



Your 2025 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Level2, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.



Reading your PDL (continued)

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			FIORICET	3	QL
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL	FIORICET/CODEINE	E	QL
acetaminophen-codeine oral tablet	1	QL	GEN7T EXTERNAL PATCH 3.5 % glydo	E	
ALLZITAL	E	QL		1	
apap-caff-dihydrocodeine	3	QL	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
ascomp-codeine	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
bac	1	QL	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
BELBUCA	3	PA, QL	hydrocodone-ibuprofen	1	QL
BUPAP ORAL TABLET 50-300 MG	E	QL	hydromorphone hcl oral tablet	1	QL
buprenorphine	3	PA, QL	lidocaine external ointment 5 %	2	QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL	lidocaine external patch 5 %	3	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL	lidocaine hcl urethral/mucosal	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL	lidocaine-prilocaine external cream	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	LIDOCAN	E	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	LIDODERM	E	PA, QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
butalbital-apap-caffeine oral tablet	1	QL	LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
butalbital-asa-caff-codeine	1	QL	methadone hcl oral tablet	1	PA, QL
butalbital-aspirin-caffeine	1	QL	morphine sulfate (concentrate)	1	QL
butorphanol tartrate nasal	2	QL	morphine sulfate er oral tablet extended release	1	PA, QL
BUTRANS	E	PA, QL	morphine sulfate oral	1	QL
DILAUDID ORAL TABLET	E	QL	MS CONTIN	E	PA, QL
endocet	1	QL	NALOCET	E	QL
ESGIC	3	QL	NUCYNTA	3	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL	NUCYNTA ER	3	PA, QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL	OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents					
acamprosate calcium	1		naloxone hcl nasal	1	QL
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E		naltrexone hcl oral	1	
buprenorphine hcl sublingual	1	QL	NARCAN	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL	NICODERM CQ	3	H
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL	NICORETTE MINI	2	H
bupropion hcl er (smoking det)	1	H	NICORETTE MOUTH/THROAT GUM	3	H
cvs nicotine	1	H	NICORETTE MOUTH/THROAT LOZENGE	2	H
cvs nicotine polacrilex	1	H	NICORETTE STARTER KIT	3	H
disulfiram oral	1		nicotine mini	1	H
eq nicotine	1	H	nicotine polacrilex mini	1	H
eq nicotine mouth/throat gum 4 mg	1	H	nicotine polacrilex mouth/throat	1	H
eq nicotine polacrilex	1	H	nicotine step 1	1	H
eq nicotine step 3	1	H	nicotine step 2	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H	nicotine step 3	1	H
ft nicotine	1	H	nicotine transdermal patch 24 hour	1	H
ft nicotine mini	1	H	NICOTROL	3	PA, H
gnp nicotine mini	1	H	qc nicotine transdermal system	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	ra mini nicotine	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp nicotine transdermal	1	H	ra nicotine polacrilex	1	H
goodsense nicotine	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
habitrol	1	H	REXTOVY	1	QL
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	sm nicotine	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H	sm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H	SUBOXONE	E	PA, QL
KLOXXADO	1	QL	THRIVE	3	H
kls quit2	1	H	varenicline tartrate	3	PA, H
kls quit4	1	H	varenicline tartrate (starter)	3	PA, H
naloxone hcl injection solution prefilled syringe	1	QL	varenicline tartrate(continue)	3	PA, H
			ZIMHI	2	QL
			ZUBSOLV	2	QL
			Antibacterials - Drugs for Infections		
			amoxicillin	1	
			amoxicillin-potassium clavulanate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ampicillin	1		doxycycline hyclate oral tablet 20 mg	1	
AUGMENTIN	E		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AVIDOXY	3		doxycycline monohydrate oral suspension reconstituted	3	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral tablet	1	
BACTRIM	3		E.E.S. GRANULES	3	
BACTRIM DS	3		ERYPED 200	3	
cefadroxil	1		ERYPED 400	3	
cefdinir	1		ERY-TAB	3	
cefixime	3		erythromycin base oral tablet	1	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet delayed release	3	
cefprozil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
CENTANY EXTERNAL OINTMENT 2 %	3		erythromycin oral	3	
cephalexin	1		FIRVANQ	3	
CIPRO ORAL TABLET	3		FLAGYL	3	
ciprofloxacin hcl oral	1		fosfomycin tromethamine	3	
clarithromycin er	2		gentamicin sulfate external	1	QL
clarithromycin oral suspension reconstituted	2		HIPREX	3	
clarithromycin oral tablet	1		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		LIKMEZ	3	
CLEOCIN ORAL CAPSULE 75 MG	2		linezolid oral tablet	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN VAGINAL CREAM	3		MACROBID	3	
clindamycin hcl oral	1		MACRODANTIN	3	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral capsule	1	
CLINDESSE	2		metronidazole oral tablet 125 mg	E	
dicloxacillin sodium	1		metronidazole oral tablet 250 mg, 500 mg	1	
DIFICID ORAL TABLET	3				
doxycycline hyclate oral capsule	2				
doxycycline hyclate oral tablet 100 mg	2				
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diazepam rectal	1	QL	levetiracetam er	2	
DILANTIN INFATABS	3		levetiracetam oral solution	1	
DILANTIN ORAL CAPSULE	3		levetiracetam oral tablet	1	
divalproex sodium er	2		LIBERVANT	3	PA, QL
divalproex sodium oral capsule delayed release sprinkle	2		MOTPOLY XR	3	PA
divalproex sodium oral tablet delayed release	1		MYSOLINE	2	PA
ELEPSIA XR	E	PA	NAYZILAM	3	PA, QL
EPIDIOLEX	3	PA, SP	NEURONTIN	3	PA
epitol	1		ONFI	3	PA
ethosuximide oral	1		oxcarbazepine	1	
felbamate	1		oxcarbazepine er	E	
FELBATOL	3	PA	OXTELLAR XR	E	
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA	phenobarbital oral	1	
FINTEPLA	3	PA	phenytek	1	
FYCOMPA ORAL SUSPENSION	3	PA	phenytoin infatabs	1	
FYCOMPA ORAL TABLET	3	PA	phenytoin oral tablet chewable	1	
gabapentin oral capsule	1		phenytoin sodium extended	1	
gabapentin oral solution 250 mg/5ml	1		primidone oral tablet 125 mg	1	PA
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	primidone oral tablet 250 mg, 50 mg	1	
gabapentin oral tablet 600 mg, 800 mg	1		roweepra	1	
GABARONE	E	PA	rufinamide oral suspension	3	
KEPPRA ORAL	3	PA	rufinamide oral tablet	3	PA
KEPPRA XR	3	PA	subvenite	1	
lacosamide oral	2		SYMPAZAN	3	PA
LAMICTAL	3	PA	TEGRETOL ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	TEGRETOL-XR	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TOPAMAX	3	PA
lamotrigine er	3		TOPAMAX SPRINKLE	3	PA
lamotrigine oral tablet	1		topiramate er oral capsule extended release 24 hour	E	
lamotrigine oral tablet chewable	1		topiramate oral	1	
lamotrigine oral tablet dispersible	3	PA	TRILEPTAL	3	PA
			TROKENDI XR	E	
			valproic acid oral capsule	1	
			valproic acid oral solution 250 mg/5ml	1	
			VALTOCO	3	PA, QL
			vigabatrin oral packet	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VIGADRONE ORAL PACKET	2	PA, QL, SP
vigpoder	2	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	3	
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	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	3	
rivastigmine tartrate	1	

