



Your 2025 Prescription Drug List

Advantage 4-Tier

Effective September 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

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

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



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	4	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	3	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-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	4	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
FIORICET	4	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	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 %	2	QL
lidocaine external patch 5 %	3	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	4	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	4	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
oxymorphone hcl er	3	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	4	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	2	
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL

Drug Name	Drug Tier	Requirements & Limits
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
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	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	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
naloxone hcl injection solution prefilled syringe	1	QL

Drug Name	Drug Tier	Requirements & Limits
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	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	4	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	4	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate	1		doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
ampicillin	1		doxycycline hyclate oral tablet 20 mg	1	
AUGMENTIN	E		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AVIDOXY	4		doxycycline monohydrate oral suspension reconstituted	3	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral tablet	1	
BACTRIM	4		E.E.S. GRANULES	3	
BACTRIM DS	4		ERYPED 200	3	
cefadroxil	1		ERYPED 400	4	
cefdinir	1		ERY-TAB	4	
cefixime	3		erythromycin base oral tablet	1	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet delayed release	3	
cefprozil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
CENTANY EXTERNAL OINTMENT 2 %	4	QL	erythromycin oral	3	
cephalexin	1		FIRVANQ	4	
CIPRO ORAL TABLET	4		FLAGYL	4	
ciprofloxacin hcl oral	1		fosfomycin tromethamine	3	
clarithromycin er	2		gentamicin sulfate external	1	QL
clarithromycin oral suspension reconstituted	2		HIPREX	4	
clarithromycin oral tablet	1		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		LIKMEZ	4	
CLEOCIN ORAL CAPSULE 75 MG	2		linezolid oral tablet	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN VAGINAL CREAM	4		MACROBID	4	
clindamycin hcl oral	1		MACRODANTIN	4	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral capsule	1	
CLINDESSE	2		metronidazole oral tablet 125 mg	E	
dicloxacillin sodium	1				
DIFICID ORAL TABLET	3	QL			
doxycycline hyclate oral capsule	2				
doxycycline hyclate oral tablet 100 mg	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	

Drug Name	Drug Tier	Requirements & Limits
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	3	PA
BANZEL	4	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL	lamotrigine oral tablet dispersible	3	PA
diazepam rectal	1	QL	levetiracetam er	2	
DILANTIN INFATABS	3		levetiracetam oral solution	1	
DILANTIN ORAL CAPSULE	3		levetiracetam oral tablet	1	
divalproex sodium er	2		LIBERVANT	3	PA, QL
divalproex sodium oral capsule delayed release sprinkle	2		MOTPOLY XR	3	PA
divalproex sodium oral tablet delayed release	1		MYSOLINE	2	PA
ELEPSIA XR	E	PA	NAYZILAM	3	PA, QL
EPIDIOLEX	3	PA, SP	NEURONTIN	4	PA
epitol	1		ONFI	4	PA
ethosuximide oral	1		oxcarbazepine	1	
felbamate	1		oxcarbazepine er	E	
FELBATOL	4	PA	OXTELLAR XR	E	
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA	phenobarbital oral	1	
FINTEPLA	4	PA	phenytekt	1	
FYCOMPA ORAL SUSPENSION	4	PA	phenytoin infatabs	1	
FYCOMPA ORAL TABLET	3	PA	phenytoin oral tablet chewable	1	
gabapentin oral capsule	1		phenytoin sodium extended	1	
gabapentin oral solution 250 mg/5ml	1		primidone oral tablet 125 mg	1	PA
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	primidone oral tablet 250 mg, 50 mg	1	
gabapentin oral tablet 600 mg, 800 mg	1		roweepra	1	
GABARONE	E	PA	rufinamide oral suspension	3	
KEPPRA ORAL	4	PA	rufinamide oral tablet	3	PA
KEPPRA XR	4	PA	subvenite	1	
lacosamide oral	2		SYMPAZAN	4	PA
LAMICTAL	4	PA	TEGRETOL ORAL TABLET	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	TEGRETOL-XR	4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TOPAMAX	4	PA
lamotrigine er	3		TOPAMAX SPRINKLE	4	PA
lamotrigine oral tablet	1		topiramate er oral capsule extended release 24 hour	E	
lamotrigine oral tablet chewable	1		topiramate oral	1	
			TRILEPTAL	4	PA
			TROKENDI XR	E	
			valproic acid oral capsule	1	
			valproic acid oral solution 250 mg/5ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VALTOCO	3	PA, QL	bupropion hcl oral	1	
vigabatrin oral packet	2	PA, QL, SP	CELEXA	E	
VIGADRONE ORAL PACKET	2	PA, QL, SP	citalopram hydrobromide oral solution	1	
vigpoder	2	PA, QL, SP	citalopram hydrobromide oral tablet	1	
VIMPAT ORAL	4	PA	clomipramine hcl oral	3	
XCOPRI	3	PA	CYMBALTA	E	
ZARONTIN	4		desipramine hcl oral	1	
ZONEGRAN	4	PA	desvenlafaxine succinate er	3	QL
zonisamide oral	1		doxepin hcl oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			doxepin hcl oral concentrate	1	
ARICEPT	E		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
donepezil hcl oral tablet 10 mg, 5 mg	1		duloxetine hcl oral capsule delayed release particles 40 mg	E	
donepezil hcl oral tablet 23 mg	2		EFFEXOR XR	E	
EXELON	E		escitalopram oxalate oral solution	3	
galantamine hydrobromide er	1		escitalopram oxalate oral tablet	1	
memantine hcl er	3		FETZIMA	4	ST, QL
memantine hcl oral tablet	1		fluoxetine hcl oral capsule	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E		fluoxetine hcl oral capsule delayed release	3	QL
NAMENDA TITRATION PAK	E		fluoxetine hcl oral solution	1	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral tablet 10 mg	3	QL
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4		fluoxetine hcl oral tablet 20 mg, 60 mg	3	
rivastigmine	3		fluvoxamine maleate	1	
rivastigmine tartrate	1		fluvoxamine maleate er	3	QL
Antidepressants - Drugs for Depression			FORFIVO XL	E	QL
amitriptyline hcl oral	1		imipramine hcl oral	1	
ANAFRANIL	E		LEXAPRO	E	
AUVELITY	4	ST, QL	mirtazapine oral	1	
bupropion hcl er (sr)	1		NORPRAMIN	4	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		nortriptyline hcl oral capsule	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	olanzapine-fluoxetine hcl	2	QL
			PAMELOR	E	
			PARNATE	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
SYMBYAX	4	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	4	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	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL

Drug Name	Drug Tier	Requirements & Limits
granisetron hcl oral	2	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	4	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	

Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	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	4	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL

See page 6-8 for coverage details.



