



Your 2025 Prescription Drug List

Traditional 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, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 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

Replace with:

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered. ⁴
QL	Quantity limits ⁵ – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁶ – 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. ⁵

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

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

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-cafeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-cafeine	1	QL
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H

Drug Name	Drug Tier	Requirements & Limits
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	1	
mupirocin cream	1	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	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	1	
tinidazole oral	1	
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

Drug Name	Drug Tier	Requirements & Limits
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
fondaparinux sodium	1	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		
APTIOM	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam	1	PA
DEPAKOTE	3	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
diazepam rectal	1	QL
DILANTIN INFATABS	3	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	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	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
tranylcypromine 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
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	1	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclofanol	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
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
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
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	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	1	QL

Drug Name	Drug Tier	Requirements & Limits
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	1	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
RELPAK	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	1	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
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 5 MG	1	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	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA, QL, SP
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	
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

Drug Name	Drug Tier	Requirements & Limits
CASODEX	E	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	1	
dasatinib	1	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	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
KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	VENCLEXTA	2	PA, QL, SP
letrozole oral	1	H-PA	VERZENIO	2	PA, QL, SP
leucovorin calcium oral	1		VITRAKVI	2	PA, QL, SP
LONSURF	3	PA, QL, SP	XELODA	E	QL, SP
LUMAKRAS	3	PA, QL, SP	XTANDI	2	PA, QL, SP
LYNPARZA	2	PA, QL, SP	ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP	ZELBORAF	2	PA, QL, SP
mercaptopurine oral	1		ZYTIGA	E	PA, QL, SP
NERLYNX	2	PA, QL, SP	Antiparasitics - Drugs for Parasitic Infections		
NINLARO	2	PA, QL, SP	albendazole oral	1	PA, QL
NUBEQA	2	PA, QL, SP	ARAKODA	3	QL
ODOMZO	2	PA, QL, SP	atovaquone	1	
ORGOVYX	3	PA, QL, SP	atovaquone-proguanil hcl	1	
pazopanib hcl	1	PA, QL, SP	ELIMITE	3	
PIQRAY	2	PA, QL, SP	hydroxychloroquine sulfate oral	1	
POMALYST	3	PA, QL, SP	ivermectin oral	1	PA, QL
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP	KRINTAFEL	1	QL
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP	MALARONE	3	
REVLIMID	2	PA, QL, SP	mefloquine hcl	1	
ROZLYTREK	2	PA, QL, SP	MEPRON	E	
SPRYCEL	E	PA, ST, QL, SP	nitazoxanide oral	1	QL
STIVARGA	2	PA, QL, SP	permethrin external	1	
TABRECTA	3	PA, QL, SP	PLAQUENIL	E	
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP	SOVUNA	E	
TAGRISSO	3	PA, QL, SP	STROMEKTOL	3	PA, QL
tamoxifen citrate oral tablet 10 mg	1		Antiparkinson Agents - Drugs for Parkinson's Disease		
tamoxifen citrate oral tablet 20 mg	1	H-PA	amantadine hcl oral	1	
TASIGNA	2	PA, ST, QL, SP	AZILECT	E	
temozolomide	1	PA, SP	benztropine mesylate oral	1	
torpenz	1	PA, QL, SP	bromocriptine mesylate oral tablet	1	
TRUQAP ORAL TABLET	2	PA, QL, SP	carbidopa-levodopa er	1	
			carbidopa-levodopa oral tablet	1	
			carbidopa-levodopa- entacapone	1	
			COMTAN ORAL TABLET 200 MG	3	
			CREXONT	3	ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	1	QL
NUPLAZID ORAL CAPSULE	3	PA, QL
olanzapine oral	1	
paliperidone er	1	QL
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
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
DESCOVY	3	QL, H
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
etravirine	1	
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL

Drug Name	Drug Tier	Requirements & Limits
SYMFI LO	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
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	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	

