-A	54	lamotrigine oral tablet.....	14	levocarnitine oral tablet.....	42
KLARITY-C DROPS	56	lamotrigine oral tablet chewable .	14	levocarnitine sf	39
KLARON.....	30	lamotrigine oral tablet dispersible	14	levocetirizine dihydrochloride oral	57
klayesta	16	LANCETS.....	34	levofloxacin oral tablet.....	12
KLISYRI (250 MG)	30	LANOXIN ORAL TABLET 125 MCG, 250 MCG	24	levonest.....	45
KLISYRI (350 MG)	30	LANOXIN ORAL TABLET 62.5 MCG.....	24	levonorg-eth estrad triphasic.....	45
KLONOPIN.....	21	lansoprazole oral capsule delayed release	40	levonorgest-eth est & eth est	45
klor-con	39	lansoprazole oral tablet delayed release dispersible.....	40	levonorgest-eth estrad 91-day....	45
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klor-con m10.....	39	LANTUS U-100 VIAL.....	36	levonorgestrel-ethinyl estrad	45
klor-con m15.....	39	larin 1/20	45	levora 0.15/30 (28)	45
klor-con m20.....	39	larin 1.5/30	45	LEVOTHYROXINE SODIUM ORAL CAPSULE.....	49
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kls quit2	11	larin fe 1/20	45	levoxyyl.....	49
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KOSELUGO.....	18	leena	45	LIBRAX.....	41
kosher prenatal plus iron	39	leflunomide oral	51	lidocaine external ointment 5 % ...	9
kourzeq	28	lenalidomide	18	lidocaine external patch 5 %	9
KOVALTRY.....	38	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG.....	18	lidocaine hcl mouth/throat	28
KRINTAFEL.....	19	lessina.....	45	lidocaine hcl urethral/mucosal	9
KRISTALOSE	41	letrozole oral.....	18	lidocaine viscous hcl.....	28
kurvelo	45	leucovorin calcium oral.....	18	lidocaine-prilocaine external cream	9
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	19	leuprolide acetate injection.....	48	LIDOCAN	9
KYZATREX.....	48	levalbuterol hcl inhalation.....	58	LIDODERM.....	9
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LITHOBID.....	22	lovastatin oral.....	24	75-50 MG	24
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LOESTRIN 1.5/30 (21)	45	LUMAKRAS ORAL TABLET	18	TABLET THERAPY PACK	
LOESTRIN FE 1/20.....	45	LUMIGAN	55	12 X 0.25 MG	27
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LOFENA	10	LUNESTA.....	60	TABLET THERAPY PACK	
lojaimiess	45	LUPKYNIS.....	51	7 X 0.25 MG	27
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lorazepam oral concentrate				mefloquine hcl.....	19
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lorazepam oral tablet.....	21			suspension 40 mg/ml	48
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mesalamine rectal enema	53	methylphenidate hcl er oral tablet extended release 24 hour ..	26	minoxidil oral	24
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metformin hcl er	37	metoprolol succinate er	24	MITIGARE	17
metformin hcl er (mod)	37	metoprolol tartrate oral	24	MM BLOOD GLUCOSE SYSTEM ..	34
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metformin hcl oral solution	37	METROCREAM	30	MM BLULINK GLUCOSE TEST	34
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MYFEMBREE	46	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ..	57	nicotine step 3	11
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Room 509F, HHH Building
Washington, D.C. 20201

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**khmer (Khmer)**សម្រាប់ជំនួយភាសាដើមឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានលេខអត្តសញ្ញាណប័ណ្ណលេខសម្រាប់អ្នក។

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DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'ígo, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nítł'ízí bee nééhozinígíí bine'déę> t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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

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