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

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	4	PA, QL, SP

Antimycobacterials - Drugs to Treat Infections

dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
rifabutin	1	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

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

Drug Name	Drug Tier	Requirements & Limits
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
CASODEX	E	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
dasatinib	3	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	4	
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)	4	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
KISQALI (400 MG DOSE)	4	PA, ST, QL, SP	torpenz	2	PA, QL, SP
KISQALI (600 MG DOSE)	4	PA, ST, QL, SP	TRUQAP ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP	VENCLEXTA	2	PA, QL, SP
lenalidomide	2	PA, QL, SP	VERZENIO	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP	VITRAKVI	2	PA, QL, SP
letrozole oral	1	H-PA	XELODA	E	QL, SP
leucovorin calcium oral	1		XTANDI	2	PA, QL, SP
LONSURF	4	PA, QL, SP	ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
LUMAKRAS	4	PA, QL, SP	ZELBORAF	2	PA, QL, SP
LYNPARZA	2	PA, QL, SP	ZYTIGA	E	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP	Antiparasitics - Drugs for Parasitic Infections		
mercaptopurine oral tablet	1		albendazole oral	3	PA, QL
NERLYNX	2	PA, QL, SP	ARAKODA	4	QL
NINLARO	2	PA, QL, SP	atovaquone	2	
NUBEQA	2	PA, QL, SP	atovaquone-proguanil hcl	2	
ODOMZO	2	PA, QL, SP	ELIMITE	4	
ORGOVYX	3	PA, QL, SP	hydroxychloroquine sulfate oral	1	
pazopanib hcl	3	PA, QL, SP	ivermectin oral	1	PA, QL
PIQRAY	2	PA, QL, SP	KRINTAFEL	1	QL
POMALYST	3	PA, QL, SP	MALARONE	4	
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP	mefloquine hcl	1	
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP	MEPRON	E	
REVLIMID	2	PA, QL, SP	nitazoxanide oral	2	QL
ROZLYTREK	2	PA, QL, SP	permethrin external	1	
SPRYCEL	E	PA, ST, QL, SP	PLAQUENIL	E	
STIVARGA	2	PA, QL, SP	SOVUNA	E	
TABRECTA	4	PA, QL, SP	STROMECTOL	4	PA, QL
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP	Antiparkinson Agents - Drugs for Parkinson's Disease		
TAGRISO	3	PA, QL, SP	amantadine hcl oral	1	
tamoxifen citrate oral tablet 10 mg	1		AZILECT	E	
tamoxifen citrate oral tablet 20 mg	1	H-PA	benztropine mesylate oral	1	
TASIGNA	2	PA, ST, QL, SP	bromocriptine mesylate oral tablet	1	
temozolomide	1	PA, SP	carbidopa-levodopa er	1	
			carbidopa-levodopa oral tablet	1	
			carbidopa-levodopa- entacapone	1	
			COMTAN ORAL TABLET 200 MG	4	
			CREXONT	4	ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DHIVY	E		chlorpromazine hcl oral tablet	1	QL
entacapone	1		clozapine oral tablet	1	
INBRIJA	3	PA, QL, SP	CLOZARIL	4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP	fluphenazine hcl oral tablet	1	
NEUPRO	3		GEODON ORAL	E	
PARLODEL ORAL TABLET	E		haloperidol oral	1	
pramipexole dihydrochloride	1		INVEGA	E	QL
rasagiline mesylate oral	3		LATUDA	E	QL
ropinirole hcl	1		loxapine succinate	1	
RYTARY	E	ST	lurasidone hcl	2	QL
SINEMET	4		NUPLAZID ORAL CAPSULE	4	PA, QL
STALEVO 100 ORAL TABLET 25-100-200 MG	4		olanzapine oral tablet	1	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4		olanzapine oral tablet dispersible	2	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4		paliperidone er	3	QL
STALEVO 200 ORAL TABLET 50-200-200 MG	4		pimozide	2	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4		quetiapine fumarate	1	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4		quetiapine fumarate er	2	
trihexyphenidyl hcl oral tablet	1		REXULTI	4	QL
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			RISPERDAL	E	
BRILINTA	4	QL	risperidone	1	
cilostazol	1		SAPHRIS	E	QL
clopidogrel bisulfate oral	1		SEROQUEL	E	
EFFIENT	E		SEROQUEL XR	E	
PLAVIX	E		VRAYLAR	4	QL
prasugrel hcl	3		ziprasidone hcl	2	
Antipsychotics - Drugs for Mood Disorders			ZYPREXA ORAL	E	
ABILIFY	E		ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
aripiprazole oral solution	3		Antivirals - Drugs for Viral Infections		
aripiprazole oral tablet	2		abacavir sulfate-lamivudine	2	QL
asenapine maleate	3	QL	acyclovir external ointment	3	QL
CAPLYTA	4	PA, ST, QL	acyclovir oral	1	
			BARACLUDE ORAL TABLET	E	
			BIKTARVY	4	QL
			CIMDUO	2	QL
			COMPLERA	4	QL
			darunavir	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DELSTRIGO	2	QL	SYMFI LO	2	QL
DESCOVY	4	QL, H	TAMIFLU	E	
DOVATO	2	QL	tenofovir disoproxil fumarate	1	H-PA
efavirenz-emtricitab-tenofo df	2	QL	TIVICAY	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL	TRIUMEQ	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
entecavir	1		TRUVADA ORAL TABLET 200-300 MG	E	QL
EPCLUSA ORAL TABLET	2	PA, QL, SP	valacyclovir hcl oral	1	QL
etravirine	2		VALCYTE ORAL TABLET	E	
famciclovir oral	2		valganciclovir hcl oral tablet	1	
GENVOYA	4	QL	VALTREX	E	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP	VEMLIDY	E	PA
INTELENCE ORAL TABLET 100 MG, 200 MG	4		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
INTELENCE ORAL TABLET 25 MG	2		VIREAD ORAL TABLET 300 MG	E	
ISENTRESS HD	2		VOSEVI	2	PA, QL, SP
ISENTRESS ORAL TABLET	2		XOFLUZA (40 MG DOSE)	3	QL
JULUCA	2	QL	XOFLUZA (80 MG DOSE)	3	QL
LAGEVRIO	2	QL	ZIRGAN	3	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	ZOVIRAX EXTERNAL OINTMENT	E	QL
MAVYRET	2	PA, QL, SP	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
ODEFSEY	4	QL	Anxiolytics - Drugs for Anxiety		
oseltamivir phosphate oral	2		alprazolam er	1	
PAXLOVID (150/100)	2	QL	alprazolam oral	1	
PAXLOVID (300/100)	2	QL	alprazolam xr	1	
PIFELTRO	3		ATIVAN ORAL	E	
PREVYMIS ORAL TABLET	2	PA	buspirone hcl oral	1	
PREZCOBIX	2		chlordiazepoxide hcl	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		clonazepam oral	1	
ritonavir	2		clorazepate dipotassium	1	
RUKOBIA	4	PA	diazepam oral solution	1	
SITAVIG	E	QL	diazepam oral tablet	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	HALCION	4	
STRIBILD	4	QL	hydroxyzine hcl oral	1	
SYMFI	2	QL	hydroxyzine pamoate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
KLONOPIN	E		atorvastatin calcium oral tablet 40 mg, 80 mg	1	
lorazepam intensol	1		AVALIDE	E	
lorazepam oral concentrate 2 mg/ml	1		AVAPRO	E	
lorazepam oral tablet	1		AZOR	E	
oxazepam	1		benazepril hcl oral	1	
triazolam	1		benazepril-hydrochlorothiazide	1	
VALIUM	E		BENICAR	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4		BENICAR HCT	E	
XANAX	E		BETAPACE	E	
XANAX XR	E		BETAPACE AF	4	
Bipolar Agents - Drugs for Mood Disorders			betaxolol hcl oral	1	
EQUETRO	4		bisoprolol fumarate oral	1	
lithium carbonate er	1		bisoprolol-hydrochlorothiazide	1	
lithium carbonate oral	1		bumetanide oral	1	
LITHOBID	4	PA	BUMEX	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			BYSTOLIC	E	
acebutolol hcl oral	1		CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	4	