Drug Name	Drug Tier	Requirements & Limits
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
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	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cholestyramine oral	1		enalapril-hydrochlorothiazide	1	
clonidine hcl oral	1		ENTRESTO ORAL TABLET	3	PA, QL
clonidine patch weekly 0.1 mg/24hr transdermal	1		EPANED	3	PA
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)	eplerenone	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1		EXFORGE	E	
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)	ezetimibe	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1		ezetimibe-simvastatin	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)	felodipine er	1	
colesevelam hcl oral tablet	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
COLESTID ORAL TABLET	3		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	
colestipol hcl oral tablet	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
COREG	E		fenofibrate oral tablet 120 mg, 40 mg	E	
COREG CR	E		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG	3		fenofibric acid oral capsule delayed release	1	
CORLANOR	3	PA, QL	FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
COZAAR	E		flecainide acetate	1	
CRESTOR	E		fluvastatin sodium	1	
digitek oral tablet 250 mcg	1		fosinopril sodium	1	
digoxin oral tablet	1		fosinopril sodium-hctz	1	
diltiazem hcl er	1		FUROSCIX	3	PA, QL
diltiazem hcl er beads	1		furosemide oral	1	
diltiazem hcl er coated beads	1		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	1		HYZAAR	E	
doxazosin mesylate oral	1		icosapent ethyl	E	PA
EDARBI	E		indapamide	1	
EDARBYCLOR	E		INDERAL LA	E	
enalapril maleate oral solution	1	PA	INSpra	E	
enalapril maleate oral tablet	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
irbesartan	1		metoprolol succinate er	1	
irbesartan-hydrochlorothiazide	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorb dinitrate-hydralazine	1		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		mexiletine hcl oral	1	
isosorbide dinitrate oral tablet 40 mg	E		MICARDIS	E	
isosorbide mononitrate	1		MICARDIS HCT	E	
isosorbide mononitrate er	1		midodrine hcl	1	
ivabradine hcl	1	PA, QL	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
KAPSPARGO SPRINKLE	3		minoxidil oral	1	
KERENDIA	3	PA, QL	moexipril hcl	1	
labetalol hcl oral	1		MULTAQ	3	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nadolol oral	1	
LANOXIN ORAL TABLET 62.5 MCG	3		nebivolol hcl	1	
LASIX	3		NEXLETOL	2	PA, ST, QL
LIPITOR	E		NEXLIZET	2	PA, ST, QL
lisinopril oral	1		niacin er (antihyperlipidemic)	1	
lisinopril-hydrochlorothiazide	1		nifedipine er	1	
LIVALO	E	ST	nifedipine er osmotic release	1	
LODOCO	3	QL	nifedipine oral	1	
LOPID	3		nisoldipine er	1	
LOPRESSOR	3		NITRO-BID	2	
losartan potassium oral	1		NITRO-DUR	3	
losartan potassium-hctz	1		nitroglycerin rectal	1	QL
LOTENSIN	3		nitroglycerin sublingual	1	
LOTENSIN HCT	3		nitroglycerin transdermal	1	
LOTREL	E		NITROSTAT	3	
lovastatin oral	1	H	NORLIQVA	3	PA
LOVAZA	E		NORVASC	E	
matzim la	1		olmesartan medoxomil oral	1	
MAXZIDE ORAL TABLET 75-50 MG	3		olmesartan medoxomil-hctz	1	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E	
metolazone	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
perindopril erbumine	1	
pindolol	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
ramipril	1	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
torse mide	1	
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E	
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
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	1	
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
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CLINPRO 5000	3		accutane	1	
DENTA 5000 PLUS	3		acitretin	1	
DENTAGEL	3		ACZONE	E	QL
EVOXAC	E		adapalene-benzoyl peroxide external gel	1	QL
FLUORIDEX	3		AKLIEF	3	PA, QL
FLUORIDEX ENHANCED WHITENING	3		ALA SCALP	3	
FLUORIMAX 5000	3		ala-cort	E	
FRAICHE 5000 DENTAL	3		alclometasone dipropionate	1	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3		amnestem	1	
JUST RIGHT 5000 DENTAL PASTE	3		AMZEEQ	3	QL
KOURZEQ	2		ATRALIN	E	PA, QL
lidocaine hcl mouth/throat	1		AVAR CLEANSER	3	
lidocaine viscous hcl	1		AVAR LS CLEANSER	E	
ORALONE	2		AVAR-E EMOLLIENT	3	
PERIDEX	3		AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
periogard	1		AVAR-E LS EXTERNAL CREAM 10-2 %	3	
pilocarpine hcl oral	1		AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
PREVIDENT 5000 BOOSTER PLUS	3		AVITA EXTERNAL GEL 0.025 %	E	PA
PREVIDENT 5000 DRY MOUTH	3		azelaic acid external	1	
PREVIDENT 5000 KIDS	3		AZELEX	3	QL
PREVIDENT 5000 ORTHO DEFENSE	3		BENZAMYCIN	2	QL
PREVIDENT 5000 PLUS	3		benzoyl peroxide-erythromycin	1	QL
PREVIDENT DENTAL	3		betamethasone dipropionate aug external cream	1	
SALAGEN	3		betamethasone dipropionate aug external lotion	1	
sf 5000 plus	1		betamethasone dipropionate aug external ointment	1	
sf gel 1.1%	1		betamethasone dipropionate external	1	
sodium fluoride 5000 plus	1		betamethasone valerate external cream	1	
sodium fluoride 5000 ppm	1		betamethasone valerate external lotion	1	
sodium fluoride dental	1		betamethasone valerate external ointment	1	
triamcinolone acetonide mouth/throat	1				
Dermatological Agents - Drugs for Skin Conditions					
ABSORICA	E	PA			
ACANYA	E	QL			