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	

Drug Name	Drug Tier	Requirements & Limits
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranlycypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	

Drug Name	Drug Tier	Requirements & Limits
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	2	
MARINOL	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	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	

Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

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

Antimycobacterials - Drugs to Treat Infections

dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

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

Drug Name	Drug Tier	Requirements & Limits
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
dasatinib	3	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	3	PA, ST, QL, SP
KISQALI (400 MG DOSE)	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, QL, SP
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP
mercaptopurine oral tablet	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, 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
temozolomide	1	PA, SP

Drug Name	Drug Tier	Requirements & Limits
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DHIVY	E		clozapine oral tablet	1	
entacapone	1		CLOZARIL	3	
INBRIJA	3	PA, QL, SP	fluphenazine hcl oral tablet	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP	GEODON ORAL	E	
NEUPRO	3		haloperidol oral	1	
PARLODEL ORAL TABLET	E		INVEGA	E	QL
pramipexole dihydrochloride	1		LATUDA	E	QL
rasagiline mesylate oral	3		loxapine succinate	1	
ropinirole hcl	1		lurasidone hcl	2	QL
RYTARY	E	ST	NUPLAZID ORAL CAPSULE	3	PA, QL
SINEMET	3		olanzapine oral tablet	1	
STALEVO 100 ORAL TABLET 25-100-200 MG	3		olanzapine oral tablet dispersible	2	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3		paliperidone er	3	QL
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3		pimozide	2	
STALEVO 200 ORAL TABLET 50-200-200 MG	3		quetiapine fumarate	1	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3		quetiapine fumarate er	2	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3		REXULTI	3	QL
trihexyphenidyl hcl oral tablet	1		RISPERDAL	E	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			risperidone	1	
BRILINTA	3	QL	SAPHRIS	E	QL
cilostazol	1		SEROQUEL	E	
clopidogrel bisulfate oral	1		SEROQUEL XR	E	
EFFIENT	E		VRAYLAR	3	QL
PLAVIX	E		ziprasidone hcl	2	
prasugrel hcl	3		ZYPREXA ORAL	E	
Antipsychotics - Drugs for Mood Disorders			ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
ABILIFY	E		Antivirals - Drugs for Viral Infections		
aripiprazole oral solution	3		abacavir sulfate-lamivudine	2	QL
aripiprazole oral tablet	2		acyclovir external ointment	3	QL
asenapine maleate	3	QL	acyclovir oral	1	
CAPLYTA	3	PA, ST, QL	BARACLUDE ORAL TABLET	E	
chlorpromazine hcl oral tablet	1	QL	BIKTARVY	3	QL
			CIMDUO	2	QL
			COMPLERA	3	QL
			darunavir	1	
			DELSTRIGO	2	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
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	2	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements & Limits
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
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 180 MG	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	E	
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	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
isosorb dinitrate-hydralazine	2		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide mononitrate	1		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate er	1		mexiletine hcl oral	1	
ivabradine hcl	3	PA, QL	MICARDIS	E	
KAPSPARGO SPRINKLE	3		MICARDIS HCT	E	
KERENDIA	3	PA, QL	midodrine hcl	1	
labetalol hcl oral	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		minoxidil oral	1	
LANOXIN ORAL TABLET 62.5 MCG	3		moexipril hcl	1	
LASIX	3		MULTAQ	3	PA
LIPITOR	E		nadolol oral	1	
lisinopril oral	1		nebivolol hcl	3	
lisinopril-hydrochlorothiazide	1		NEXLETOL	2	PA, ST, QL
LIVALO	E	ST	NEXLIZET	2	PA, ST, QL
LODOCO	3	QL	niacin er (antihyperlipidemic)	2	
LOPID	3		nifedipine er	1	
LOPRESSOR	3		nifedipine er osmotic release	1	
losartan potassium oral	1		nifedipine oral	1	
losartan potassium-hctz	1		nisoldipine er	2	
LOTENSIN	3		NITRO-BID	2	
LOTENSIN HCT	3		NITRO-DUR	3	
LOTREL	E		nitroglycerin rectal	3	QL
lovastatin oral	1	H	nitroglycerin sublingual	1	
LOVAZA	E		nitroglycerin transdermal	1	
matzim la	2		NITROSTAT	3	
MAXZIDE ORAL TABLET 75-50 MG	3		NORLIQVA	3	PA
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		NORVASC	E	
metolazone	1		olmesartan medoxomil oral	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		olmesartan medoxomil-hctz	2	
			olmesartan-amlodipine-hctz	E	
			omega-3-acid ethyl esters	2	
			PACERONE ORAL TABLET 100 MG, 400 MG	3	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	3	SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	

Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel	3	QL
AKLIEF	3	PA, QL
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
amnestem	2	
AMZEEQ	3	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external ointment	2		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external cream	1		clobetasol propionate e	2	QL
betamethasone valerate external lotion	1		clobetasol propionate external cream	2	QL
betamethasone valerate external ointment	1		clobetasol propionate external foam	E	QL
brimonidine tartrate external	3	PA, QL	clobetasol propionate external gel	2	QL
calcipotriene external cream	2	QL	clobetasol propionate external liquid	1	QL
calcipotriene external ointment	2		clobetasol propionate external ointment	2	QL
calcipotriene external solution	1	QL	clobetasol propionate external shampoo	E	QL
CALCITRENE	3		clobetasol propionate external solution	1	QL
CARAC EXTERNAL CREAM 0.5 %	E		CLOBEX EXTERNAL SHAMPOO	E	QL
CIBINQO	2	PA, QL, SP	CLOBEX SPRAY	E	QL
ciclopirox olamine external suspension	1		clodan	E	QL
claravis	2		clotrimazole external cream	E	
CLEOCIN-T	3		clotrimazole-betamethasone	1	
clindacin	3		CORDRAN	3	QL
clindacin etz external swab	1		dapsone external	3	QL
clindacin-p	1		DERMACINRX UREA	E	
CLINDAGEL	E	QL	DERMA-SMOOTHIE/FS BODY	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DERMA-SMOOTHIE/FS SCALP	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external cream	2	QL
clindamycin phosphate external foam	3		desonide external lotion	3	QL
clindamycin phosphate external lotion	3		desonide external ointment	2	QL
clindamycin phosphate external solution	1		DESOWEN	3	QL
clindamycin phosphate external swab	1		desoximetasone external cream	1	QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL	desoximetasone external ointment	3	QL
clindamycin phosphate gel 1 % external	2	QL	diclofenac sodium external gel 3 %	2	PA, QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL	DIPROLENE	3	
			doxycycline	E	
			DRYSOL	3	
			DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ELIDEL	E	QL
ENSTILAR	3	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCLIN EXTERNAL FOAM 1 %	3	
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	

Drug Name	Drug Tier	Requirements & Limits
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
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 %	3	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	QL
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	3	
KLISYRI (250 MG)	3	ST, QL
KLISYRI (350 MG)	3	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
metronidazole external gel 0.75 %	1		sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
metronidazole external gel 1 %	E		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
metronidazole external lotion	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
MIRVASO	2	PA, QL	sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
mometasone furoate external	1		sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2		SUMADAN WASH	E	
neuac	3	QL	SYNALAR EXTERNAL OINTMENT	E	QL
NORITATE	E		SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
OLUX EXTERNAL FOAM 0.05 %	E	QL	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
ONEXTON	E	QL	TACLONEX EXTERNAL SUSPENSION	3	QL
OPZELURA	3	PA, QL, SP	tacrolimus external	2	QL
ORACEA	E		tazarotene external cream 0.1 %	3	PA, QL
OVACE PLUS WASH EXTERNAL LIQUID	3		TAZORAC EXTERNAL CREAM	3	PA, QL
OVACE WASH	3		TOLAK	E	
PANRETIN	3		TOPICORT EXTERNAL CREAM	3	QL
pimecrolimus	3	QL	TOPICORT EXTERNAL OINTMENT	3	QL
PLEXION CLEANSER	E		tretinoin external cream	3	QL
podofilox external solution	1		tretinoin external gel 0.01 %, 0.025 %	E	QL
PRAMOSONE EXTERNAL CREAM 1-1 %	2		tretinoin external gel 0.05 %	E	PA, QL
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
RETIN-A	E	PA, QL	triamcinolone acetonide external cream 0.5 %	1	QL
RHOFADE	3	PA, QL	triamcinolone acetonide external lotion	1	
rosadan external cream 0.75 %	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
rosadan external gel 0.75 %	1		triamcinolone acetonide external ointment 0.05 %	E	
SANTYL	3	QL	triamcinolone in absorbase	E	
selenium sulfide external lotion	1				
sodium sulfacetamide wash	1				
SOOLANTRA	3	QL			
spinosad	3				
sss 10-5 external cream	1				
sulfacetamide sodium (acne)	1				
sulfacetamide sodium external	1				
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
XEPI EXTERNAL CREAM 1 %	3	QL
xurea	E	
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	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	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	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" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	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
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	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 KIT	2	
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS BLUE KIT W/ DEVICE	E	
CONTOUR PLUS TEST STRIP	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	
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
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
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL
IHEALTH GLUCO+ KIT 10	E	
IHEALTH GLUCO+ KIT 100	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST

Drug Name	Drug Tier	Requirements & Limits
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	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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 DEXG7G6 PODS GEN 5	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
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
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL

Drug Name	Drug Tier	Requirements & Limits
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
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	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
UNISTRIPI1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTouch	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BYDUREON BCISE AUTOINJECTOR	2	PA, QL	JENTADUETO XR	2	QL
BYETTA 10 MCG PEN	2	PA, QL	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
BYETTA 5 MCG PEN	2	PA, QL			
CYCLOSET	3		liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl er	1	
FARXIGA	E	ST, QL	metformin hcl er (mod)	E	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl er (osm)	E	PA
glimepiride oral tablet 3 mg	E		metformin hcl oral solution	3	
glipizide er	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide oral tablet 10 mg, 5 mg	1		metformin hcl oral tablet 625 mg, 750 mg	E	
glipizide oral tablet 2.5 mg	E				
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		MOUNJARO	2	PA, QL
glipizide-metformin hcl	2		nateglinide	2	QL
GLUCAGON EMERGENCY KIT	2	QL	ONGLYZA	E	QL
glucagon emergency kit 1 mg injection	2	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	pioglitazone hcl	1	QL
GLUCOTROL XL	3		pioglitazone hcl-metformin hcl	2	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	2	QL
glyburide micronized	1		saxagliptin hcl	2	QL
glyburide oral	1		saxagliptin-metformin er	2	QL
glyburide-metformin	1		SOLIQUA	2	QL
GLYNASE ORAL TABLET 1.5 MG	3		SYMLINPEN 120	3	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	3		SYMLINPEN 60	3	QL
GLYXAMBI	2	ST, QL	SYNJARDY	2	QL
INVOKANA	E	ST, QL	SYNJARDY XR	2	QL
JANUMET	E	ST, QL	TRADJENTA	2	QL
JANUMET XR	E	ST, QL	TRIJARDY XR	2	QL
JANUVIA	E	ST, QL	TRULICITY	2	PA, QL
JARDIANCE	2	QL	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	E	PA, (2 Pak), QL
JENTADUETO	2	QL	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	E	PA, (3 Pak), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	

Drug Name	Drug Tier	Requirements & Limits
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	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHERA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
varafenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	2	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E	
FLORIVA PLUS	E	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	