acetazolamide er	1		CAMZYOS	4	PA, QL, SP
acetazolamide oral	1		candesartan cilexetil	3	
ALDACTONE	E		candesartan cilexetil-hctz	3	
aliskiren fumarate	3		captopril oral	1	
ALTACE	E		CARDIZEM	E	
amiloride hcl oral	1		CARDIZEM CD	E	
amiloride-hydrochlorothiazide	1		CARDIZEM LA	E	
amiodarone hcl oral	1		CARDURA	4	
amlodipine besylate oral	1		cartia xt	2	
amlodipine besylate-benazepril hcl	1		carvedilol	1	
amlodipine besylate-valsartan	2		carvedilol phosphate er	E	
amlodipine-olmesartan	E		CATAPRES-TTS-1	E	
ATACAND	E		CATAPRES-TTS-2	E	
ATACAND HCT	E		CATAPRES-TTS-3	E	
atenolol oral	1		chlorthalidone	1	
atenolol-chlorthalidone	1		cholestyramine light	1	
ATORVALIQ	4	PA	cholestyramine oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	clonidine hcl oral	1	
			clonidine patch weekly 0.1 mg/24hr transdermal	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)	enalapril-hydrochlorothiazide	1	
clonidine patch weekly 0.2 mg/24hr transdermal	3		ENTRESTO ORAL TABLET	4	PA, QL
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)	EPANED	4	PA
clonidine patch weekly 0.3 mg/24hr transdermal	3		eplerenone	2	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)	EXFORGE	E	
colesevelam hcl oral tablet	2		ezetimibe	2	
COLESTID ORAL TABLET	4		ezetimibe-simvastatin	3	
colestipol hcl oral tablet	1		felodipine er	1	
COREG	E		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
COREG CR	E		FENO FIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	
CORGARD ORAL TABLET 20 MG, 40 MG	4		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
CORLANOR	3	PA, QL	fenofibrate oral tablet 120 mg, 40 mg	E	
COZAAR	E		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
CRESTOR	E		fenofibric acid oral capsule delayed release	3	
digitek oral tablet 250 mcg	1		FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
digoxin oral tablet	1		flecainide acetate	1	
diltiazem hcl er beads	2		fluvastatin sodium	1	
diltiazem hcl er coated beads	2		fosinopril sodium	1	
diltiazem hcl er oral capsule extended release 12 hour	1		fosinopril sodium-hctz	1	
diltiazem hcl er oral capsule extended release 24 hour	1		FUROSCIX	4	PA, QL
diltiazem hcl er oral tablet extended release 24 hour	2		furosemide oral	1	
diltiazem hcl oral	1		gemfibrozil oral	1	
dilt-xr	1		guanfacine hcl	1	
DIOVAN	E		HEMANGEOL	3	
DIOVAN HCT	E		hydralazine hcl oral	1	
dofetilide	2		hydrochlorothiazide oral	1	
doxazosin mesylate oral	1		HYZAAR	E	
EDARBI	E		icosapent ethyl	E	PA
EDARBYCLOR	E		indapamide	1	
enalapril maleate oral solution	3	PA	INDERAL LA	E	
enalapril maleate oral tablet	1		INSPIRA	E	
			irbesartan	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
irbesartan-hydrochlorothiazide	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine	2		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 40 mg	E		mexiletine hcl oral	1	
isosorbide mononitrate	1		MICARDIS	E	
isosorbide mononitrate er	1		MICARDIS HCT	E	
ivabradine hcl	3	PA, QL	midodrine hcl	1	
KAPSPARGO SPRINKLE	4		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
KERENDIA	4	PA, QL	minoxidil oral	1	
labetalol hcl oral	1		moexipril hcl	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		MULTAQ	4	PA
LANOXIN ORAL TABLET 62.5 MCG	4		nadolol oral	1	
LASIX	4		nebivolol hcl	3	
LIPITOR	E		NEXLETOL	2	PA, ST, QL
lisinopril oral	1		NEXLIZET	2	PA, ST, QL
lisinopril-hydrochlorothiazide	1		niacin er (antihyperlipidemic)	2	
LIVALO	E	ST	nifedipine er	1	
LODOCO	4	QL	nifedipine er osmotic release	1	
LOPID	4		nifedipine oral	1	
LOPRESSOR	4		nisoldipine er	2	
losartan potassium oral	1		NITRO-BID	2	
losartan potassium-hctz	1		NITRO-DUR	3	
LOTENSIN	4		nitroglycerin rectal	3	QL
LOTENSIN HCT	4		nitroglycerin sublingual	1	
LOTREL	E		nitroglycerin transdermal	1	
lovastatin oral	1	H	NITROSTAT	4	
LOVAZA	E		NORLIQVA	4	PA
matzim la	2		NORVASC	E	
MAXZIDE ORAL TABLET 75-50 MG	4		olmesartan medoxomil oral	2	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		olmesartan medoxomil-hctz	2	
metolazone	1		olmesartan-amlodipine-hctz	E	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		omega-3-acid ethyl esters	2	
			PACERONE ORAL TABLET 100 MG, 400 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 200 MG	4		TEKTURNA	3	
pentoxifylline er	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
perindopril erbumine	2		telmisartan	2	
pindolol	1		telmisartan-hctz	2	
pitavastatin calcium	E	ST	TENORETIC 100	E	
PRALUENT	E	PA, ST, QL	TENORETIC 50	E	
pravastatin sodium	1		TENORMIN	E	
prazosin hcl oral	1		THALITONE	E	
prevalite	1		tiadylt er	2	
PROCARDIA XL	E		TIAZAC	4	
propafenone hcl	1		TIKOSYN	4	
propafenone hcl er	3		TOPROL XL	E	
propranolol hcl er	2		torsemide	1	
propranolol hcl oral	1		trandolapril	1	
QUESTRAN	4		triamterene oral	3	
QUESTRAN LIGHT	4		triamterene-hctz	1	
quinapril hcl	1		TRIBENZOR	E	
ramipril	1		TRICOR	E	
ranolazine er	2		TRILIPIX	E	
RECTIV	4	QL	valsartan oral tablet	2	
REPATHA	2	PA, QL	valsartan-hydrochlorothiazide	1	
REPATHA PUSHTRONEX SYSTEM	2	PA, QL	VASCEPA	E	PA
REPATHA SURECLICK	2	PA, QL	VASERETIC	E	
rosuvastatin calcium oral	2		VASOTEC	E	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
simvastatin oral tablet 80 mg	1		verapamil hcl er oral tablet extended release	1	
SOAANZ	E	QL	verapamil hcl oral	1	
sotalol hcl (af)	1		VERELAN	4	
sotalol hcl oral	1		VERELAN PM	4	
spironolactone oral tablet	1		VERQUVO	4	PA, QL
spironolactone-hctz	1		VYTORIN	E	
SULAR	4		WELCHOL ORAL TABLET	E	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ZESTORETIC	E		FOCALIN	4	
ZESTRIL	E		FOCALIN XR	E	QL
ZETIA	E		guanfacine hcl er	2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		INTUNIV	E	
ZIAC ORAL TABLET 5-6.25 MG	4		JORNAY PM	3	ST, QL
ZOCOR	E		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder			lisdexamfetamine dimesylate	3	QL
ADDERALL	E		METADATE CD	E	QL
ADDERALL XR	E	QL	METHYLIN	4	
ADZENYS XR-ODT	E	QL	methylphenidate hcl er (cd)	2	QL
amphetamine sulfate	2		methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
amphetamine-dextroamphetamine	1		methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
amphetamine-dextroamphetamine er	2	QL	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
amphet-dextroamphet 3-bead er	3	QL	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
APTENSIO XR	E	QL	methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
atomoxetine hcl	3	QL	methylphenidate hcl er (xr)	E	QL
AZSTARYS	3	ST, QL	methylphenidate hcl er oral tablet extended release	2	QL
clonidine hcl er	2		methylphenidate hcl er oral tablet extended release 24 hour	E	QL
CONCERTA	E	QL	methylphenidate hcl oral solution	1	
COTEMPLA XR-ODT	E	QL	methylphenidate hcl oral tablet	1	
DEXEDRINE	E	QL	methylphenidate hcl oral tablet chewable	3	
dexmethylphenidate hcl	1		MYDAYIS	E	QL