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external cream 2.5 %	1	
EFUDEX EXTERNAL CREAM 5 %	3		hydrocortisone external lotion 2 %, 2.5 %	1	
ELIDEL	E	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
ENSTILAR	3	QL	hydrocortisone valerate	1	QL
EPIDUO	E	QL	HYDROXYM EXTERNAL CREAM	E	
EPIDUO FORTE	E	QL	imiquimod external cream 3.75 %	E	QL
ERYGEL	3		imiquimod external cream 5 %	1	
erythromycin external	1		imiquimod pump	E	QL
EUCRISA	3	ST, QL	IMPOYZ	E	QL
EVOCLIN EXTERNAL FOAM 1 %	3		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
FINACEA EXTERNAL FOAM	3		isotretinoin oral capsule 25 mg, 35 mg	E	PA
FINACEA EXTERNAL GEL	E		ivermectin external cream	E	QL
fluocinolone acetonide body	1	QL	KLARON	3	
fluocinolone acetonide external	1	QL	KLISYRI (250 MG)	3	ST, QL
fluocinolone acetonide scalp	1		KLISYRI (350 MG)	3	ST, QL
fluocinonide external cream 0.05 %	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external cream 0.1 %	E	QL	METROCREAM	3	
fluocinonide external gel	1		METROGEL	E	
fluocinonide external ointment	1		METROLOTION	3	
fluocinonide external solution	1		metronidazole external cream	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		metronidazole external gel 0.75 %	1	
fluorouracil external cream 5 %	1		metronidazole external gel 1 %	E	
fluticasone propionate external cream	1		metronidazole external lotion	1	
fluticasone propionate external ointment	1		MIRVASO	2	PA, QL
halobetasol propionate external cream	1	QL	mometasone furoate external	1	
halobetasol propionate external ointment	1	QL	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		neuac	1	QL
hydrocortisone butyrate external cream	1		NORITATE	E	
hydrocortisone external cream 1 %	E		OLUX EXTERNAL FOAM 0.05 %	E	QL
			ONEXTON	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OPZELURA	3	PA, QL, SP	SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
ORACEA	E		TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
OVACE PLUS WASH EXTERNAL LIQUID	3		TACLONEX EXTERNAL SUSPENSION	1	
OVACE WASH	3		tacrolimus external	1	QL
PANRETIN	3		tazarotene external cream 0.1 %	1	PA, QL
pimecrolimus	1	QL	TAZORAC EXTERNAL CREAM	3	PA, QL
PLEXION CLEANSER	E		TOLAK	E	
podofilox external solution	1		TOPICORT EXTERNAL CREAM	3	QL
PRAMOSONE EXTERNAL CREAM 1-1 %	2		TOPICORT EXTERNAL OINTMENT	3	QL
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		tretinoin external cream	1	QL
RETIN-A	E	PA, QL	tretinoin external gel 0.01 %, 0.025 %	E	QL
RHOFADE	3	PA, QL	tretinoin external gel 0.05 %	E	PA, QL
rosadan external cream 0.75 %	1		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
rosadan external gel 0.75 %	1		triamcinolone acetonide external cream 0.5 %	1	QL
SANTYL	3	QL	triamcinolone acetonide external lotion	1	
selenium sulfide external lotion	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
sodium sulfacetamide wash	1		triamcinolone acetonide external ointment 0.05 %	E	
SOOLANTRA	1	QL	triamcinolone in absorbase	E	
spinosad	1		TRIANEX EXTERNAL OINTMENT 0.05 %	E	
sss 10-5 external cream	1		triderm	1	QL
sulfacetamide sodium (acne)	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sulfacetamide sodium external	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1		uredeb	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1				
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E				
SUMADAN WASH	E				
SYNALAR EXTERNAL OINTMENT	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
UREMEZ-40	3		BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
VANOS	E	QL	BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
VTAMA	3	PA, QL	BD ECLIPSE SHIELDED NEEDLE	2	
WINLEVI	E	PA, QL	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
xurea	E		BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
zenatane	1		BD SHARPS COLLECTOR	3	
ZILXI	3	PA, ST, QL	BD ULTRA-FINE INSULIN SYRINGES	2	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL FOAM	3	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZYCLARA	E	QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA PUMP	E	QL	BIGFOOT UNITY PROGRAM	3	
Diabetes - Glucose Monitoring and Supplies			BIOTEL CARE TEST STRIPS	E	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1		BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	3		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK GUIDE ME METER	3		CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK GUIDE TEST	3	QL	CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK GUIDE TEST STRIPS	3		CARETOUCH TEST	E	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CEQUR SIMPLICITY 2U 8PK	3	ST
ACCU-CHEK SOFTCLIX LANCET	1		CONTOUR MONITOR KIT W/ DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR NEXT EZ KIT W/ DEVICE	2	
ACCUTREND GLUCOSE	E	QL	CONTOUR NEXT GEN MONITOR KIT	2	
AGAMATRIX PRESTO TEST	E	QL	CONTOUR NEXT GEN TEST STRIPS	2	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				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT LINK KIT W/ DEVICE	E		EASYGLUCO	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	EASYMAX 15 TEST	E	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EASYMAX NG BLOOD GLUCOSE KIT	E	
CONTOUR NEXT ONE KIT	2		EMBRACE BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT TEST STRIPS	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	E		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR PLUS TEST STRIP	E	QL	EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR TEST STRIPS	E	QL	EVERSENSE 365 SENSOR/ HOLDER	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE 365 SMART TRANSMIT	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE E3 SENSOR/ HOLDER	E	PA
CVS NEEDLE COLLECTION/ DISPOSAL	3		EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS TRUE METRIX GLUCOSE TEST	E	QL	EVERSENSE SENSOR/HOLDER	E	PA
D-CARE BLOOD GLUCOSE	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
D-CARE GLUCOMETER	E		FORA 6 CONNECT/GTEL TEST	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
DEXCOM G6 SENSOR	3	PA, QL	FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 TRANSMITTER	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL	FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
DIABETES CARE	E		FREESTYLE LIBRE 2 READER	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	3		FREESTYLE LIBRE 2 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT SOLN	3		FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL	FREESTYLE LIBRE 3 READER	3	PA
EASY COMFORT SHARPS CONTAINER	3		FREESTYLE LIBRE 3 SENSOR	3	PA, QL
EASY MAX BLOOD GLUCOSE TEST	E	QL	FREESTYLE LIBRE READER	3	PA, QL
EASY MAX T1 GLUCOSE SYSTEM	E		FREESTYLE PRECISION NEO SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E				
EASY TOUCH TEST	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE PRECISION NEO TEST	E	QL	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
FREESTYLE TEST	E	QL	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
GLUCOCARD EXPRESSION TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
GLUCOCARD SHINE TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
GLUCOCARD VITAL TEST	E	QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, 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
GUARDIAN 4 TRANSMITTER	3	PA, QL	LANCETS	1	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	MICRODOT TEST	E	QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
GUARDIAN REAL-TIME REPLACE PED	3	PA	MINIMED 630G GUARDIAN PRESS	3	PA
GUARDIAN SENSOR 3	3	PA, QL	MM BLOOD GLUCOSE SYSTEM	E	
GVOKE HYOPEN 1-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM REFILL	E	
GVOKE HYOPEN 2-PACK	2	QL	MM BLULINK GLUCOSE TEST	E	QL
GVOKE KIT	2		MM EASY TOUCH GLUCOSE METER	E	
GVOKE PFS	2		MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E		NEUTEK 2TEK TEST	E	QL
IHEALTH BLOOD GLUCOSE TEST STR	E	QL	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
IHEALTH GLUCO+ KIT 10	E		NOVOFINE PEN NEEDLE	2	QL
IHEALTH GLUCO+ KIT 100	E		NOVOFINE PLUS PEN NEEDLE	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3		NOVOPEN ECHO	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST	OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST			
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3				
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3				
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL	QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	RELION TRUE MET AIR GLUC METER	E	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	RELION TRUE METRIX TEST STRIPS	E	QL
ON CALL EXPRESS MONITORING SYS	E		RELION ULTIMA GLUCOSE SYSTEM	E	
ONETOUCH DELICA LANCETS	1	QL	RELION ULTIMA TEST	E	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		RIGHTEST GT333 GLUCOSE TEST	E	QL
ONETOUCH ULTRA BLUE TEST	1	QL	SHARPS COLLECTOR	3	
ONETOUCH ULTRA TEST STRIPS	1	QL	SHARPS CONTAINER	3	
ONETOUCH ULTRASOFT LANCETS	1	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	1		TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO KIT W/ DEVICE	1		TEMPO REFILL	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TEMPO WELCOME	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
OPTIUMEZ TEST	E	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX GO GLUCOSE METER	E	
PRECISION XTRA	E		TRUE METRIX METER	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	UNISTRIPI GENERIC	E	QL
PTS PANELS EGLU TEST	E	QL	VERIFINE SHARPS CONTAINER	3	
QUICK TOUCH BLOOD GLUCOSE	E		VIVAGUARD INO GLUCOSE METER KIT	E	
			VIVAGUARD INO TEST STRIPS	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
INSULIN LISPRO JUNIOR KWIKPEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
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	JARDIANCE	2	QL
BYETTA 10 MCG PEN	2	PA, QL	JENTADUETO	2	QL
BYETTA 5 MCG PEN	2	PA, QL	JENTADUETO XR	2	QL
CYCLOSET	3		KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL			
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	liraglutide	1	PA, QL
FARXIGA	E	ST, QL	metformin hcl er	1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl er (mod)	E	PA
glimepiride oral tablet 3 mg	E		metformin hcl er (osm)	E	PA
glipizide er	1		metformin hcl oral solution	1	
glipizide oral tablet 10 mg, 5 mg	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide oral tablet 2.5 mg	E		metformin hcl oral tablet 625 mg, 750 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	1		nateglinide	1	QL
glucagon emergency kit 1 mg injection	1	QL	ONGLYZA	E	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	pioglitazone hcl	1	QL
GLUCOTROL XL	3		pioglitazone hcl-metformin hcl	1	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	1	QL
glyburide micronized	1		RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL
glyburide oral	1		saxagliptin hcl	1	QL
glyburide-metformin	1		saxagliptin-metformin er	1	QL
GLYNASE ORAL TABLET 1.5 MG	3		SOLQUA	2	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	3		SYMLINPEN 120	3	QL
GLYXAMBI	2	ST, QL	SYMLINPEN 60	3	QL
INVOKANA	E	ST, QL	SYNJARDY	2	QL
JANUMET	E	ST, QL	SYNJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRADJENTA	2	QL
JANUVIA	E	ST, QL	TRIJARDY XR	2	QL
			TRULICITY	2	PA, QL
			XIGDUO XR	E	ST, QL
			ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	1	
DOPTelet	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
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	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP

Drug Name	Drug Tier	Requirements & Limits
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	1	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	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
calcium acetate oral tablet 667 mg	1		klor-con m10	1	
CARNITOR ORAL SOLUTION	3		klor-con m15	1	
CARNITOR SF	3		klor-con m20	1	
CITRANATAL 90 DHA	3		kosher prenatal plus iron	1	
CITRANATAL ASSURE	3		K-PHOS-NEUTRAL	2	
CITRANATAL DHA ORAL 27-1 & 250 MG	3		K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
COMPLETENATE	3		levocarnitine oral solution	1	
CO-NATAL FA	2		levocarnitine sf	1	
CONCEPT DHA	3		LOKELMA	3	PA, QL
cvs prenatal	E		M-NATAL PLUS	3	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
cyanocobalamin nasal	1		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
DAVIMET-FLUORIDE	E		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
deferasirox oral tablet	1	PA, SP	multivitamin w/fluoride tablet chewable 1 mg oral	1	
DENTA 5000 PLUS SENSITIVE	3		multivitamin w/fluoride tablet chewable 1 mg oral	E	
DODEX INJECTION SOLUTION 1000 MCG/ML	3		multi-vitamin/fluoride	1	
DRISDOL	3		multivitamin/fluoride oral tablet chewable	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2		MULTI-VIT-FLOR	E	
ELITE-OB	3		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
ergocalciferol oral capsule	1		NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
FLORAFOL PEDIATRIC ORAL SOLUTION	3		NASCOBAL	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		NATALVIT	2	
FLORIVA PLUS	E		NEONATAL COMPLETE	3	
FLUORIMAX 5000 SENSITIVE	3		NEONATAL PLUS	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NEONATAL PRENATAL	E	
folic acid oral tablet 1 mg	1		NEONATAL VITAMIN	E	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		NIVA-PLUS	3	
klor-con	1		OB COMPLETE	3	
klor-con 10	1		ONE VITE WOMENS	E	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucalfate oral	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	1	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
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	1	
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	
LEVVID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	1	PA, QL
methscopolamine bromide oral	1	
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	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/ascorbate	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
prucalopride succinate	1	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 ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	1	PA, QL, SP
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CAVERJECT IMPULSE	3	QL
DETROL	E	
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	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
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	

