



Your 2025 Prescription Drug List

Traditional 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, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 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. Mainly preferred brand-name 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.	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) ¹ – 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 ² – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ³ – 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. ²

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

2. Not applicable to certain Student Resources plans.

3. Not applicable to Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			glydo	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
acetaminophen-codeine oral tablet	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
ALLZITAL	E	QL	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
apap-caff-dihydrocodeine	1	QL	hydrocodone-ibuprofen	1	QL
ascomp-codeine	1	QL	hydromorphone hcl oral tablet	1	QL
bac	1	QL	lidocaine external ointment 5 %	1	QL
BELBUCA	3	PA, QL	lidocaine external patch 5 %	1	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL	lidocaine hcl urethral/mucosal	1	
buprenorphine	1	PA, QL	lidocaine-prilocaine external cream	1	
butalbital-acetaminophen oral tablet 50-300 mg	E	QL	LIDOCAN	E	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL	LIDODERM	E	PA, QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
butalbital-apap-caffeine	1	QL	methadone hcl oral tablet	1	PA, QL
butalbital-asa-caff-codeine	1	QL	morphine sulfate (concentrate)	1	QL
butalbital-aspirin-caffeine	1	QL	morphine sulfate er oral tablet extended release	1	PA, QL
butorphanol tartrate nasal	1	QL	morphine sulfate oral	1	QL
BUTRANS	E	PA, QL	MS CONTIN	E	PA, QL
DILAUDID ORAL TABLET	E	QL	NALOCET	E	QL
endocet	1	QL	NUCYNTA	4	QL
ESGIC	4	QL	NUCYNTA ER	3	PA, QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL	OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL	oxycodone hcl oral capsule	1	QL
FIORICET	4	QL	oxycodone hcl oral solution	1	QL
FIORICET/CODEINE	E	QL			
GEN7T EXTERNAL PATCH 3.5 %	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL	diclofenac potassium oral tablet 50 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL	diclofenac sodium er	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac sodium external gel 1 %	E	
OXYCONTIN	E	PA, QL	diclofenac sodium oral	1	
oxymorphone hcl er	1	PA, QL	diclofenac-misoprostol	1	
PERCOCET	E	QL	DICLOFONO	E	
premium lidocaine	1	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
PROLATE ORAL TABLET	E	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ROXICODONE	E	QL	ec-naproxen	1	
TENCON	3	QL	etodolac	1	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL	etodolac er	1	
tramadol hcl er	1	(generic for Ultram ER), QL	FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL	flurbiprofen oral	1	
tramadol hcl oral tablet 50 mg	1	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol-acetaminophen	1	QL	indomethacin er	1	
TREZIX	3	QL	indomethacin oral capsule	1	
TRIDACAINE II	E	PA, QL	ketorolac tromethamine oral	1	
TRIDACAINE III	E	PA, QL	LODINE	E	
XTAMPZA ER	4	PA, QL	LOFENA	E	QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL	mefenamic acid oral	1	
ZTLIDO	3	PA, QL	meloxicam oral tablet	1	
Analgesics - Drugs for Pain and Inflammation			nabumetone oral	1	
ANAPROX DS	E		NAPROSYN	E	
ARTHROTEC	E		naproxen dr	1	
CELEBREX	E		naproxen oral tablet	1	
celecoxib oral	1		naproxen oral tablet delayed release	1	
DAYPRO	4		naproxen sodium oral tablet 275 mg, 550 mg	1	
diclofenac potassium oral tablet 25 mg	E	QL	oxaprozin oral tablet	1	
			piroxicam oral	1	
			RELAFEN DS	E	
			sulindac oral	1	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections					
amoxicillin	1		doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
amoxicillin-potassium clavulanate	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
ampicillin	1		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AUGMENTIN	E		doxycycline monohydrate oral suspension reconstituted	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral tablet	1	
AVIDOXY	4		E.E.S. GRANULES	3	
azithromycin oral packet 1 gm	1		ERYPED 200	3	
BACTRIM	4		ERYPED 400	4	
BACTRIM DS	4		ERY-TAB	4	
cefadroxil	1		erythromycin base oral tablet	1	
cefdinir	1		erythromycin base oral tablet delayed release	1	
cefixime	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefepodoxime proxetil oral tablet	1		erythromycin oral	1	
cefprozil	1		FIRVANQ	4	
cefuroxime axetil	1		FLAGYL	4	
CENTANY EXTERNAL OINTMENT 2 %	4	QL	fosfomycin tromethamine	1	
cephalexin	1		gentamicin sulfate external	1	QL
CIPRO ORAL TABLET	4		HIPREX	4	
ciprofloxacin hcl oral	1		levofloxacin oral tablet	1	
clarithromycin er	1		LIKMEZ	4	
clarithromycin oral	1		linezolid oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN ORAL CAPSULE 75 MG	2		MACROBID	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		MACRODANTIN	4	
CLEOCIN VAGINAL CREAM	4		methenamine hippurate	1	
clindamycin hcl oral	1		metronidazole oral capsule	1	
clindamycin palmitate hcl	1		metronidazole oral tablet 125 mg	E	