dexmethylphenidate hcl er	2	QL	ONYDA XR	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL	QELBREE	E	PA, QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL	QUILLICHEW ER	E	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2		QUILLIVANT XR	E	QL
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			
EVEKEO	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RELEXXII	E	QL
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	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	4	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	4	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	2	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	4	SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	4	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	
CLINPRO 5000	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DENTA 5000 PLUS	4		ACZONE	E	QL
DENTAGEL	4		adapalene-benzoyl peroxide external gel	3	QL
EVOXAC	E		AKLIEF	4	PA, QL
FLUORIDEX	3		ALA SCALP	4	
FLUORIDEX ENHANCED WHITENING	3		ala-cort	E	
FLUORIMAX 5000	3		alclometasone dipropionate	1	
FRAICHE 5000 DENTAL	4		amnestem	2	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4		AMZEEQ	4	QL
JUST RIGHT 5000 DENTAL PASTE	3		ATRALIN	E	PA, QL
KOURZEQ	2		AVAR CLEANSER	4	
lidocaine hcl mouth/throat	1		AVAR LS CLEANSER	E	
lidocaine viscous hcl	1		AVAR-E EMOLLIENT	3	
ORALONE	2		AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
PERIDEX	4		AVAR-E LS EXTERNAL CREAM 10-2 %	3	
periogard	1		AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
pilocarpine hcl oral	1		AVITA EXTERNAL GEL 0.025 %	E	PA
PREVIDENT 5000 BOOSTER PLUS	3		azelaic acid external	3	
PREVIDENT 5000 DRY MOUTH	4		AZELEX	3	QL
PREVIDENT 5000 KIDS	3		BENZAMYCIN	2	QL
PREVIDENT 5000 ORTHO DEFENSE	3		benzoyl peroxide-erythromycin	1	QL
PREVIDENT 5000 PLUS	4		betamethasone dipropionate aug external cream	1	
PREVIDENT DENTAL	4		betamethasone dipropionate aug external lotion	3	
SALAGEN	4		betamethasone dipropionate aug external ointment	3	
sf 5000 plus	1		betamethasone dipropionate external cream	2	
sf gel 1.1%	1		betamethasone dipropionate external lotion	1	
sodium fluoride 5000 plus	1		betamethasone dipropionate external ointment	2	
sodium fluoride 5000 ppm	1		betamethasone valerate external cream	1	
sodium fluoride dental	1		betamethasone valerate external lotion	1	
triamcinolone acetonide mouth/throat	1		betamethasone valerate external ointment	1	
Dermatological Agents - Drugs for Skin Conditions					
ABSORICA	E	PA			
ACANYA	E	QL			
acutane	2				
acitretin	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate external	3	PA, QL	clobetasol propionate external liquid	1	QL
calcipotriene external cream	2	QL	clobetasol propionate external ointment	2	QL
calcipotriene external ointment	2		clobetasol propionate external shampoo	E	QL
calcipotriene external solution	1	QL	clobetasol propionate external solution	1	QL
CALCITRENE	3		CLOBEX EXTERNAL SHAMPOO	E	QL
CARAC EXTERNAL CREAM 0.5 %	E		CLOBEX SPRAY	E	QL
CIBINQO	2	PA, QL, SP	clodan	E	QL
ciclopirox olamine external suspension	1		clotrimazole external cream	E	
claravis	2		clotrimazole-betamethasone	1	
CLEOCIN-T	4		CORDRAN	3	QL
clindacin	3		dapsone external	3	QL
clindacin etz external swab	1		DERMACINRX UREA	E	
clindacin-p	1		DERMA-SMOOTH/FS BODY	4	QL
CLINDAGEL	E	QL	DERMA-SMOOTH/FS SCALP	4	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	desonide external cream	2	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external lotion	3	QL
clindamycin phosphate external foam	3		desonide external ointment	2	QL
clindamycin phosphate external lotion	3		DESOWEN	3	QL
clindamycin phosphate external solution	1		desoximetasone external cream	1	QL
clindamycin phosphate external swab	1		desoximetasone external ointment	3	QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL	diclofenac sodium external gel 3 %	2	PA, QL
clindamycin phosphate gel 1 % external	2	QL	DIPROLENE	4	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL	doxycycline	E	
clobetasol prop emollient base external cream 0.05 %	2	QL	DRYSOL	4	
clobetasol propionate e	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external cream	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
clobetasol propionate external foam	E	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
clobetasol propionate external gel	2	QL	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
			EFUDEX EXTERNAL CREAM 5 %	4	
			ELIDEL	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENSTILAR	4	QL	hydrocortisone external cream 2.5 %	1	
EPIDUO	E	QL	hydrocortisone external lotion 2 %	3	
EPIDUO FORTE	E	QL	hydrocortisone external lotion 2.5 %	1	
ERYGEL	3		hydrocortisone external ointment 1 %, 2.5 %	1	
erythromycin external	1		hydrocortisone valerate external cream	2	QL
EUCRISA	3	ST, QL	hydrocortisone valerate external ointment	3	QL
EVOCLIN EXTERNAL FOAM 1 %	4		HYDROXYM EXTERNAL CREAM	E	
FINACEA EXTERNAL FOAM	4		imiquimod external cream 3.75 %	E	QL
FINACEA EXTERNAL GEL	E		imiquimod external cream 5 %	1	
fluocinolone acetonide body	3	QL	imiquimod pump	E	QL
fluocinolone acetonide external cream	3	QL	IMPOYZ	E	QL
fluocinolone acetonide external ointment	2	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
fluocinolone acetonide external solution	3	QL	isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide scalp	3		ivermectin external cream	E	QL
fluocinonide external cream 0.05 %	1		KLARON	4	
fluocinonide external cream 0.1 %	E	QL	KLISYRI (250 MG)	4	ST, QL
fluocinonide external gel	1		KLISYRI (350 MG)	4	ST, QL
fluocinonide external ointment	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external solution	1		METROCREAM	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		METROGEL	E	
fluorouracil external cream 5 %	1		METROLOTION	4	
fluticasone propionate external cream	1		metronidazole external cream	1	
fluticasone propionate external ointment	1		metronidazole external gel 0.75 %	1	
halobetasol propionate external cream	2	QL	metronidazole external gel 1 %	E	
halobetasol propionate external ointment	2	QL	metronidazole external lotion	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		MIRVASO	2	PA, QL
hydrocortisone butyrate external cream	1		mometasone furoate external	1	
hydrocortisone external cream 1 %	E		myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
			neuac	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	4	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
spinosad	3	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream 0.1 %	3	PA, QL
TAZORAC EXTERNAL CREAM	4	PA, QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	4	QL
TOPICORT EXTERNAL OINTMENT	4	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	QL
VTAMA	4	PA, QL
WINLEVI	E	PA, QL
xurea	E	
zenatane	2	
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL

Diabetes - Glucose Monitoring and Supplies

ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	

Drug Name	Drug Tier	Requirements & Limits
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3				
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3				
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST			
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA LANCETS	1	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
UNISTRIPI1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
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

Drug Name	Drug Tier	Requirements & Limits
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	4	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
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
DAPAGLIFLOZIN PRO- METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glimepiride oral tablet 3 mg	E		metformin hcl er (osm)	E	PA
glipizide er	1		metformin hcl oral solution	3	
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	2		nateglinide	2	QL
glucagon emergency kit 1 mg injection	2	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	4		pioglitazone hcl-metformin hcl	2	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	2	QL
glyburide micronized	1		RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL
glyburide oral	1		saxagliptin hcl	2	QL
glyburide-metformin	1		saxagliptin-metformin er	2	QL
GLYNASE ORAL TABLET 1.5 MG	3		SOLQUA	2	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	4		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
JARDIANCE	2	QL	TRULICITY	2	PA, QL
JENTADUETO	2	QL	XIGDUO XR	E	ST, QL
JENTADUETO XR	2	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	Drugs for Blood Disorders		
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL	ADVATE	2	SP
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL	ADYNOVATE	4	PA, SP
metformin hcl er	1		AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
metformin hcl er (mod)	E	PA	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
			ALPHANATE	2	SP
			ALPROLIX	3	SP
			ALTUVIIIIO	4	PA, SP
			ALVAIZ	4	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTelet	4	PA, QL, SP
ELOCTATE	4	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
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	4	PA, QL, SP
tranexamic acid oral	2	QL