Drug Name	Drug Tier	Requirements & Limits
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVEVILLA	3	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
azurette	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
balziva	1	H	drospirenone-ethinyl estradiol	1	H
BEYAZ	E		DUAVEE	3	QL
BIJUVA	3		econtra ez oral tablet 1.5 mg	1	H
blisovi 24 fe	1	H	econtra one-step	1	H
blisovi fe 1.5/30	1	H	EEMT	2	
blisovi fe 1/20	1	H	EEMT HS	3	
briellyn	1	H	ELESTRIN	3	
camila	1	H	elinest	1	H
camrese	1	H	ELLA	1	QL, H
camrese lo	1	H	eluryng	1	H
charlotte 24 fe	1	H	emzahh	1	H
chateal eq	1	H	enilloring	1	H
CLIMARA	E	QL	enpresse-28	1	H
CLIMARA PRO	3	QL	enskyce	1	H
COMBIPATCH	3	QL	errin	1	H
COVARYX	2		est estrogens-methyltest	1	
COVARYX HS	3		est estrogens-methyltest ds	1	
cryselle-28	1	H	est estrogens-methyltest hs	1	
curae	1	H	estarylla	1	H
cyred eq	1	H	ESTRACE	E	
cyred oral tablet 0.15-30 mg-mcg	1	H	estradiol oral	1	
dasetta 1/35 (28)	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
dasetta 7/7/7	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
daysee	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
deblitane	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
DELESTROGEN	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
delyla	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
DEPO-PROVERA	3	QL			
DEPO-SUBQ PROVERA 104	1	QL, H			
desogestrel-ethinyl estradiol	1	H			
DIVIGEL	3				
dolishale	1	H			
dotti	1	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	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H