Drug Name	Drug Tier	Requirements & Limits
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	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 ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	E	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEONATAL VITAMIN	E		PREVIDENT 5000 SENSITIVE	3	
NIVA-PLUS	3		PREVIDENT MOUTH/THROAT	3	
OB COMPLETE	3		QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
ONE VITE WOMENS	E		QUFLORA PEDIATRIC	3	
ONE VITE WOMENS PLUS	3		SE-NATAL 19	3	
ORACIT	2		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
ORAL CITRATE	2		sod fluoride-potassium nitrate	1	
PHOSPHA 250 NEUTRAL	2		sodium fluoride 5000 enamel	1	
phosphorous	1		sodium fluoride 5000 sensitive	1	
phospho-trin 250 neutral	1		sodium fluoride mouth/throat	1	
pnv-dha	3		sodium fluoride oral solution	1	H
POKONZA	E		sodium fluoride oral tablet chewable	1	H
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		SPS (SODIUM POLYSTYRENE SULF)	3	
potassium chloride crys er	1		TARON-C DHA	3	
potassium chloride er	1		THRIVITE RX	3	
potassium chloride oral	1		TRICARE ORAL TABLET	3	
potassium citrate er	1		TRINATAL RX 1	3	
potassium citrate-citric acid	1		TRINATE	3	
PRENA1 PEARL	3		tri-vite/fluoride	1	
prenatal 19 oral tablet 29-1 mg	1		UROCIT-K 10	3	
prenatal 19 oral tablet chewable	1		UROCIT-K 15	3	
prenatal oral tablet 27-0.8 mg	E		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
prenatal oral tablet 27-1 mg	1		VELTASSA	3	PA, QL
prenatal plus	1		virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
prenatal plus vitamin/mineral	1		VITAFOL FE+	3	
prenatal vitamins oral tablet 27-0.8 mg	E		VITAFOL GUMMIES	3	
PRENATE DHA	3		VITAFOL ULTRA	3	
PRENATE ENHANCE	3		VITAFOL-OB	3	
PRENATE ESSENTIAL	3		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATE MINI	3		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PRENATE PIXIE	3		VITAPEARL	3	
PRENATE RESTORE	3				
PRENATOL-M	E				
PRENATRIX	E				
PRENATRYL	E				
PREVIDENT 5000 ENAMEL PROTECT	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VENXXIVA	E	SP
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	

Drug Name	Drug Tier	Requirements & Limits
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	3	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 &0.01 mg	3	
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	2	
balziva	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BEYAZ	E		drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
BIJUVA	3		drospirenone-ethinyl estradiol	3	
blisovi 24 fe	1	H	DUAVEE	3	QL
blisovi fe 1.5/30	1	H	econtra ez oral tablet 1.5 mg	1	H
blisovi fe 1/20	1	H	econtra one-step	1	H
briellyn	1	H	EEMT	2	
camila	1	H	EEMT HS	3	
camrese	3		ELESTRIN	3	
camrese lo	3		elinest	1	H
charlotte 24 fe	1	H	ELLA	1	QL, H
chateal eq	1	H	eluryng	1	H
CLIMARA	E	QL	emzahh	1	H
CLIMARA PRO	3	QL	enilloring	1	H
COMBIPATCH	3	QL	enpresse-28	1	H
COVARYX	2		enskyce	1	H
COVARYX HS	3		errin	1	H
cryselle-28	1	H	est estrogens-methyltest	1	
curae	1	H	est estrogens-methyltest ds	1	
cyred eq	1	H	est estrogens-methyltest hs	1	
cyred oral tablet 0.15-30 mg-mcg	1	H	estarylla	1	H
dasetta 1/35 (28)	1	H	ESTRACE	E	
dasetta 7/7/7	1	H	estradiol oral	1	
daysee	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
deblitane	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DELESTROGEN	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
delyla	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DEPO-PROVERA	3	QL	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
DEPO-SUBQ PROVERA 104	1	QL, H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H			
DIVIGEL	3				
dolishale	1	H			
dotti	2	QL			
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H

Drug Name	Drug Tier	Requirements & Limits
fyavolv	3	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3		MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	MINIVELLE	E	QL
levonorgestrel	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgestrel-ethinyl estrad	1	H	mono-lynyah	1	H
levonorg-eth estrad triphasic	1	H	my choice	1	H
levora 0.15/30 (28)	1	H	my way	1	H
LO LOESTRIN FE	1	H	MYFEMBREE	2	PA, QL
LOESTRIN 1.5/30 (21)	E		NATAZIA	1	
LOESTRIN 1/20 (21)	E		necon 0.5/35 (28)	1	H
LOESTRIN FE 1.5/30	E		new day	1	H
LOESTRIN FE 1/20	E		NEXTSTELLIS	E	
lojaimiess	3		nikki	3	
loryna	3		nora-be	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3		norelgestromin-eth estradiol	3	H
low-ogestrel	1	H	norethin ace-eth estrad-fe oral tablet	1	H
lo-zumandimine	3		norethin ace-eth estrad-fe oral tablet chewable	1	H
lutura	1	H	norethindrone acetate oral	1	
lyleq	1	H	norethindrone acet-ethinyl est	1	H
lyllana	2	QL	norethindrone oral	1	H
lyza	1	H	norethindrone-eth estradiol	2	
marlissa	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
medroxyprogesterone acetate oral	1		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
megestrol acetate oral tablet	1		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
MENOSTAR	3	QL	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
mibelas 24 fe	1	H	norlyroc	1	H
microgestin 1.5/30	1	H	nortrel 0.5/35 (28)	1	H
microgestin 1/20	1	H	nortrel 1/35 (21)	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nortrel 1/35 (28)	1	H
microgestin fe 1.5/30	1	H			
microgestin fe 1/20	1	H			
mili	1	H			
mimvey	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nortrel 7/7/7	1	H	tarina 24 fe	1	H
NUVARING	E		tarina fe 1/20 eq	1	H
nylia 1/35	1	H	tilia fe	1	H
nylia 7/7/7	1	H	tri-estarylla	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tri-legest fe	1	H
ocella	3		tri-lynyah	1	H
opcicon one-step	1	H	tri-lo-estarylla	2	
option 2	1	H	tri-lo-marzia	2	
PHEXXI	E	PA	tri-lo-mili	2	
philith	1	H	tri-lo-sprintec	2	
pimtrea	2		tri-mili	1	H
PLAN B ONE-STEP	1	H	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
portia-28	1	H	tri-sprintec	1	H
PREMARIN ORAL	3		trivora (28)	1	H
PREMARIN VAGINAL	3		tri-vylibra	1	H
PREMPHASE	3		tri-vylibra lo	2	
PREMPRO	3		turqoz	1	H
progesterone intramuscular	1		TWIRLA	E	
progesterone oral	2		TYBLUME	1	
PROMETRIUM	E		tydemy oral tablet 3-0.03-0.451 mg	1	H
PROVERA	3		VAGIFEM	E	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		valtya 1/50	1	H
react	1	H	velivet	1	H
reclipsen	1	H	vestura	3	
rivelsa	1	H	vienva	1	H
SAFYRAL	E		violele	2	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		VIVELLE-DOT	E	QL
setlakin	2	H	volnea	2	
sharobel	1	H	vyfemla	1	H
simliya	2		vylibra	1	H
simpesse	3		wera	1	H
SLYND	3	PA, ST	wymzya fe	1	H
sprintec 28	1	H	xarah fe	1	H
sronyx	1	H	xulane	3	H
syeda	3		YASMIN 28	2	
take action	1	H	YAZ	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPROM	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, QL, SP	ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
ADALIMUMAB-ADB(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP	ARAVA	E	
ADALIMUMAB-ADB(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP	AZASAN	3	
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	azathioprine oral tablet 100 mg, 75 mg	3	
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	azathioprine oral tablet 50 mg	1	
ADALIMUMAB-RYVK (2 PEN)	E	PA, QL, SP	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-RYVK (2 SYRINGE)	E	PA, SP	BIMZELX	3	PA, ST, QL, SP
			CELLCEPT ORAL CAPSULE	E	
			CELLCEPT ORAL TABLET	E	
			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	
			CYLTEZO (2 PEN)	E	PA, QL, SP
			CYLTEZO (2 SYRINGE)	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP
ENBREL	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP
ENBREL SURECLICK	2	PA, QL, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
ENVARUS XR	E		HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3		HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
gengraf oral capsule	1		HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
GRASTEK	3	PA, QL	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HADLIMA	E	PA, QL, SP	HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP	HYFTOR	3	PA, QL
HAEGARDA	2	PA, QL, SP			
HULIO (2 PEN)	E	PA, QL, SP			
HULIO (2 SYRINGE)	E	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP	MYFORTIC	E	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP	MYHIBBIN	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP	OTEZLA ORAL TABLET 20 MG	2	PA, QL
IDACIO (2 SYRINGE)	E	PA, QL, SP	OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP	OTREXUP	E	QL
IMURAN	E		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
JYLAMVO	3	PA	PROGRAF ORAL CAPSULE	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
KINERET	3	PA, ST, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
leflunomide oral	1		RASUVO	2	QL
LITFULO	3	PA, QL, SP	RINVOQ	2	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	RUCONEST	3	PA, QL, SP
methotrexate sodium (pf)	1		SIMLANDI (1 PEN)	E	PA, QL, SP
methotrexate sodium injection solution	1		SIMLANDI (1 SYRINGE)	E	PA, SP
methotrexate sodium oral	1		SIMLANDI (2 PEN)	E	PA, QL, SP
mycophenolate mofetil oral	1		SIMLANDI (2 SYRINGE)	E	PA, SP
mycophenolate sodium	2		SIMPONI	2	PA, QL, SP
mycophenolic acid	2		sirolimus oral solution	2	
			sirolimus oral tablet	1	
			SKYRIZI PEN	2	PA, QL, SP
			SKYRIZI SUBCUTANEOUS	2	PA, QL, SP