clindamycin phosphate vaginal	1		metronidazole oral tablet 250 mg, 500 mg	1	
CLINDESSE	2		metronidazole vaginal	1	
dicloxacillin sodium	1		minocycline hcl oral capsule	1	
DIFICID ORAL TABLET	3	QL	MONDOXYNE NL	E	
doxycycline hyclate oral capsule	1				
doxycycline hyclate oral tablet 100 mg, 20 mg	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
moxifloxacin hcl oral	1		ZYVOX ORAL TABLET	E	
mupirocin cream	1	QL	Anticoagulants - Drugs to Treat or Prevent Blood Clots		
mupirocin ointment	1	QL	dabigatran etexilate mesylate	1	QL
neomycin sulfate oral	1		ELIQUIS	2	QL
nitrofurantoin macrocrystal	1		ELIQUIS DVT/PE STARTER PACK	2	QL
nitrofurantoin monohydrate macrocrystals	1		enoxaparin sodium injection solution prefilled syringe	1	QL
nitrofurantoin oral suspension 25 mg/5ml	1		fondaparinux sodium	1	QL
NUVESSA	E		jantoven	1	
NUZYRA ORAL	4	QL	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
penicillin v potassium	1		PRADAXA ORAL CAPSULE	E	QL
SEYSARA	E		warfarin sodium oral	1	
SILVADENE	4		XARELTO	2	QL
silver sulfadiazine external	1		XARELTO STARTER PACK	2	QL
ssd	1		Anticonvulsants - Drugs for Seizures		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1		APTiom	3	PA
sulfamethoxazole-trimethoprim oral tablet	1		BANZEL	4	PA
sulfatrim pediatric	1		BRIVIACT ORAL SOLUTION	4	PA
TARGADOX	E		BRIVIACT ORAL TABLET	3	PA
tetracycline hcl oral capsule	1		carbamazepine er	1	
tinidazole oral	1		carbamazepine oral tablet	1	
trimethoprim oral	1		carbamazepine oral tablet chewable	1	
VANCOCIN	4		CARBATROL	4	
vancomycin hcl oral	1		clobazam	1	PA
VANDAZOLE	4		DEPAKOTE	4	PA
VIBRAMYCIN ORAL CAPSULE 100 MG	4		DEPAKOTE ER	4	PA
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4		DEPAKOTE SPRINKLES	4	PA
XACIATO	2	QL	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
XENLETA ORAL TABLET 600 MG	3		DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
XIFAXAN	3	PA, QL	diazepam rectal	1	QL
ZITHROMAX ORAL	4		DILANTIN INFATABS	3	
ZITHROMAX TRI-PAK	4		DILANTIN ORAL CAPSULE	3	
ZITHROMAX Z-PAK	4		divalproex sodium er	1	
			divalproex sodium oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ELEPSIA XR	E	PA	NEURONTIN	4	PA
EPIDIOLEX	3	PA, SP	ONFI	4	PA
epitol	1		oxcarbazepine	1	
ethosuximide oral	1		oxcarbazepine er	E	
felbamate	1		OXTELLAR XR	E	
FELBATOL	4	PA	phenobarbital oral	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA	phenytek	1	
FINTEPLA	4	PA	phenytoin infatabs	1	
FYCOMPA ORAL SUSPENSION	4	PA	phenytoin oral tablet chewable	1	
FYCOMPA ORAL TABLET	3	PA	phenytoin sodium extended	1	
gabapentin oral capsule	1		primidone oral tablet 125 mg	1	PA
gabapentin oral solution 250 mg/5ml	1		primidone oral tablet 250 mg, 50 mg	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	roweepra	1	
gabapentin oral tablet 600 mg, 800 mg	1		rufinamide oral suspension	1	
GABARONE	E	PA	rufinamide oral tablet	1	PA
KEPPRA ORAL	4	PA	subvenite	1	
KEPPRA XR	4	PA	SYMPAZAN	4	PA
lacosamide oral	1		TEGRETOL ORAL TABLET	3	
LAMICTAL	4	PA	TEGRETOL-XR	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	TOPAMAX	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TOPAMAX SPRINKLE	4	PA
lamotrigine er	1		topiramate er oral capsule extended release 24 hour	E	
lamotrigine oral tablet	1		topiramate oral	1	
lamotrigine oral tablet chewable	1		TRILEPTAL	4	PA
lamotrigine oral tablet dispersible	1	PA	TROKENDI XR	E	
levetiracetam er	1		valproic acid oral capsule	1	
levetiracetam oral solution	1		valproic acid oral solution 250 mg/5ml	1	
levetiracetam oral tablet	1		VALTOCO	3	PA, QL
LIBERVANT	3	PA, QL	vigabatrin oral packet	1	PA, QL, SP
MOTPOLY XR	3	PA	VIGADRONE ORAL PACKET	1	PA, QL, SP
MYSOLINE	2	PA	vigpoder	1	PA, QL, SP
NAYZILAM	3	PA, QL	VIMPAT ORAL	4	PA
			XCOPRI	3	PA
			ZARONTIN	4	
			ZONEGRAN	4	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	1	
donepezil hcl oral tablet	1		duloxetine hcl oral capsule delayed release particles 40 mg	E	
EXELON	E		EFFEXOR XR	E	
galantamine hydrobromide er	1		escitalopram oxalate oral	1	
memantine hcl er	1		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	1	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	1	QL
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4		fluoxetine hcl oral tablet 20 mg, 60 mg	1	
rivastigmine	1		fluvoxamine maleate	1	
rivastigmine tartrate	1		fluvoxamine maleate er	1	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	1	QL
bupropion hcl oral	1		PAMELOR	E	
CELEXA	E		PARNATE	4	
citalopram hydrobromide oral solution	1		paroxetine hcl er	1	QL
citalopram hydrobromide oral tablet	1		paroxetine hcl oral tablet	1	
clomipramine hcl oral	1		PAXIL CR	E	QL
CYMBALTA	E		PAXIL ORAL TABLET	E	
desipramine hcl oral	1		PRISTIQ	E	QL
desvenlafaxine succinate er	1	QL	protriptyline hcl	1	
			PROZAC	E	
			REMERON	E	
			REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
SERTRALINE HCL ORAL CAPSULE	E	QL	ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
sertraline hcl oral concentrate	1		perphenazine oral	1	
sertraline hcl oral tablet	1		prochlorperazine	1	
SPRAVATO (56 MG DOSE)	4	PA, QL	prochlorperazine maleate oral	1	
SPRAVATO (84 MG DOSE)	4	PA, QL	promethazine hcl oral	1	