Drug Name	Drug Tier	Requirements & Limits
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	E	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
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	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	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	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	1	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	1	
liothyronine sodium oral	1	
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
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
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, (Manufactured by Sandoz), 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	2	PA, (Manufactured by Sandoz), QL, SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR 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-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	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-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	ARAVA	E	
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP	AZASAN	3	
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP	azathioprine oral	1	
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	BIMZELX	3	PA, ST, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	CELLCEPT ORAL CAPSULE	E	
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CELLCEPT ORAL TABLET	E	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	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
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	OTREXUP	E	QL
IDACIO (2 PEN)	E	PA, QL, SP	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
IDACIO (2 SYRINGE)	E	PA, QL, SP	PROGRAF ORAL CAPSULE	3	
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
IDACIO-PSORIASIS STARTER	E	PA, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
IMURAN	E		RASUVO	2	QL
JYLAMVO	3	PA	RINVOQ	2	PA, QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	RUCONEST	3	PA, QL, SP
KINERET	3	PA, ST, QL, SP	SIMLANDI (1 PEN)	E	PA, QL, SP
leflunomide oral	1		SIMLANDI (1 SYRINGE)	E	PA, SP
LITFULO	3	PA, QL, SP	SIMLANDI (2 PEN)	E	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	SIMLANDI (2 SYRINGE)	E	PA, SP
methotrexate sodium (pf)	1		SIMPONI	2	PA, QL, SP
methotrexate sodium injection solution	1		sirolimus oral	1	
methotrexate sodium oral	1		SKYRIZI PEN	2	PA, QL, SP
mycophenolate mofetil oral	1		SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
mycophenolate sodium	1		SOTYKTU	2	PA, QL, SP
mycophenolic acid	1		STELARA SUBCUTANEOUS	E	PA, QL, SP
MYFORTIC	E		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
MYHIBBIN	1		tacrolimus oral	1	
NEORAL ORAL CAPSULE	E		TAKHZYRO	2	PA, QL, SP
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP			
OTEZLA ORAL TABLET 20 MG	2	PA, QL			
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP			
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	