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
varafenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
cyanocobalamin nasal	3		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
DAVIMET-FLUORIDE	E		multivitamin w/fluoride tablet chewable 1 mg oral	1	
deferasirox oral tablet	2	PA, SP	multivitamin w/fluoride tablet chewable 1 mg oral	E	
DENTA 5000 PLUS SENSITIVE	3		multi-vitamin/fluoride	1	
DODEX INJECTION SOLUTION 1000 MCG/ML	4		multivitamin/fluoride oral tablet chewable	1	
DRISDOL	4		MULTI-VIT-FLOR	E	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
ELITE-OB	3		NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
ergocalciferol oral capsule	1		NASCOBAL	3	
FLORAFOL PEDIATRIC ORAL SOLUTION	3		NATALVIT	2	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		NEONATAL COMPLETE	3	
FLORIVA PLUS	E		NEONATAL PLUS	3	
FLUORIMAX 5000 SENSITIVE	3		NEONATAL PRENATAL	E	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NEONATAL VITAMIN	E	
folic acid oral tablet 1 mg	1		NIVA-PLUS	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		OB COMPLETE	3	
klor-con	1		ONE VITE WOMENS	E	
klor-con 10	1		ONE VITE WOMENS PLUS	3	
klor-con m10	1		ORACIT	2	
klor-con m15	1		ORAL CITRATE	2	
klor-con m20	1		PHOSPHA 250 NEUTRAL	2	
kosher prenatal plus iron	1		phosphorous	1	
K-PHOS-NEUTRAL	2		phospho-trin 250 neutral	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		pnv-dha	3	
levocarnitine oral solution	1		POKONZA	E	
levocarnitine sf	1		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
LOKELMA	3	PA, QL	potassium chloride crys er	1	
M-NATAL PLUS	3		potassium chloride er	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		potassium chloride oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		potassium citrate er	1	
			potassium citrate-citric acid	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	4	
prenatal oral tablet 27-1 mg	1		UROCIT-K 15	4	
prenatal plus	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
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	3	
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		VITATHELY WITH GINGER	3	
PRENATRYL	E		WESCAP-C DHA	4	
PREVIDENT 5000 ENAMEL PROTECT	3		WESCAP-PN DHA	4	
PREVIDENT 5000 SENSITIVE	3		wes-phos 250 neutral	1	
PREVIDENT MOUTH/THROAT	3		WESTAB PLUS	E	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E		ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
QUFLORA PEDIATRIC	3		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
SE-NATAL 19	3		ACIPHEX	E	QL
sod citrate-citric acid oral solution 500-334 mg/5ml	1		bis subcit-metronid-tetracyc	3	QL
sod fluoride-potassium nitrate	1		bismuth/metronidaz/tetracyclin	3	QL
sodium fluoride 5000 enamel	1		CARAFATE	E	
sodium fluoride 5000 sensitive	1		cimetidine oral	1	
sodium fluoride mouth/throat	1		CYTOTEC	4	
sodium fluoride oral solution	1	H	DEXILANT	E	QL
sodium fluoride oral tablet chewable	1	H	dexlansoprazole	E	QL
SPS (SODIUM POLYSTYRENE SULF)	3		esomeprazole magnesium oral capsule delayed release	E	QL
TARON-C DHA	4				
THRIVITE RX	3				
TRICARE ORAL TABLET	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
esomeprazole magnesium oral packet	3	PA, ST, QL	constulose	1	
famotidine oral suspension reconstituted	1		cromolyn sodium oral	1	
famotidine oral tablet 20 mg, 40 mg	E		CUVPOSA	4	
lansoprazole oral capsule delayed release	E	QL	dicyclomine hcl oral	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL	diphenoxylate-atropine oral tablet	1	
misoprostol oral	1		enulose	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL	GASTROCROM	E	
NEXIUM ORAL PACKET	4	PA, ST, QL	gavilyte-c	1	H
OMECLAMOX-PAK	3	QL	gavilyte-g	1	QL, H
omeprazole oral capsule delayed release	1		gavilyte-n with flavor pack	1	QL, H
pantoprazole sodium oral tablet delayed release	1		generlac	1	
PEPCID	E		GLYCATÉ	E	
PREVACID	E	QL	glycopyrrolate oral solution	3	
PREVACID SOLUTAB	E	PA, ST, QL	glycopyrrolate oral tablet 1 mg, 2 mg	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E		GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
PYLERA	4	QL	GOLYTELY	1	QL, H
rabeprazole sodium oral tablet delayed release	2	QL	hyoscyamine sulfate er	1	
sucralfate oral suspension	3		hyoscyamine sulfate oral tablet	1	
sucralfate oral tablet	1		hyoscyamine sulfate oral tablet dispersible	1	
VOQUEZNA	4	PA, QL	hyoscyamine sulfate sublingual	1	
VOQUEZNA DUAL PAK	4	ST, QL	IBSRELA	E	PA, ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL	IQIRVO	4	PA, ST, QL, SP
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			KRISTALOSE	3	
alosetron hcl	2	PA, QL	lactulose encephalopathy	1	
AMITIZA	E	PA, QL	lactulose oral solution	1	
ANASPAZ	2		LEVBIÐ	4	
BYLVAY	4	PA, QL, SP	LEVSIN	4	
BYLVAY (PELLETS)	4	PA, QL, SP	LEVSIN/SL	4	
chlórdiazepoxide-clidinium	4		LIBRAX	E	
CLENPIQ	3	QL	LINZESS	2	PA, QL
			LIVDELZI	4	PA, ST, QL, SP
			LOMOTIL	4	
			lubiprostone	2	PA, QL
			methscopolamine bromide oral	1	
			MOVIPREP	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OCALIVA	4	PA, ST, QL, SP
opium	1	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
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	4	
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

Drug Name	Drug Tier	Requirements & Limits
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
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	4	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	4	ST
VENXXIVA	E	SP
VESICARE	E	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

ACTIVEVILLA	4	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	

Drug Name	Drug Tier	Requirements & Limits
amethia oral tablet 0.15-0.03 & 0.01 mg	3	
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	2	
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	3	
camrese lo	3	
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H

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Drug Name	Drug Tier	Requirements & Limits
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	1	H
dotti	2	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	

Drug Name	Drug Tier	Requirements & Limits
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	3	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	H
juleber	1	H

Drug Name	Drug Tier	Requirements & Limits
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	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	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4	
low-ogestrel	1	H
lo-zumandimine	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
luteru	1	H	norethindrone acetate oral	1	
lyleq	1	H	norethindrone acet-ethinyl est	1	H
lyllana	2	QL	norethindrone oral	1	H
lyza	1	H	norethindrone-eth estradiol	2	
marlissa	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
medroxyprogesterone acetate oral	1		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
megestrol acetate oral tablet	1		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
MENOSTAR	3	QL	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
mibelas 24 fe	1	H	norlyroc	1	H
microgestin 1.5/30	1	H	nortrel 0.5/35 (28)	1	H
microgestin 1/20	1	H	nortrel 1/35 (21)	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nortrel 1/35 (28)	1	H
microgestin fe 1.5/30	1	H	nortrel 7/7/7	1	H
microgestin fe 1/20	1	H	NUVARING	E	
mili	1	H	nylia 1/35	1	H
mimvey	2		nylia 7/7/7	1	H
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E		nymyo oral tablet 0.25-35 mg-mcg	1	H
MINIVELLE	E	QL	ocella	3	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E		opcicon one-step	1	H
mono-lynyah	1	H	option 2	1	H
my choice	1	H	PHEXXI	E	PA
my way	1	H	philith	1	H
MYFEMBREE	2	PA, QL	pimtrea	2	
NATAZIA	1		PLAN B ONE-STEP	1	H
necon 0.5/35 (28)	1	H	portia-28	1	H
new day	1	H	PREMARIN ORAL	3	
NEXTSTELLIS	E		PREMARIN VAGINAL	3	
nikki	3		PREMPHASE	3	
nora-be	1	H	PREMPRO	3	
norelgestromin-eth estradiol	3	H	progesterone intramuscular	1	
norethin ace-eth estrad-fe oral tablet	1	H			
norethin ace-eth estrad-fe oral tablet chewable	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
react	1	H
reclipsen	1	H
rivelsa	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TWIRLA	E	

Drug Name	Drug Tier	Requirements & Limits
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4		OMNITROPE	2	PA, QL, SP
MEDROL ORAL TABLET 2 MG	2		ORIAHNN	2	PA, QL
MEDROL ORAL TABLET THERAPY PACK	4		ORILISSA	2	PA, QL
methylprednisolone oral	1		SKYTROFA	4	PA, QL, SP
ORAPRED ODT	4		Hormonal Agents - Testosterone Replacement		
PEDIAPRED	2		ANDROGEL PUMP	E	PA, QL
prednisolone oral solution	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
prednisolone sodium phosphate oral solution 15 mg/5ml	1		FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL	KYZATREX	4	PA, QL
prednisolone sodium phosphate oral tablet dispersible	1		NATESTO	E	PA, QL
prednisone oral	1		TESTIM	2	PA, QL
TAPERDEX 12-DAY	3		TESTOSTERONE CYPIONATE INJECTION	E	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4		testosterone cypionate intramuscular	1	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3		testosterone enanthate intramuscular	1	
TAPERDEX 7-DAY	3		testosterone gel 12.5 mg/act (1%) transdermal	4	PA, QL
Hormonal Agents - Other			testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
cabergoline	2		testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
DDAVP ORAL	E		testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
desmopressin acetate oral	1		testosterone transdermal gel 1.62 %	2	PA, QL
desmopressin acetate spray	1		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
leuprolide acetate injection	1	PA	VOGELXO	E	PA, QL
megestrol acetate oral suspension 40 mg/ml	1		VOGELXO PUMP	E	PA, QL
METHERGINE	4	QL	XYOSTED	E	PA, QL
methylergonovine maleate oral	1	QL	Hormonal Agents - Thyroid		
NGENLA	4	PA, QL, SP	ADTHYZA	E	
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			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP

ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Sandoz), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	azathioprine oral tablet 50 mg	1	
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP	BIMZELX	3	PA, ST, QL, SP
ADALIMUMAB-ADBIM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP	CELLCEPT ORAL CAPSULE	E	
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	CELLCEPT ORAL TABLET	E	
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	CINRYZE	E	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
AMJEVITA 40 MG/0.8ML	E	PA, QL, SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP	COSENTYX UNOREADY	2	PA, QL, SP
ARAVA	E		cyclosporine modified oral capsule	1	
AZASAN	4		cyclosporine oral	1	
azathioprine oral tablet 100 mg, 75 mg	3		CYLTEZO (2 PEN)	E	PA, QL, SP
			CYLTEZO (2 SYRINGE)	E	PA, QL, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
			CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
			CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
			EMPAVELI	2	PA, QL, SP
			ENBREL	2	PA, QL, SP
			ENBREL MINI	2	PA, QL, SP
			ENBREL SURECLICK	2	PA, QL, SP
			ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENVARSUS 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	3		HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, QL, SP
gengraf oral capsule	1		HYFTOR	4	PA, QL
GRASTEK	4	PA, QL	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HADLIMA	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 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/UVEIT START	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP	IDACIO (2 PEN)	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	IDACIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP	IDACIO-PSORIASIS STARTER	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	IMURAN	E	
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP	JYLAMVO	4	PA
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
			leflunomide oral	1	
			LITFULO	3	PA, QL, SP
			LUPKYNIS	4	PA, QL, SP
			methotrexate sodium (pf)	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
methotrexate sodium injection solution	1		SIMLANDI (2 SYRINGE)	E	PA, SP
methotrexate sodium oral	1		SIMPONI	2	PA, QL, SP
mycophenolate mofetil oral	1		sirolimus oral solution	2	
mycophenolate sodium	2		sirolimus oral tablet	1	
mycophenolic acid	2		SKYRIZI PEN	2	PA, QL, SP
MYFORTIC	E		SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
MYHIBBIN	1		SOTYKTU	2	PA, QL, SP
NEORAL ORAL CAPSULE	E		STELARA SUBCUTANEOUS	E	PA, QL, SP
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL	STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP	tacrolimus oral	1	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP	TAKHZYRO	2	PA, QL, SP
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
OTEZLA ORAL TABLET 20 MG	2	PA, QL	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA, QL, SP
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
OTREXUP	E	QL	TREXALL	2	
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	XELJANZ	2	PA, QL, SP
PROGRAF ORAL CAPSULE	4		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
RAPAMUNE ORAL SOLUTION 1 MG/ML	4		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E		XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
RASUVO	2	QL	YESINTEK SUBCUTANEOUS	2	PA, QL, SP
RINVOQ	2	PA, QL, SP	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
RUCONEST	4	PA, QL, SP	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
SIMLANDI (1 PEN)	E	PA, QL, SP	YUFLYMA (2 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, SP			
SIMLANDI (2 PEN)	E	PA, QL, SP			

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
VAQTA	2	H
VARIVAX	3	H
Infertility Agents		
cetrorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	4	
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	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	

Drug Name	Drug Tier	Requirements & Limits
PROCTOZONE-HC	4	
ROWASA	4	QL
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	4	
SENSIPAR	E	PA
YORVIPATH	4	PA, QL, SP
ZEMPLAR ORAL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACUVAIL	E		MAXITROL	4	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1		moxifloxacin hcl (2x day)	3	
ALREX	4	QL	moxifloxacin hcl ophthalmic	3	
AZASITE	3		neomycin-polymyxin-dexameth ophthalmic ointment	1	
azelastine hcl ophthalmic	1		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
bacitracin-polymyxin b	1		NEVANAC	4	
BESIVANCE	3		OCUFLOX	4	
bromfenac sodium (once-daily)	3		ofloxacin ophthalmic	1	
bromfenac sodium ophthalmic solution 0.07 %	E		olopatadine hcl ophthalmic solution 0.1 %	3	
bromfenac sodium ophthalmic solution 0.075 %	E	QL	POLYCIN	3	
BROMSITE	E	QL	polymyxin b-trimethoprim	1	
ciprofloxacin hcl ophthalmic	1		PRED FORTE	E	
dexamethasone sodium phosphate ophthalmic	1		PRED MILD	3	
diclofenac sodium ophthalmic	1		prednisolone acetate ophthalmic	1	
erythromycin ophthalmic	1	H-PA	PREDNISOLONE ACETATE P-F	E	
EYSUVIS	4	QL	PROLENSA	E	
FLAREX	2		sulfacetamide sodium ophthalmic solution	1	
fluorometholone	1		TOBRADEX OPHTHALMIC OINTMENT	3	
FML FORTE	3		TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
FML LIQUIFILM	4		TOBRADEX ST	E	
gatifloxacin ophthalmic	3		tobramycin ophthalmic	1	QL
gentamicin sulfate ophthalmic	1	QL	tobramycin-dexamethasone	2	
ILEVRO	E		VIGAMOX	E	
INVELTYS	3		XDEMVY	4	PA, QL
ketorolac tromethamine ophthalmic	1		ZYLET	3	
KLARITY-A	E		ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	
LOTEMAX OPHTHALMIC GEL	E		Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
LOTEMAX OPHTHALMIC OINTMENT	3		bacitracin ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL	neomycin-bacitracin zn-polymyx	1	
LOTEMAX SM	3	QL	neomycin-polymyxin-hc ophthalmic	1	
loteprednol etabonate ophthalmic gel	E				
loteprednol etabonate ophthalmic suspension	3	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL

Drug Name	Drug Tier	Requirements & Limits
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	4	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XIIDRA	4	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	3	
DERMOTIC	4	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	4	QL