SYMBYAX	4	QL	promethazine hcl rectal	1	
tranylcypromine sulfate	1		PROMETHEGAN	3	
trazodone hcl oral	1		REGLAN	4	
TRINTELLIX	4	ST, QL	scopolamine	1	
venlafaxine hcl	1		TRANSDERM-SCOP	E	
venlafaxine hcl er oral capsule extended release 24 hour	1		Antifungals - Drugs for Fungal Infections		
venlafaxine hcl er oral tablet extended release 24 hour	E	QL	ciclodan	1	
vilazodone hcl	1	QL	ciclopirox external	1	
WAINUA	2	PA, QL, SP	ciclopirox olamine external cream	1	
WELLBUTRIN SR	E		clotrimazole mouth/throat	1	
WELLBUTRIN XL	E		CRESEMBA ORAL	3	
ZOLOFT	E		DIFLUCAN	E	
ZURZUVAE	2	PA, QL, SP	econazole nitrate external	1	
Antiemetics - Drugs for Nausea and Vomiting			EXELDERM EXTERNAL CREAM	3	
ANTIVERT ORAL TABLET	E		fluconazole oral	1	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL	griseofulvin microsize oral	1	
DICLEGIS	E	PA	griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
doxylamine-pyridoxine	E	PA	GYNAZOLE-1	3	
dronabinol	1		itraconazole oral capsule	1	QL
EMEND ORAL CAPSULE	E	QL	JUBLIA	4	PA, ST, QL
granisetron hcl oral	1		ketoconazole external cream	1	QL
MARINOL	E		ketoconazole external shampoo	1	
meclizine hcl oral tablet	E		ketoconazole oral	1	
metoclopramide hcl oral solution	1		klayesta	1	QL
metoclopramide hcl oral tablet	1		LOPROX EXTERNAL CREAM 0.77 %	E	
ondansetron hcl oral	1		LOPROX EXTERNAL SHAMPOO 1 %	E	
ondansetron odt oral tablet dispersible 16 mg	E		NOXAFIL ORAL TABLET DELAYED RELEASE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nyamyc	1	QL	frovatriptan succinate	1	QL
nystatin external	1	QL	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
nystatin mouth/throat	1		IMITREX ORAL	E	QL
nystatin oral	1		IMITREX STATDOSE SYSTEM	E	QL
nystatin-triamcinolone	1		MAXALT	E	QL
nystop	1	QL	MAXALT-MLT	E	QL
posaconazole oral tablet delayed release	1		naratriptan hcl	1	QL
SPORANOX ORAL CAPSULE	4	QL	NURTEC	2	PA, ST, QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3		QULIPTA	2	PA, ST, QL
terbinafine hcl oral	1		RELPAK	E	QL
terconazole	1		REYVOW	4	PA, ST, QL
TOLSURA	E		rizatriptan benzoate oral tablet 10 mg	1	QL
VFEND ORAL TABLET 200 MG	4	QL	rizatriptan benzoate oral tablet 5 mg	1	
VFEND ORAL TABLET 50 MG	3	QL	rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
VIVJOA	3	PA, QL	rizatriptan benzoate oral tablet dispersible 5 mg	1	
voriconazole oral tablet	1	QL	sumatriptan nasal	1	QL
Antigout Agents - Drugs for Gout			sumatriptan succinate oral	1	QL
allopurinol oral tablet 100 mg, 300 mg	1		sumatriptan succinate refill subcutaneous solution cartridge	1	QL
allopurinol oral tablet 200 mg	E		sumatriptan succinate subcutaneous	1	QL
colchicine oral	1		TOSYMRA	E	QL
colchicine-probenecid	1		UBRELVI	2	PA, ST, QL
COLCRYS ORAL TABLET 0.6 MG	E		ZAVZPRET	4	PA, ST, QL
febuxostat	1		ZEMBRACE SYMTOUCH	E	QL
MITIGARE	2		ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
probenecid	1		zolmitriptan nasal solution 5 mg	E	QL
ULORIC	E		zolmitriptan oral	1	QL
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4		ZOMIG NASAL SOLUTION 2.5 MG	3	QL
Antimigraine Agents - Drugs for Migraines			ZOMIG NASAL SOLUTION 5 MG	1	QL
AIMOVIG	2	PA, ST, QL	ZOMIG ORAL TABLET 5 MG	E	QL
AJOVY	E	PA, ST, QL			
almotriptan malate	1	QL			
eletriptan hydrobromide	1	QL			
EMGALITY	2	PA, ST, QL			
FROVA	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis			cyclophosphamide oral capsule	1	
MESTINON ORAL TABLET	E		dasatinib	1	PA, ST, QL, SP
pyridostigmine bromide er	1		ERIVEDGE	2	PA, QL, SP
pyridostigmine bromide oral tablet 30 mg	E		ERLEADA ORAL TABLET 240 MG	2	PA, QL
pyridostigmine bromide oral tablet 60 mg	1		ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
ZILBRYSQ	4	PA, QL, SP	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections			exemestane	1	H-PA
dapsone oral	1		EXKIVITY ORAL CAPSULE 40 MG	4	SP
ethambutol hcl oral	1		FEMARA	E	
isoniazid oral tablet	1		GAVRETO	4	PA, QL, SP
MYAMBUTOL ORAL TABLET 400 MG	4		GLEEVEC	E	PA, QL, SP
MYCOBUTIN ORAL CAPSULE 150 MG	4		HYDREA	4	
rifabutin	1		hydroxyurea oral	1	
rifampin oral	1		IBRANCE	2	PA, QL, SP
Antineoplastics - Drugs for Cancer			ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
abiraterone acetate oral tablet 250 mg	1	PA, QL, SP	ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP	IDHIFA	2	PA, QL, SP
AFINITOR	E	PA, QL, SP	imatinib mesylate	1	PA, QL, SP
ALECENSA	2	PA, QL	IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP	IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
anastrozole oral	1	H-PA	IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
ARIMIDEX	E		IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
AROMASIN	E		INLYTA	3	PA, QL, SP
AUGTYRO	2	PA, QL, SP	JAKAFI	2	PA, QL, SP
bicalutamide	1		KISQALI (200 MG DOSE)	4	PA, ST, QL, SP
BOSULIF ORAL TABLET	2	PA, ST, QL, SP	KISQALI (400 MG DOSE)	4	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP	KISQALI (600 MG DOSE)	4	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP	KOSELUGO	3	PA, QL, SP
CALQUENCE	2	PA, QL, SP	lenalidomide	1	PA, QL, SP
capecitabine	1	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
CASODEX	E				
COTELLIC	2	PA, QL, SP			

See page 6-8 for coverage details.