Immunological Agents - Drugs for Vaccination

ABRYSVO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGRIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H

Drug Name	Drug Tier	Requirements & Limits
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

cetorelix acetate	1	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon)	1	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
MIACALCIN	3	
raloxifene hcl	1	H
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	PA
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
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	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
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	

Drug Name	Drug Tier	Requirements & Limits
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
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	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
VIGAMOX	E	
XDEMYY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	

Ophthalmic Agents - Drugs for Eye Infection and Inflammation

bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	

Ophthalmic Agents - Drugs for Glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
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	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL

Drug Name	Drug Tier	Requirements & Limits
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
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)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	1	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	1	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	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Drug Name	Drug Tier	Requirements & Limits
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	1	
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	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
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	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic 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	1	QL	FASENRA PEN	3	PA, QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		FLEXICHAMBER	2	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLUTICASONE PROPIONATE HFA	E	QL
albuterol sulfate oral syrup	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ANORO ELLIPTA	3	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
arformoterol tartrate	1	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ARNUITY ELLIPTA	1	QL	formoterol fumarate inhalation	1	QL
ATROVENT HFA	3	QL	INSPIREASE	2	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	2		ipratropium-albuterol	1	
BREATHE COMFORT CHAMBER/CHILD	2		levalbuterol hcl inhalation	1	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breyna	E	QL, RS	MICROCHAMBER	2	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral	1	
BROVANA	3	QL	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
budesonide inhalation	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
budesonide-formoterol fumarate	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
COMBIVENT RESPIMAT	3	QL	PERFOROMIST	3	QL
DALIRESP	E	QL	PROCHAMBER VHC	2	
DULERA	E	ST, QL	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
EASIVENT	2				
EASIVENT MASK LARGE	2				
EASIVENT MASK MEDIUM	2				
EASIVENT MASK SMALL	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
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	

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
UPTRAVI ORAL	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL

Drug Name	Drug Tier	Requirements & Limits
estazolam	1	
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	1	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
zaleplon	1	
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zolpidem tartrate oral tablet	1	

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albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	58, 59	amantadine hcl oral	19	ANASPAZ	41
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	59	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	36	anastrozole oral	18
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ATORVALIQ	22	0.025 %	28	BD ECLIPSE NEEDLE 18G X	
atorvastatin calcium oral tablet		AVITA EXTERNAL GEL 0.025 %	28	1-1/2" , 25G X 5/8" , 27G X 1/2"	32
10 mg, 20 mg	22	AVODART	43	BD ECLIPSE NEEDLE 23G X 1"	
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40 mg, 80 mg	22	AVONEX PREFILLED	27	BD ECLIPSE NEEDLE 23G X 1"	
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ATRALIN	28	AZASAN	50	BD SAFETYGLIDE NEEDLE	
ATROPINE SULFATE		AZASITE	55	23G X 1-1/2"	32
OPHTHALMIC SOLUTION		azathioprine oral	50	BD SAFETYGLIDE SHIELDED	
0.01 %, 0.025 %, 0.05 %	57	azelaic acid external	28	NEEDLE 21G X 1-1/2"	32
atropine sulfate ophthalmic		azelastine hcl nasal solution		BD SHARPS COLLECTOR	32
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ATROVENT HFA	59	azelastine hcl nasal solution		SYRINGES	32
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EXTENDED RELEASE THERAPY				benzonatate oral capsule	
PACK 12 & 18 & 24 & 30 MG	27			100 mg, 200 mg	57