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP	budesonide oral	2	
CLOMID	2		budesonide rectal	2	
clomiphene citrate oral	2		CANASA	E	
ENDOMETRIN	2		COLAZAL	E	
FOLLISTIM AQ	2	QL, SP	CORTENEMA	3	
FYREMADEL	3	QL, SP	CORTIFOAM	2	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP	DIPENTUM	3	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP	hydrocortisone (perianal) external cream 1 %	E	
GONAL-F	3	ST, SP	hydrocortisone (perianal) external cream 2.5 %	1	
GONAL-F RFF	3	ST, SP	hydrocortisone ace-pramoxine external cream 1-1 %	1	
GONAL-F RFF REDIJECT	3	ST, SP	hydrocortisone acetate rectal	2	
MENOPUR	3	QL, SP	hydrocortisone rectal	1	
NOVAREL	3	SP	hydrocort-pramoxine (perianal)	1	
OVIDREL	3	SP	LIALDA	E	
PREGNYL	3	SP	mesalamine er	E	
Inflammatory Bowel Disease Agents			mesalamine oral tablet delayed release 1.2 gm	2	
ANALPRAM HC	3		mesalamine oral tablet delayed release 800 mg	E	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3		mesalamine rectal enema	1	
ANALPRAM-HC EXTERNAL CREAM	3		mesalamine rectal suppository	2	QL
ANUCORT-HC	2		mesalamine-cleanser	1	QL
ANUSOL-HC EXTERNAL	3		PROCORT	E	
ANUSOL-HC RECTAL	E		PROCTOCORT	E	
APRISO	1		PROCTOFOAM HC	2	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E		procto-med hc	1	
AZULFIDINE	3		PROCTOSOL HC	3	
AZULFIDINE EN-TABS	3		PROCTOZONE-HC	3	
balsalazide disodium	1		ROWASA	3	QL
			SFROWASA	3	
			sulfasalazine oral	1	
			UCERIS ORAL	3	

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	

Drug Name	Drug Tier	Requirements & Limits
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
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	2	
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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	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL	EASIVENT	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL	EASIVENT MASK LARGE	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	EASIVENT MASK MEDIUM	3	
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		EASIVENT MASK SMALL	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		FASENRA PEN	3	PA, QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLEXICHAMBER	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
albuterol sulfate oral syrup	1		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ANORO ELLIPTA	3	QL	FLUTICASONE PROPIONATE HFA	E	QL
arformoterol tartrate	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ARNUITY ELLIPTA	1	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
ATROVENT HFA	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
BEVESPI AEROSPHERE	2	QL	formoterol fumarate inhalation	3	QL
BREATHE COMFORT CHAMBER/ADULT	3		INSPIREASE	3	
BREATHE COMFORT CHAMBER/CHILD	3		ipratropium bromide inhalation	1	
BREO ELLIPTA	3	QL, RS	ipratropium-albuterol	2	
breynd	E	QL, RS	levalbuterol hcl inhalation	3	QL
BREZTRI AEROSPHERE	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
BROVANA	3	QL	MICROCHAMBER	3	
budesonide inhalation	2	QL	montelukast sodium oral packet	2	
budesonide-formoterol fumarate	E	QL, RS	montelukast sodium oral tablet	1	
COMBIVENT RESPIMAT	3	QL	montelukast sodium oral tablet chewable	1	
DALIRESP	E	QL	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
DULERA	E	ST, QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
UPTRA VI ORAL	3	PA, QL