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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	1		LATUDA	E	QL
ropinirole hcl	1		loxapine succinate	1	
RYTARY	E	ST	lurasidone hcl	1	QL
SINEMET	4		NUPLAZID ORAL CAPSULE	4	PA, QL
STALEVO 100 ORAL TABLET 25-100-200 MG	4		olanzapine oral	1	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4		paliperidone er	1	QL
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4		pimozide	1	
STALEVO 200 ORAL TABLET 50-200-200 MG	4		quetiapine fumarate	1	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4		quetiapine fumarate er	1	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4		REXULTI	4	QL
trihexyphenidyl hcl oral tablet	1		RISPERDAL	E	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			risperidone	1	
BRILINTA	4	QL	SAPHRIS	E	QL
cilostazol	1		SEROQUEL	E	
clopidogrel bisulfate oral	1		SEROQUEL XR	E	
EFFIENT	E		VRAYLAR	4	QL
PLAVIX	E		ziprasidone hcl	1	
prasugrel hcl	1		ZYPREXA ORAL	E	
Antipsychotics - Drugs for Mood Disorders			ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
ABILIFY	E		Antivirals - Drugs for Viral Infections		
aripiprazole oral solution	1		abacavir sulfate-lamivudine	1	QL
aripiprazole oral tablet	1		acyclovir external ointment	1	QL
asenapine maleate	1	QL	acyclovir oral	1	
CAPLYTA	4	PA, ST, QL	BARACLUDE ORAL TABLET	E	
chlorpromazine hcl oral tablet	1	QL	BIKTARVY	4	QL
clozapine oral tablet	1		CIMDUO	2	QL
CLOZARIL	4		COMPLERA	4	QL
			darunavir	1	
			DELSTRIGO	2	QL
			DESCOVY	4	QL, H
			DOVATO	2	QL
			efavirenz-emtricitab-tenofo df	1	QL

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

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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine	1		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	1	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	1	
LIPITOR	E		NEXLETOL	2	PA, ST, QL
lisinopril oral	1		NEXLIZET	2	PA, ST, QL
lisinopril-hydrochlorothiazide	1		niacin er (antihyperlipidemic)	1	
LIVALO	E	ST	nifedipine er	1	
LODOCO	4	QL	nifedipine er osmotic release	1	
LOPID	4		nifedipine oral	1	
LOPRESSOR	4		nisoldipine er	1	
losartan potassium oral	1		NITRO-BID	2	
losartan potassium-hctz	1		NITRO-DUR	3	
LOTENSIN	4		nitroglycerin rectal	1	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	1		NORVASC	E	
MAXZIDE ORAL TABLET 75-50 MG	4		olmesartan medoxomil oral	1	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		olmesartan medoxomil-hctz	1	
metolazone	1		olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E	
metoprolol succinate er	1		olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	1		spironolactone-hctz	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3		SULAR	4	
PACERONE ORAL TABLET 200 MG	4		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
pentoxifylline er	1		TEKTURNA	3	
perindopril erbumine	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
pindolol	1		telmisartan	1	
pitavastatin calcium	E	ST	telmisartan-hctz	1	
PRALUENT	E	PA, ST, QL	TENORETIC 100	E	
pravastatin sodium	1		TENORETIC 50	E	
prazosin hcl oral	1		TENORMIN	E	
prevalite	1		THALITONE	E	
PROCARDIA XL	E		tiadylt er	1	
propafenone hcl	1		TIAZAC	4	
propafenone hcl er	1		TIKOSYN	4	
propranolol hcl er	1		TOPROL XL	E	
propranolol hcl oral	1		torsemide	1	
QUESTRAN	4		trandolapril	1	
QUESTRAN LIGHT	4		triamterene oral	1	
quinapril hcl	1		triamterene-hctz	1	
ramipril	1		TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E	
ranolazine er	1		TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL
RECTIV	4	QL	TRICOR	E	
REPATHA	2	PA, QL	TRILIPIX	E	
REPATHA PUSHTRONEX SYSTEM	2	PA, QL	valsartan oral tablet	1	
REPATHA SURECLICK	2	PA, QL	valsartan-hydrochlorothiazide	1	
rosuvastatin calcium oral	1		VASCEPA	E	PA
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		VASERETIC	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	VASOTEC	E	
simvastatin oral tablet 80 mg	1		verapamil hcl er	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				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VERQUVO	4	PA, QL	FOCALIN	4	
VYTORIN	E		FOCALIN XR	E	QL
WELCHOL ORAL TABLET	E		guanfacine hcl er	1	
ZESTORETIC	E		INTUNIV	E	
ZESTRIL	E		JORNAY PM	3	ST, QL
ZETIA	E		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		lisdexamfetamine dimesylate	1	QL
ZIAC ORAL TABLET 5-6.25 MG	4		METADATE CD	E	QL
ZOCOR	E		METHYLIN	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder			methylphenidate hcl er (cd)	1	QL
ADDERALL	E		methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
ADDERALL XR	E	QL	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
ADZENYS XR-ODT	E	QL	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
amphetamine sulfate	1		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
amphetamine-dextroamphetamine	1		methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
amphetamine-dextroamphetamine er	1	QL	methylphenidate hcl er (xr)	E	QL
amphet-dextroamphet 3-bead er	1	QL	methylphenidate hcl er oral tablet extended release	1	QL
APTENSIO XR	E	QL	methylphenidate hcl er oral tablet extended release 24 hour	E	QL
atomoxetine hcl	1	QL	methylphenidate hcl oral	1	
AZSTARYS	3	ST, QL	MYDAYIS	E	QL
clonidine hcl er	1		ONYDA XR	3	QL
CONCERTA	E	QL	QELBREE	E	PA, QL