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benzonatate oral capsule 150 mg.....	57	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5.....	53	buprenorphine hcl-naloxone hcl sublingual film.....	11
benzoyl peroxide-erythromycin.....	28	BOSULIF ORAL TABLET.....	18	buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	11
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betamethasone dipropionate aug external lotion.....	28	brey-na.....	59	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG.....	15
betamethasone dipropionate external.....	28	BREZTRI AEROSPHERE.....	59	bupropion hcl oral.....	15
betamethasone valerate external cream.....	28	briellyn.....	44	buspirone hcl oral.....	21
betamethasone valerate external lotion.....	28	BRILINTA.....	20	butalbital-acetaminophen oral tablet 50-300 mg.....	9
betamethasone valerate external ointment.....	28	brimonidine tartrate external.....	29	butalbital-acetaminophen oral tablet 50-325 mg.....	9
BETAPACE.....	22	brimonidine tartrate ophthalmic solution 0.1 %.....	56	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.....	9
BETAPACE AF.....	22	brimonidine tartrate ophthalmic solution 0.15 %.....	56	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg.....	9
BETASERON.....	27	brimonidine tartrate ophthalmic solution 0.2 %.....	56	butalbital-apap-caffeine.....	9
betaxolol hcl oral.....	22	brimonidine tartrate-timolol.....	56	butalbital-asa-caff-codeine.....	9
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BEXSERO.....	53	bromfenac sodium (once-daily)...	55	BYETTA 10 MCG PEN.....	37
BEYAZ.....	44	bromfenac sodium ophthalmic solution 0.07 %.....	55	BYETTA 5 MCG PEN.....	37
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clindamycin phosphate external foam	29	clonidine patch weekly 0.1 mg/24hr transdermal	23	CORTENEMA	54
clindamycin phosphate external lotion	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	CORTIFOAM	54
clindamycin phosphate external solution	29	clonidine patch weekly 0.3 mg/24hr transdermal	23	COSENTYX (300 MG DOSE)	50
clindamycin phosphate external swab	29	clopidogrel bisulfate oral	20	COSENTYX 150 MG/ML SUBCUTANEOUS	50
clindamycin phosphate gel 1 % external	29	clorazepate dipotassium	21	COSENTYX SENSOREADY (300 MG)	50
clindamycin phosphate vaginal	12	clotrimazole external cream	29	COSENTYX SENSOREADY PEN	50
CLINDESSE	12	clotrimazole mouth/throat	16	COSENTYX UNOREADY	50
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clobazam	13	clozapine oral tablet	20	COSOPT PF	56
clobetasol prop emollient base external cream 0.05 %	29	CLOZARIL	20	COTELLIC	18
clobetasol propionate e	29	CO-NATAL FA	39	COTEMPLA XR-ODT	26
clobetasol propionate external cream	29	COLAZAL	54	COVARYX	44
clobetasol propionate external foam	29	colchicine oral	17	COVARYX HS	44
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clobetasol propionate external liquid	29	COLCRYST ORAL TABLET 0.6 MG	17	CREON	42
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clonidine hcl oral	23	CONCERTA	26	cvs nicotine	11
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clonidine patch weekly 0.2 mg/24hr transdermal	23	CONTOUR MONITOR KIT W/ DEVICE	32	cvs prenatal	39
clonidine patch weekly 0.3 mg/24hr transdermal	23	CONTOUR NEXT EZ KIT W/ DEVICE	32	CVS TRUE METRIX GLUCOSE TEST	33
		CONTOUR NEXT GEN MONITOR KIT	32	cyanocobalamin injection solution 1000 mcg/ml	39
		CONTOUR NEXT GEN TEST STRIPS	32	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	39
		CONTOUR NEXT LINK KIT W/ DEVICE	33	cyanocobalamin nasal	39
		CONTOUR NEXT MONITOR KIT W/DEVICE	33	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	61
		CONTOUR NEXT ONE KIT	33	cyclobenzaprine hcl oral tablet 7.5 mg	61
		CONTOUR NEXT TEST STRIPS	33	CYCLOGYL	57
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		CONTOUR PLUS TEST STRIP	33	cyclophosphamide oral capsule	18
		CONTOUR TEST STRIPS	33		
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cyproheptadine hcl oral.....	58	DEPAKOTE SPRINKLES.....	13	dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	26
cyred eq.....	44	DEPEN TITRATABS.....	42	dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg.....	26
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dapsone oral.....	18	desogestrel-ethinyl estradiol.....	44	diclofenac sodium external gel 3 %.....	29
darunavir.....	20	desonide external cream.....	29	diclofenac sodium ophthalmic ...	55
dasatinib.....	18	desonide external lotion.....	29	diclofenac sodium oral.....	10
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diltiazem hcl er coated beads	23	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	44	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.....	10
diltiazem hcl oral	23	drospirenone-ethinyl estradiol... ..	44	ec-naproxen.....	10
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emtricitabine-tenofovir df oral tablet 200-300 mg.....	21	EQUETRO.....	22	estradiol transdermal patch weekly	45
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eplerenone	23	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	exemestane	18
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FELDENE ORAL CAPSULE 10 MG, 20 MG	10
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fluocinonide external cream 0.05 %	30
fluocinonide external cream 0.1 %	30
fluocinonide external gel	30
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ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm la 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 ahxíł 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 hodíilnih.

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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