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	

Drug Name	Drug Tier	Requirements & Limits
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (Manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (Manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
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BENICAR HCT.....	22	bisoprolol fumarate oral.....	22	budesonide oral	54
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	bisoprolol-hydrochlorothiazide... ..	22	budesonide rectal	54
BENZAMYCIN.....	28	blisovi 24 fe	44	budesonide-formoterol fumarate	59
benzonatate oral capsule 100 mg, 200 mg	58	blisovi fe 1/20	44	bumetanide oral	22
benzonatate oral capsule 150 mg	58	blisovi fe 1.5/30	44	BUMEX	22
benzoyl peroxide-erythromycin ..	28	BLOOD GLUCOSE TEST STRIPS ..	32	BUPAP ORAL TABLET 50-300 MG.....	9
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BESIVANCE	55	BOOSTRIX	53	buprenorphine hcl sublingual.....	11
betamethasone dipropionate aug external cream.....	28	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5.....	53	buprenorphine hcl-naloxone hcl sublingual film	11
betamethasone dipropionate aug external lotion.....	28	BOSULIF ORAL TABLET.....	18	buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	11
betamethasone dipropionate aug external ointment.....	28	BREATHE COMFORT CHAMBER/ ADULT.....	59	bupropion hcl er (smoking det) ...	11
betamethasone dipropionate external cream.....	28	BREATHE COMFORT CHAMBER/ CHILD	59	bupropion hcl er (sr)	15
betamethasone dipropionate external lotion	28	BREO ELLIPTA	59	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	15
betamethasone dipropionate external ointment	29	brey-na.....	59	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15
betamethasone valerate external cream.....	29	BREZTRI AEROSPHERE.....	59	bupropion hcl oral	15
betamethasone valerate external lotion	29	briellyn	44	buspirone hcl oral.....	21
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BETAPACE.....	22	brimonidine tartrate external.....	29	butalbital-acetaminophen oral tablet 50-325 mg	9
BETAPACE AF	22	brimonidine tartrate ophthalmic solution 0.1 %	56	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.....	9
BETASERON.....	27	brimonidine tartrate ophthalmic solution 0.15 %	56	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9
betaxolol hcl oral	22	brimonidine tartrate ophthalmic solution 0.2 %	56	butalbital-apap-caffeine oral capsule 50-300-40 mg.....	9
bethanechol chloride oral.....	42	brimonidine tartrate-timolol.....	56	butalbital-apap-caffeine oral capsule 50-325-40 mg	9
BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	56	brinzolamide.....	56	butalbital-apap-caffeine oral tablet.....	9
BETIMOL OPHTHALMIC SOLUTION 0.5 %.....	56	BRIVIACT ORAL SOLUTION	13	butalbital-asa-caff-codeine.....	9
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bicalutamide.....	18	bromfenac sodium ophthalmic solution 0.07 %	55	BYDUREON BCISE AUTOINJECTOR	37
BIGFOOT UNITY PROGRAM	32	bromfenac sodium ophthalmic solution 0.075 %	55	BYETTA 10 MCG PEN	37
BIJUVA.....	44	bromocriptine mesylate oral tablet.....	19	BYETTA 5 MCG PEN.....	37
BIKTARVY	20	bromphen-pseudoeph-dm	58	BYLVAY	41
bimatoprost ophthalmic	56	BROMSITE	55	BYLVAY (PELLETS).....	41
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BIOTEL CARE TEST STRIPS	32	BRONCHITOL TOLERANCE TEST	60		
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CABOMETYX	18	CARDURA	22	chlordiazepoxide hcl	21
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	22	CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	32	chlordiazepoxide-clidinium	41
calcipotriene external cream	29	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	32	chlorhexidine gluconate mouth/ throat	28
calcipotriene external ointment	29	CAREPOINT SAFETY 1ST NEEDLE	32	chlorpromazine hcl oral tablet	20
calcipotriene external solution	29	CARETOUCH MONITOR SYSTEM	32	chlorthalidone	22
calcitonin (salmon) injection	55	CARETOUCH TEST	33	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	61
calcitonin (salmon) nasal	55	CARISOPRODOL ORAL TABLET 250 mg ..	61	chlorzoxazone oral tablet 500 mg	61
CALCITRENE	29	CARISOPRODOL ORAL TABLET 350 mg ..	61	cholestyramine light	22
calcitriol oral	55	CARNITOR ORAL SOLUTION	39	cholestyramine oral	22
calcium acetate (phos binder) oral capsule	42	CARNITOR ORAL TABLET	42	CHORIONIC GONADOTROPIN INTRAMUSCULAR	54
calcium acetate (phos binder) oral tablet	39	CARNITOR SF	39	CIALIS	38
calcium acetate oral tablet 667 mg	39	cartia xt	22	CIBINQO	29
CALQUENCE	18	carvedilol	22	ciclodan	16
camila	44	carvedilol phosphate er	22	ciclopirox external gel	16
camrese	44	CASODEX	18	ciclopirox external shampoo	16
camrese lo	44	CATAPRES-TTS-1	22	ciclopirox external solution	16
CAMZYOS	22	CATAPRES-TTS-2	22	ciclopirox olamine external cream	16
CANASA	54	CATAPRES-TTS-3	22	ciclopirox olamine external suspension	29
candesartan cilexetil	22	CAVERJECT IMPULSE	42	cilostazol	20
candesartan cilexetil-hctz	22	cefadroxil	12	CIMDUO	20
capecitabine	18	cefdinir	12	cimetidine oral	41
CAPLYTA	20	cefixime	12	CIMZIA (2 SYRINGE)	50
captopril oral	22	cefpodoxime proxetil oral tablet	12	CIMZIA-STARTER	50
CARAC EXTERNAL CREAM 0.5 %	29	cefprozil	12	cinacalcet hcl	55
CARAFATE	41	cefuroxime axetil	12	CINRYZE	50
carbamazepine er oral capsule extended release 12 hour	13	CELEBREX	10	CIPRO HC	57
carbamazepine er oral tablet extended release 12 hour	13	celecoxib oral	10	CIPRO ORAL TABLET	12
carbamazepine oral tablet	13	CELEXA	15	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	57
carbamazepine oral tablet chewable	13	CELLCEPT ORAL CAPSULE	50	ciprofloxacin hcl ophthalmic	55
CARBATROL	13	CELLCEPT ORAL TABLET	50	ciprofloxacin hcl oral	12
carbidopa-levodopa er	19	CENTANY EXTERNAL OINTMENT 2 %	12	ciprofloxacin hcl otic	57
carbidopa-levodopa oral tablet	19	cephalexin	12	ciprofloxacin-dexamethasone	57
carbidopa-levodopa- entacapone	19	CEQUA	57	citalopram hydrobromide oral solution	15
carbinoxamine maleate oral tablet 4 mg	58	CEQUR SIMPLICITY 2U 10PK	33	citalopram hydrobromide oral tablet	15
carbinoxamine maleate oral tablet 6 mg	58	CERDELGA	42	CITRANATAL 90 DHA	39
CARDIZEM	22	cetirizine hcl oral solution	58	CITRANATAL ASSURE	39
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		cetorelix acetate	53	claravis	29
		CETROTIDE	53	CLARINEX	58
		cevimeline hcl	28		
		charlotte 24 fe	44		