COTEMPLA XR-ODT	E	QL	QUILLICHEW ER	E	QL
DEXEDRINE	E	QL	QUILLIVANT XR	E	QL
dexmethylphenidate hcl	1		RELEXXII	E	QL
dexmethylphenidate hcl er	1	QL	RITALIN	E	
dextroamphetamine sulfate er	1	QL			
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1				
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E				
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL			
EVEKEO	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RITALIN LA	E	QL
STRATTERA	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	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
teriflunomide	1	PA, QL, SP

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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
WINLEVI	E	PA, QL	BD ECLIPSE SHIELDED NEEDLE	2	
xurea	E		BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
zenatane	1		BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
ZILXI	4	PA, ST, QL	BD SHARPS COLLECTOR	3	
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL	BD ULTRA-FINE INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	4	PA, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZYCLARA	E	QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZYCLARA PUMP	E	QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
Diabetes - Glucose Monitoring and Supplies			BIGFOOT UNITY PROGRAM	3	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BIOTEL CARE TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1		BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK GUIDE KIT W/ DEVICE	3		CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ACCU-CHEK GUIDE ME METER	3		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK GUIDE TEST	3	QL	CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK GUIDE TEST STRIPS	3		CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CARETOUCH TEST	E	QL
ACCU-CHEK SOFTCLIX LANCET	1		CEQUR SIMPLICITY 2U 8PK	3	ST
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR MONITOR KIT W/ DEVICE	E	
ACCUTREND GLUCOSE	E	QL	CONTOUR NEXT EZ KIT W/ DEVICE	2	
AGAMATRIX PRESTO TEST	E	QL	CONTOUR NEXT GEN MONITOR KIT	2	
ALCOHOL PREP PADS PAD	3		CONTOUR NEXT GEN TEST STRIPS	2	QL
AQ INSULIN SYRINGE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	
AQINJECT PEN NEEDLE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
BD AUTOSHIELD DUO PEN NEEDLES	2		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
BD BLUNT FILL NEEDLE W/ FILTER	2				
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2				
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2				
BD ECLIPSE NEEDLE 23G X 1" (RX)	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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		FREESTYLE TEST	E	QL
EASY TOUCH TEST	E	QL	GLUCOCARD EXPRESSION TEST	E	QL
EASYGLUCO	E		GLUCOCARD SHINE TEST	E	QL
EASYMAX 15 TEST	E	QL	GLUCOCARD VITAL TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E				
EMBRACE BLOOD GLUCOSE TEST	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
GUARDIAN 4 TRANSMITTER	3	PA, 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 CONNECT TRANSMITTER	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 LINK 3 TRANSMITTER	3	PA, QL	LANCETS	1	
GUARDIAN REAL-TIME REPLACE PED	3	PA	MICRODOT TEST	E	QL
GUARDIAN SENSOR 3	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
GVOKE HYOPEN 1-PACK	2	QL	MINIMED 630G GUARDIAN PRESS	3	PA
GVOKE HYOPEN 2-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM	E	
GVOKE KIT	2		MM BLOOD GLUCOSE SYSTEM REFILL	E	
GVOKE PFS	2		MM BLULINK GLUCOSE TEST	E	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E		MM EASY TOUCH GLUCOSE METER	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL	MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
IHEALTH GLUCO+ KIT 10	E		NEUTEK 2TEK TEST	E	QL
IHEALTH GLUCO+ KIT 100	E		NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3		NOVOFINE PEN NEEDLE	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST	NOVOFINE PLUS PEN NEEDLE	2	QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3		NOVOPEN ECHO	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3		OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST	OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3				
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	RELION TRUE MET AIR GLUC METER	E	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	RELION TRUE METRIX TEST STRIPS	E	QL
ON CALL EXPRESS MONITORING SYS	E		RELION ULTIMA GLUCOSE SYSTEM	E	
ONETOUCH DELICA LANCETS	1	QL	RELION ULTIMA TEST	E	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		RIGHTEST GT333 GLUCOSE TEST	E	QL
ONETOUCH ULTRA BLUE TEST	1	QL	SHARPS COLLECTOR	3	
ONETOUCH ULTRA TEST STRIPS	1	QL	SHARPS CONTAINER	3	
ONETOUCH ULTRASOFT LANCETS	1	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	1		TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO KIT W/ DEVICE	1		TEMPO REFILL	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TEMPO WELCOME	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
OPTIUMEZ TEST	E	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX GO GLUCOSE METER	E	
PRECISION XTRA	E		TRUE METRIX METER	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	UNISTRIPI1 GENERIC	E	QL