Drug Name	Drug Tier	Requirements & Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
ODACTRA	4	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL
olopatadine hcl nasal	3		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
PATANASE NASAL SOLUTION 0.6 %	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
promethazine-codeine	1	PA, QL	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
promethazine-dm	1		albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
pseudoephedrine-bromphen-dm	1		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
PULMOSAL	2		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
RYALTRIS	E	QL	albuterol sulfate oral syrup	1	
ryvent	E		ANORO ELLIPTA	3	QL
sodium chloride inhalation	1		arformoterol tartrate	3	QL
XHANCE	E	ST, QL	ARNUITY ELLIPTA	1	QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL	ATROVENT HFA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD			BEVESPI AEROSPHERE	2	QL
ACCOLATE	4		BREATHE COMFORT CHAMBER/ADULT	3	
ADVAIR DISKUS	E	QL	BREATHE COMFORT CHAMBER/CHILD	3	
ADVAIR HFA	3	QL, RS	BREO ELLIPTA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3		breyana	E	QL, RS
AEROCHAMBER PLS FLOVU MTHPIECE	3		BREZTRI AEROSPHERE	3	QL, RS
AEROCHAMBER PLUS FLO-VU	3		BROVANA	4	QL
AEROCHAMBER PLUS FLO-VU INTERM	3		budesonide inhalation	2	QL
AEROCHAMBER PLUS FLO-VU LARGE	3		budesonide-formoterol fumarate	E	QL, RS
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3				
AEROCHAMBER PLUS FLO-VU SMALL	3				
AEROCHAMBER PLUS FLO-VU W/MASK	3				
AIRDUO RESPICLICK 113/14	E	QL			
AIRDUO RESPICLICK 232/14	E	QL			
AIRDUO RESPICLICK 55/14	E	QL			
AIRSUPRA	3	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
COMBIVENT RESPIMAT	3	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
DALIRESP	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
DULERA	E	ST, QL	PERFOROMIST	4	QL
EASIVENT	3		PROCHAMBER VHC	3	
EASIVENT MASK LARGE	3		PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
EASIVENT MASK MEDIUM	3		PULMICORT FLEXHALER	E	QL
EASIVENT MASK SMALL	3		PULMICORT SUSPENSION	E	QL
FASENRA PEN	4	PA, QL	QVAR REDIMALER	1	QL
FLEXICHAMBER	3		roflumilast	2	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL	SEREVENT DISKUS	2	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS	SINGULAIR ORAL PACKET	3	
FLUTICASONE PROPIONATE HFA	E	QL	SINGULAIR ORAL TABLET	E	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS	SINGULAIR ORAL TABLET CHEWABLE	E	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS	SPIRIVA HANDIHALER	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL	SPIRIVA RESPIMAT	2	QL
formoterol fumarate inhalation	3	QL	STIOLTO RESPIMAT	2	QL
INSPIREASE	3		STRIVERDI RESPIMAT	2	QL
ipratropium bromide inhalation	1		SYMBICORT	3	QL, RS
ipratropium-albuterol	2		TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
levalbuterol hcl inhalation	3	QL	theophylline er	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	tiotropium bromide monohydrate	E	QL
MICROCHAMBER	3		TRELEGY ELLIPTA	3	QL, RS
montelukast sodium oral packet	2		VENTOLIN HFA	E	QL
montelukast sodium oral tablet	1		VORTEX HOLD CHMBR/MASK/CHILD	2	
montelukast sodium oral tablet chewable	1		VORTEX HOLD CHMBR/MASK/TODDLER	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP	VORTEX VALVE CHAMBER-PEDI MASK	3	
			VORTEX VALVED HOLDING CHAMBER DEVICE	2	
			VORTEX VALVED HOLDING CHAMBER DEVICE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
wixela inhub	3	QL, RS
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	4	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

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

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	4	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	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

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	4	
dantrolene sodium oral	1	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	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	4	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	4	PA, QL, SP
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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 oral capsule 50-300-40 mg.....	9
betaxolol hcl oral	22	brimonidine tartrate-timolol.....	56	butalbital-apap-caffeine oral capsule 50-325-40 mg	9
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calcipotriene external cream	29	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	32	chlorpromazine hcl oral tablet	20
calcipotriene external ointment	29	CAREPOINT SAFETY 1ST NEEDLE	32	chlorthalidone	22
calcipotriene external solution	29	CARETOUCH MONITOR SYSTEM	32	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	60
calcitonin (salmon) injection	54	CARETOUCH TEST	32	chlorzoxazone oral tablet 500 mg	60
calcitonin (salmon) nasal	54	carisoprodol oral tablet 250 mg	60	cholestyramine light	22
CALCITRENE	29	carisoprodol oral tablet 350 mg	60	cholestyramine oral	22
calcitriol oral	54	CARNITOR ORAL SOLUTION	38	CHORIONIC GONADOTROPIN INTRAMUSCULAR	53
calcium acetate (phos binder) oral capsule	42	CARNITOR ORAL TABLET	42	CIALIS	38
calcium acetate (phos binder) oral tablet	38	CARNITOR SF	38	CIBINQO	29
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CALQUENCE	18	carvedilol	22	ciclopirox external gel	16
camila	43	carvedilol phosphate er	22	ciclopirox external shampoo	16
camrese	43	CASODEX	18	ciclopirox external solution	16
camrese lo	43	CATAPRES-TTS-1	22	ciclopirox olamine external cream	16
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candesartan cilexetil	22	CAVERJECT IMPULSE	42	CIMDUO	20
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capecitabine	18	cefdinir	12	CIMZIA (2 SYRINGE)	50
CAPLYTA	20	cefixime	12	CIMZIA-STARTER	50
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CARAC EXTERNAL CREAM 0.5 %	29	cefprozil	12	CINRYZE	50
CARAFATE	40	cefuroxime axetil	12	CIPRO HC	57
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carbamazepine er oral tablet extended release 12 hour	13	celecoxib oral	10	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	57
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carbinoxamine maleate oral tablet 4 mg	57	CEQUR SIMPLICITY 2U 8PK	32	CITRANATAL 90 DHA	38
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clarithromycin oral tablet	12	clobetasol propionate external shampoo	29	CONTOUR NEXT GEN MONITOR KIT	32
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CLEOCIN ORAL CAPSULE 75 MG	12	CLOBEX SPRAY	29	CONTOUR NEXT MONITOR KIT W/DEVICE	33
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CLINDAGEL	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	COREG CR	23
clindamycin hcl oral	12	clonidine patch weekly 0.3 mg/24hr transdermal	23	CORGARD ORAL TABLET 20 MG, 40 MG	23
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clindamycin phosphate external foam	29	clotrimazole mouth/throat	16	CORTIFOAM	54
clindamycin phosphate external lotion	29	clotrimazole-betamethasone	29	COSENTYX (300 MG DOSE)	50
clindamycin phosphate external solution	29	clozapine oral tablet	20	COSENTYX 150 MG/ML SUBCUTANEOUS	50
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CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50
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diclofenac potassium oral tablet 50 mg	10	DODEX INJECTION SOLUTION 1000 MCG/ML	39	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	29
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diltiazem hcl er coated beads	23	doxycycline monohydrate oral capsule 100 mg, 50 mg	12		
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ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستوفر لك خدمات المساعدة اللغوية المجانية والمراسلات

المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងៗទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវបានផ្តល់ជូននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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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.

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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.

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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.

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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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