clarithromycin er	12	clobetasol propionate external liquid	29	CONTOUR MONITOR KIT W/ DEVICE.....	33
clarithromycin oral suspension reconstituted	12	clobetasol propionate external ointment	29	CONTOUR NEXT EZ KIT W/ DEVICE.....	33
clarithromycin oral tablet	12	clobetasol propionate external shampoo	29	CONTOUR NEXT GEN MONITOR KIT.....	33
CLENPIQ	41	clobetasol propionate external solution	29	CONTOUR NEXT GEN TEST STRIPS	33
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12	CLOBEX EXTERNAL SHAMPOO... ..	29	CONTOUR NEXT LINK KIT W/ DEVICE.....	33
CLEOCIN ORAL CAPSULE 75 MG	12	CLOBEX SPRAY	29	CONTOUR NEXT MONITOR KIT W/DEVICE	33
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12	clodan.....	29	CONTOUR NEXT ONE KIT.....	33
CLEOCIN VAGINAL CREAM.....	12	CLOMID.....	54	CONTOUR NEXT TEST STRIPS....	33
CLEOCIN-T.....	29	clomiphene citrate oral	54	CONTOUR PLUS BLUE KIT W/ DEVICE.....	33
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clindacin	29	clonidine hcl er.....	26	COPAXONE	27
clindacin etz external swab	29	clonidine hcl oral.....	22	CORDRAN.....	29
clindacin-p.....	29	clonidine patch weekly 0.1 mg/24hr transdermal.....	22	COREG	23
CLINDAGEL.....	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	COREG CR	23
clindamycin hcl oral	12	clonidine patch weekly 0.3 mg/24hr transdermal	23	CORGARD ORAL TABLET 20 MG, 40 MG	23
clindamycin palmitate hcl.....	12	clopidogrel bisulfate oral.....	20	CORLANOR.....	23
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	29	clorazepate dipotassium	21	CORTEF	48
clindamycin phos-benzoyl perox external gel 1.2-5 %	29	clotrimazole external cream	29	CORTENEMA.....	54
clindamycin phosphate external foam.....	29	clotrimazole mouth/throat	16	CORTIFOAM	54
clindamycin phosphate external lotion	29	clotrimazole-betamethasone....	29	COSENTYX (300 MG DOSE)	50
clindamycin phosphate external solution	29	clozapine oral tablet.....	20	COSENTYX 150 MG/ML SUBCUTANEOUS.....	50
clindamycin phosphate external swab.....	29	CLOZARIL.....	20	COSENTYX SENSOREADY (300 MG).....	50
clindamycin phosphate gel 1 % external	29	CO-NATAL FA	39	COSENTYX SENSOREADY PEN ...	50
clindamycin phosphate vaginal ...	12	COLAZAL	54	COSENTYX UNOREADY	50
CLINDESSE	12	colchicine oral	17	COSOPT.....	56
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clobazam oral suspension.....	13	COLCRYST ORAL TABLET 0.6 MG..	17	COTELLIC.....	18
clobazam oral tablet.....	13	colesevelam hcl oral tablet.....	23	COTEMPLA XR-ODT	26
clobetasol prop emollient base external cream 0.05 %.....	29	COLESTID ORAL TABLET	23	COVARYX	44
clobetasol propionate e	29	colestipol hcl oral tablet.....	23	COVARYX HS.....	44
clobetasol propionate external cream	29	COMBIGAN	56	COZAAR.....	23
clobetasol propionate external foam.....	29	COMBIPATCH.....	44	CREON	42
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		COMIRNATY	53	CRESTOR.....	23
		COMPLERA	20	CREXONT	19
		COMPLETENATE	39	cromolyn sodium ophthalmic....	57
		COMTAN ORAL TABLET 200 MG..	19	cromolyn sodium oral	41
		CONCEPT DHA.....	39	cryselle-28	44
		CONCERTA.....	26		
		constulose	41		