PTS PANELS EGLU TEST	E	QL	VERIFINE SHARPS CONTAINER	3	
QUICK TOUCH BLOOD GLUCOSE	E		VIVAGUARD INO GLUCOSE METER KIT	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL	VIVAGUARD INO TEST STRIPS	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL	Diabetes - Insulin		
QUINTET BLOOD GLUCOSE TEST	E	QL	ADMELOG	E	QL
			ADMELOG SOLOSTAR	E	QL
			BASAGLAR KWIKPEN	E	QL
			BASAGLAR TEMPO PEN	E	
			HUMALOG CARTRIDGE	2	QL
			HUMALOG INJECTION	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMALOG KWIKPEN	2	QL	NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN 70/30 RELION	E	ST, QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL	NOVOLIN 70/30 VIAL	E	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N FLEXPEN	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN N FLEXPEN RELION	E	ST, QL
HUMALOG SUBCUTANEOUS	2	QL	NOVOLIN N RELION	E	ST, QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN R FLEXPEN	E	ST, QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLIN R FLEXPEN RELION	E	ST, QL
HUMULIN 70/30 VIAL	1	QL	NOVOLIN R RELION	E	ST, QL
HUMULIN N KWIKPEN	2	QL	NOVOLIN R VIAL	E	ST, QL
HUMULIN N VIAL	1	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL	NOVOLOG FLEXPEN RELION	E	ST, QL
HUMULIN R U-500 VIAL	1	QL	NOVOLOG RELION	E	ST, QL
HUMULIN R VIAL	1	QL	NOVOLOG U-100 VIAL	E	ST, QL
INSULIN ASPART	E	ST, QL	TOUJEO MAX SOLOSTAR	2	QL
INSULIN ASPART FLEXPEN	E	ST, QL	TOUJEO SOLOSTAR	2	QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL	TRESIBA FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL	Diabetes - Non-Insulin Agents		
INSULIN GLARGINE MAX SOLOSTAR	E	QL	acarbose oral	1	
INSULIN GLARGINE SOLOSTAR	E	QL	ACTOPLUS MET	4	QL
INSULIN LISPRO	1	QL	ACTOS	E	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL	ALOGLIPTIN BENZOATE	2	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL	ALOGLIPTIN-METFORMIN HCL	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
LANTUS SOLOSTAR	1	QL	BAQSIMI ONE PACK	2	QL
LANTUS U-100 VIAL	1	QL	BAQSIMI TWO PACK	2	QL
LYUMJEV KWIKPEN	2	QL	BYDUREON BCISE AUTOINJECTOR	2	PA, QL
LYUMJEV TEMPO PEN	E	QL	BYETTA 10 MCG PEN	2	PA, QL
LYUMJEV VIAL	1	QL	BYETTA 5 MCG PEN	2	PA, QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL	CYCLOSET	3	
			DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
			DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
			FARXIGA	E	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl er (mod)	E	PA
glimepiride oral tablet 3 mg	E		metformin hcl er (osm)	E	PA
glipizide er	1		metformin hcl oral solution	1	
glipizide oral tablet 10 mg, 5 mg	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide oral tablet 2.5 mg	E		metformin hcl oral tablet 625 mg, 750 mg	E	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		MOUNJARO	2	PA, QL
glipizide-metformin hcl	1		nateglinide	1	QL
glucagon emergency kit 1 mg injection	1	QL	ONGLYZA	E	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	pioglitazone hcl	1	QL
GLUCOTROL XL	4		pioglitazone hcl-metformin hcl	1	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	1	QL
glyburide micronized	1		RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL
glyburide oral	1		saxagliptin hcl	1	QL
glyburide-metformin	1		saxagliptin-metformin er	1	QL
GLYNASE ORAL TABLET 1.5 MG	3		SOLQUA	2	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	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	1	PA, QL	ADVATE	2	SP
metformin hcl er	1		ADYNOVATE	4	PA, SP
			AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
			AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
			ALPHANATE	2	SP
			ALPROLIX	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ALTUVIIIIO	4	PA, SP	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
ALVAIZ	4	PA, SP	TAVALISSE	4	PA, QL, SP
anagrelide hcl	1		tranexamic acid oral	1	QL
ARANESP (ALBUMIN FREE)	2	QL, SP	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
aspirin-dipyridamole er	1		VOYDEYA ORAL TABLET	2	PA, QL, SP
DOPTELET	4	PA, QL, SP	VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
ELOCTATE	4	PA, SP	WILATE	2	
FABHALTA	2	PA, QL, SP	ZARXIO	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP	Drugs for Sexual Dysfunction		
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP	ADDYI	4	PA, QL
HEMOFIL M	2	SP	avanafil	1	PA, QL
heparin sodium (porcine) injection solution	1		CIALIS	E	QL
heparin sodium (porcine) pf	1		IMVEXXY MAINTENANCE PACK	2	QL
HUMATE-P	2	SP	IMVEXXY STARTER PACK	2	QL
IDELVION	3	SP	INTRAROSA	4	PA, QL
KOATE	2	SP	OSPHENA	3	PA, QL
KOATE-DVI	2	SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
KOGENATE FS	2	SP	STENDRA	4	PA, QL
KOVALTRY	2	SP	tadalafil oral	1	QL
NEULASTA	2		varafenafil hcl oral tablet	1	QL
NIVESTYM	2		VIAGRA	E	QL
NOVOEIGHT	2	SP	VYLEESI	4	PA, QL
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP	Electrolytes / Vitamins		
NUWIQ INTRAVENOUS KIT 1500 UNIT	2		ACCRUFER	E	
NYVEPRIA	E		calcium acetate (phos binder) oral tablet	1	
PROMACTA ORAL TABLET	E	PA, SP	calcium acetate oral tablet 667 mg	1	
RECOMBINATE	2	SP	CARNITOR ORAL SOLUTION	4	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP	CARNITOR SF	4	
			CITRANATAL 90 DHA	3	
			CITRANATAL ASSURE	3	
			CITRANATAL DHA ORAL 27-1 & 250 MG	4	
			COMPLETENATE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CO-NATAL FA	2		LOKELMA	3	PA, QL
CONCEPT DHA	4		M-NATAL PLUS	3	
cvs prenatal	E		multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
cyanocobalamin nasal	1		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	1	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	1	
levocarnitine oral solution	1		POKONZA	E	
levocarnitine sf	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		sodium fluoride mouth/throat	1	
potassium chloride crys er	1		sodium fluoride oral solution	1	H
potassium chloride er	1		sodium fluoride oral tablet chewable	1	H
potassium chloride oral	1		SPS (SODIUM POLYSTYRENE SULF)	3	
potassium citrate er	1		TARON-C DHA	4	
potassium citrate-citric acid	1		THRIVITE RX	3	
PRENA1 PEARL	3		TRICARE ORAL TABLET	3	
prenatal 19 oral tablet 29-1 mg	1		TRINATAL RX 1	3	
prenatal 19 oral tablet chewable	1		TRINATE	3	
prenatal oral tablet 27-0.8 mg	E		tri-vite/fluoride	1	
prenatal oral tablet 27-1 mg	1		UROCIT-K 10	4	
prenatal plus	1		UROCIT-K 15	4	
prenatal plus vitamin/mineral	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
prenatal vitamins oral tablet 27-0.8 mg	E		VELTASSA	3	PA, QL
PRENATE DHA	3		virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
PRENATE ENHANCE	3		VITAFOL FE+	3	
PRENATE ESSENTIAL	3		VITAFOL GUMMIES	3	
PRENATE MINI	3		VITAFOL ULTRA	3	
PRENATE PIXIE	3		VITAFOL-OB	3	
PRENATE RESTORE	3		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATOL-M	E		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PRENATRIX	E		VITAPEARL	3	
PRENATRYL	E		VITATHELY WITH GINGER	3	
PREVIDENT 5000 ENAMEL PROTECT	3		WESCAP-C DHA	4	
PREVIDENT 5000 SENSITIVE	3		WESCAP-PN DHA	4	
PREVIDENT MOUTH/THROAT	3		wes-phos 250 neutral	1	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E		WESTAB PLUS	E	
QUFLORA PEDIATRIC	3		ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
SE-NATAL 19	3		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
sod citrate-citric acid oral solution 500-334 mg/5ml	1		ACIPHEX	E	QL
sod fluoride-potassium nitrate	1				
sodium fluoride 5000 enamel	1				
sodium fluoride 5000 sensitive	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	4	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	4	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
lubiprostone	1	PA, QL
methscopolamine bromide oral	1	
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	1	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	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
prucalopride succinate	1	PA, QL
RELTONE	E	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
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

Drug Name	Drug Tier	Requirements & Limits
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
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	1	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EDEX	3	QL	tamsulosin hcl	1	
ELMIRON	4	ST	terazosin hcl	1	
GEMTESA	E		UROXATRAL	E	
me/naphos/mb/hyo1	1		Hormonal Agents - Hormone Replacement and Birth Control		
mirabegron er	1	ST	ACTIVEVILLA	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E		afirmelle	1	H
oxybutynin chloride er	1		aftera	1	H
oxybutynin chloride oral tablet	1		ALORA	3	QL
phenazo oral tablet 200 mg	1		altavera	1	H
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		alyacen 1/35	1	H
PYRIDIUM	3		alyacen 7/7/7	1	H
RENVELA ORAL TABLET	E		amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
sevelamer carbonate oral tablet	1		amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
solifenacin succinate	1		amethyst	1	H
THIOLA	4	SP	ANGELIQ	3	
THIOLA EC	4	SP	ANNOVERA	3	QL
tiopronin oral tablet delayed release	1	SP	apri	1	H
tolterodine tartrate	1		aranelle	1	H
tolterodine tartrate er	E		ashlyna	1	H
tropium chloride	1		aubra eq	1	H
tropium chloride er	E		aurovela 1.5/30	1	H
UROGESIC-BLUE	2		aurovela 1/20	1	H
VELPHORO	4	ST	aurovela 24 fe	1	H
VENXXIVA	E	SP	aurovela fe 1.5/30	1	H
VESICARE	E		aurovela fe 1/20	1	H
Genitourinary Agents - Drugs for Prostate Conditions			aviane	1	H
alfuzosin hcl er	1		AYGESTIN ORAL TABLET 5 MG	4	
AVODART	E		ayuna	1	H
dutasteride oral	1		azurette	1	H
finasteride oral tablet 5 mg	1		balziva	1	H
FLOMAX	E		BEYAZ	E	
PROSCAR	E		BIJUVA	3	
RAPAFLO	E		blisovi 24 fe	1	H
silodosin	1		blisovi fe 1.5/30	1	H
			blisovi fe 1/20	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
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	1	H
DIVIGEL	3	
dolishale	1	H
dotti	1	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	1	H
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
EEMT	2	

Drug Name	Drug Tier	Requirements & Limits
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL	haloette	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL	heather	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	her style	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL	iclevia	1	H
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1		incassia	1	H
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL	introvale	1	H
estradiol transdermal patch weekly	1	(generic for Climara), QL	isibloom	1	H
estradiol vaginal	1		jaimiess	1	H
estradiol valerate intramuscular	1		jasmiel	1	H
estradiol-norethindrone acet	1		jencycla	1	H