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CVS GLUCOSE METER TEST		D-CARE GLUCOMETER	33	desmopressin acetate oral.....	48
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cvs prenatal.....	39	DAPAGLIFLOZIN PRO-		oral tablet 0.15-30 mg-mcg.....	44
CVS TRUE METRIX GLUCOSE		METFORMIN ER.....	37	desonide external cream.....	29
TEST.....	33	DAPAGLIFLOZIN		desonide external lotion	29
cyanocobalamin injection		PROPANEDIOL.....	37	desonide external ointment	29
solution 1000 mcg/ml.....	39	dapsone external	29	DESOWEN.....	29
CYANOCOBALAMIN INJECTION		dapsone oral	18	desoximetasone external	
SOLUTION 2000 MCG/ML.....	39	darunavir.....	20	cream	29
cyanocobalamin nasal.....	39	dasatinib	18	desoximetasone external	
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10 mg, 5 mg	61	dasetta 7/7/7	44	desvenlafaxine succinate er	15
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CYCLOGYL.....	57	daysee.....	44	EXTENDED RELEASE 24 HOUR	
cyclopentolate hcl ophthalmic ...	57	DAYVIGO.....	61	2 MG, 4 MG.....	43
cyclophosphamide oral capsule ..	18	DDAVP ORAL.....	48	DEXABLISS	48
CYCLOSET	37	deblitane.....	44	dexamethasone intensol.....	48
cyclosporine modified oral		deferasirox oral tablet.....	39	dexamethasone oral elixir.....	48
capsule.....	50	DELESTROGEN	44	dexamethasone oral solution	48
cyclosporine ophthalmic.....	57	DELSTRIGO.....	20	dexamethasone oral tablet	48
cyclosporine oral	50	delyla	44	dexamethasone oral tablet	
CYLTEZO (2 PEN)	50	DENTA 5000 PLUS.....	28, 39	therapy pack	48
CYLTEZO (2 SYRINGE)	50	DENTA 5000 PLUS SENSITIVE....	39	dexamethasone sodium	
CYLTEZO-CD/UC/HS STARTER		DENTAGEL	28	phosphate ophthalmic	55
SUBCUTANEOUS AUTO-		DEPAKOTE	13	DEXCOM G6 RECEIVER	33
INJECTOR KIT 40 MG/0.4ML	51	DEPAKOTE ER.....	13	DEXCOM G6 SENSOR	33
CYLTEZO-CD/UC/HS STARTER		DEPAKOTE SPRINKLES.....	13	DEXCOM G6 TRANSMITTER	33
SUBCUTANEOUS AUTO-		DEPEN TITRATABS.....	42	DEXCOM G7 RECEIVER	33
INJECTOR KIT 40 MG/0.8ML	51	DEPO-ESTRADIOL	44	DEXCOM G7 SENSOR	33
CYLTEZO-PSORIASIS/UV		DEPO-PROVERA.....	44	DEXEDRINE.....	26
STARTER SUBCUTANEOUS		DEPO-SUBQ PROVERA 104	44	DEXILANT	41
AUTO-INJECTOR KIT		DEPO-TESTOSTERONE		dexlansoprazole	41
40 MG/0.4ML.....	51	INTRAMUSCULAR SOLUTION		dexmethylphenidate hcl	26
CYLTEZO-PSORIASIS/UV		100 MG/ML	48	dexmethylphenidate hcl er	26
STARTER SUBCUTANEOUS		DEPO-TESTOSTERONE		dextroamphetamine sulfate er	
AUTO-INJECTOR KIT		INTRAMUSCULAR SOLUTION		oral capsule extended release	
40 MG/0.8ML.....	51	200 MG/ML	48	24 hour 10 mg, 15 mg	26
CYMBALTA	15	DERMA-SMOOTH/FS BODY	29	dextroamphetamine sulfate er	
cyproheptadine hcl oral	58	DERMA-SMOOTH/FS SCALP	29	oral capsule extended release	
cyred eq.....	44	DERMACINRX UREA.....	29	24 hour 5 mg	26
cyred oral tablet				dextroamphetamine sulfate oral	
0.15-30 mg-mcg.....	44			tablet 10 mg, 5 mg.....	26
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dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	26	dimethyl fumarate oral	27	doxylamine-pyridoxine	16
DHIVY	20	DIOVAN	23	DRISDOL	39
DIABETES CARE	33	DIOVAN HCT	23	dronabinol	16
DIABETES MONITOR DIGIT ADD-ON	33	DIPENTUM	54	DROPSAFE SAFETY SYRINGE/ NEEDLE	33
DIABETES MONITOR DIGIT SOLN	33	diphenoxylate-atropine oral tablet	41	drospirene-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	44
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	DIPROLENE	29	drospirene-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	44
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	13	disulfiram oral	11	drospirenone-ethinyl estradiol	44
diazepam oral solution	21	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	43	DRYSOL	29
diazepam oral tablet	21	divalproex sodium er	14	DUAVEE	44
diazepam rectal	14	divalproex sodium oral capsule delayed release sprinkle	14	DULERA	59
DICLEGIS	16	divalproex sodium oral tablet delayed release	14	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15
diclofenac potassium oral tablet 25 mg	10	DIVIGEL	44	duloxetine hcl oral capsule delayed release particles 40 mg	15
diclofenac potassium oral tablet 50 mg	10	DODEX INJECTION SOLUTION 1000 MCG/ML	39	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	29
diclofenac sodium er	10	dofetilide	23	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	30
diclofenac sodium external gel 1 %	10	dolishale	44	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	30
diclofenac sodium external gel 3 %	29	donepezil hcl oral tablet 10 mg, 5 mg	15	DUREZOL	57
diclofenac sodium ophthalmic	55	donepezil hcl oral tablet 23 mg	15	dutasteride oral	43
diclofenac sodium oral	10	DOPTelet	38	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	48
diclofenac-misoprostol	10	dorzolamide hcl solution 2 % ophthalmic	56	DYANAVEL XR ORAL TABLET EXTENDED RELEASE	26
DICLOFONO	10	dorzolamide hcl-timolol mal	56	DYMISTA	58
dicloxacin sodium	12	doti	44		
dicyclomine hcl oral	41	DOVATO	21		
DIFICID ORAL TABLET	12	doxazosin mesylate oral	23		
DIFLUCAN	16	doxepin hcl oral capsule	15		
difluprednate	57	doxepin hcl oral concentrate	15		
digitek oral tablet 250 mcg	23	doxepin hcl oral tablet	61		
digoxin oral tablet	23	doxycycline	12, 29		
DILANTIN INFATABS	14	doxycycline hyclate oral capsule	12		
DILANTIN ORAL CAPSULE	14	doxycycline hyclate oral tablet 100 mg	12		
DILAUDID ORAL TABLET	9	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12		
dilt-xr	23	doxycycline hyclate oral tablet 20 mg	12		
diltiazem hcl er beads	23	doxycycline monohydrate oral capsule 100 mg, 50 mg	12		
diltiazem hcl er coated beads	23	doxycycline monohydrate oral capsule 150 mg, 75 mg	12		
diltiazem hcl er oral capsule extended release 12 hour	23	doxycycline monohydrate oral suspension reconstituted	12		
diltiazem hcl er oral capsule extended release 24 hour	23	doxycycline monohydrate oral tablet	12		
diltiazem hcl er oral tablet extended release 24 hour	23				
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EASY TOUCH TEST	33
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EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	enalapril-hydrochlorothiazide	23	ERLEADA ORAL TABLET 240 MG .	18
ec-naproxen	10	ENBREL	51	ERLEADA ORAL TABLET 60 MG...	18
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EFFEXOR XR	15	ENSTILAR.....	30	erythromycin external.....	30
EFFIENT.....	20	entacapone.....	20	erythromycin ophthalmic.....	55
EFUDEX EXTERNAL CREAM 5 % ..	30	entecavir.....	21	erythromycin oral.....	12
ELEPSIA XR	14	ENTRESTO ORAL TABLET	23	escitalopram oxalate oral solution	15
ELESTRIN	44	ENTYVIO PEN.....	51	escitalopram oxalate oral tablet ..	15
eletriptan hydrobromide	17	enulose.....	41	ESGIC	9
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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.....	45	EXELON	15	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	9
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EVERSENSE SENSOR/HOLDER....	33	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	23	fluocinolone acetonide otic.....	57
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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	34				
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KLISYRI (350 MG)	30
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naloxone hcl nasal	11
naltrexone hcl oral	11
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NAMENDA TITRATION PAK	15
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	15
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opium	42	oxycodone hcl oral solution	10	peg-3350/electrolytes	42
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请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

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

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

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

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

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

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

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

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

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

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxít hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nítł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíłnih.

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

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

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

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

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

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

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

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