estratest f.s.	1		jinteli	1	
ESTRATEST H.S.	3		jolessa	1	H
ESTRING	2	QL	juleber	1	H
ESTROGEL	3	QL	junel 1.5/30	1	H
ethynodiol diac-eth estradiol	1	H	junel 1/20	1	H
etonogestrel-ethinyl estradiol	1	H	junel fe 1.5/30	1	H
EVAMIST	2		junel fe 1/20	1	H
falmina	1	H	junel fe 24	1	H
fayosim oral tablet 42-21-21-7 days	1	H	kalliga	1	H
feirza 1.5/30	1	H	kariva	1	H
feirza 1/20	1	H	kelnor 1/35	1	H
FEMRING	3	QL	kelnor 1/50	1	H
finzala	1	H	kurvelo	1	H
fyavolv	1		larin 1.5/30	1	H
gallifrey	1		larin 1/20	1	H
hailey 1.5/30	1	H	larin 24 fe	1	H
hailey 24 fe	1	H	larin fe 1.5/30	1	H
hailey fe 1.5/30	1	H	larin fe 1/20	1	H
hailey fe 1/20	1	H	leena	1	H
			lessina	1	H
			levonest	1	H
			levonorgest-eth est & eth est	1	H
			levonorgest-eth estrad 91-day	1	H
			levonorgestrel	1	H
			levonorgestrel-ethinyl estrad	1	H
			levonorg-eth estrad triphasic	1	H
			levora 0.15/30 (28)	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LO LOESTRIN FE	1	H	MYFEMBREE	2	PA, QL
LOESTRIN 1.5/30 (21)	E		NATAZIA	1	
LOESTRIN 1/20 (21)	E		necon 0.5/35 (28)	1	H
LOESTRIN FE 1.5/30	E		new day	1	H
LOESTRIN FE 1/20	E		NEXTSTELLIS	E	
lojaimiess	1	H	nikki	1	H
loryna	1	H	nora-be	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4		norelgestromin-eth estradiol	1	H
low-ogestrel	1	H	norethin ace-eth estrad-fe oral tablet	1	H
lo-zumandimine	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
luteru	1	H	norethindrone acetate oral	1	
lyleq	1	H	norethindrone acet-ethinyl est	1	H
lyllana	1	QL	norethindrone oral	1	H
lyza	1	H	norethindrone-eth estradiol	1	
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	1	H
MENOSTAR	3	QL	norlyroc	1	H
mibelas 24 fe	1	H	nortrel 0.5/35 (28)	1	H
microgestin 1.5/30	1	H	nortrel 1/35 (21)	1	H
microgestin 1/20	1	H	nortrel 1/35 (28)	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nortrel 7/7/7	1	H
microgestin fe 1.5/30	1	H	NUVARING	E	
microgestin fe 1/20	1	H	nylia 1/35	1	H
mili	1	H	nylia 7/7/7	1	H
mimvey	1		nymyo oral tablet 0.25-35 mg-mcg	1	H
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E		ocella	1	H
MINIVELLE	E	QL	opcicon one-step	1	H
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E		option 2	1	H
mono-lynyah	1	H	PHEXXI	E	PA
my choice	1	H			
my way	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
philith	1	H	tri-lo-sprintec	1	H
pimtree	1	H	tri-mili	1	H
PLAN B ONE-STEP	1	H	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
portia-28	1	H	tri-sprintec	1	H
PREMARIN ORAL	3		trivora (28)	1	H
PREMARIN VAGINAL	3		tri-vylibra	1	H
PREMPHASE	3		tri-vylibra lo	1	H
PREMPRO	3		turqoz	1	H
progesterone intramuscular	1		TWIRLA	E	
progesterone oral	1		TYBLUME	1	
PROMETRIUM	E		tydemy oral tablet 3-0.03-0.451 mg	1	H
PROVERA	4		VAGIFEM	E	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		valtya 1/50	1	H
react	1	H	velivet	1	H
reclipsen	1	H	vestura	1	H
rivelsa	1	H	vienva	1	H
SAFYRAL	E		viorele	1	H
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		VIVELLE-DOT	E	QL
setlakin	1	H	volnea	1	H
sharobel	1	H	vyfemla	1	H
simliya	1	H	vylibra	1	H
simpesse	1	H	wera	1	H
SLYND	4	PA, ST	wymzya fe	1	H
sprintec 28	1	H	xarah fe	1	H
sronyx	1	H	xulane	1	H
syeda	1	H	YASMIN 28	3	
take action	1	H	YAZ	3	
tarina 24 fe	1	H	yuvaferm	1	
tarina fe 1/20 eq	1	H	zafemy	1	H
tilia fe	1	H	zovia 1/35 (28)	1	H
tri-estarylla	1	H	zumandimine	1	H
tri-legest fe	1	H	Hormonal Agents - Oral Steroids		
tri-linyah	1	H	CORTEF	4	
tri-lo-estarylla	1	H	DEXABLISS	E	
tri-lo-marzia	1	H	dexamethasone intensol	1	
tri-lo-mili	1	H	dexamethasone oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E		methylergonovine maleate oral	1	QL
fludrocortisone acetate oral	1		NGENLA	4	PA, QL, SP
HEMADY	E		NOC DURNA	3	PA, QL
HIDEX 6-DAY	E		NORDITROPIN FLEXPPO	2	PA, QL, SP
hydrocortisone oral	1		NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4		NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
MEDROL ORAL TABLET 2 MG	2		NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
MEDROL ORAL TABLET THERAPY PACK	4		OMNITROPE	2	PA, QL, SP
methylprednisolone oral	1		ORIAHNN	2	PA, QL
ORAPRED ODT	4		ORILISSA	2	PA, QL
PEDIAPRED	2		SKYTROFA	4	PA, QL, SP
prednisolone oral solution	1		Hormonal Agents - Testosterone Replacement		
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E		ANDROGEL PUMP	E	PA, QL
prednisolone sodium phosphate oral solution 15 mg/5ml	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
prednisolone sodium phosphate oral tablet dispersible	1		FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
prednisone oral	1		KYZATREX	4	PA, QL
TAPERDEX 12-DAY	3		NATESTO	E	PA, QL
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4		TESTIM	1	PA, QL
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3		TESTOSTERONE CYPIONATE INJECTION	E	
TAPERDEX 7-DAY	3		testosterone cypionate intramuscular	1	
Hormonal Agents - Other			testosterone enanthate intramuscular	1	
cabergoline	1		testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
DDAVP ORAL	E		testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
desmopressin acetate oral	1		testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
desmopressin acetate spray	1		testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
leuprolide acetate injection	1	PA	testosterone transdermal gel 1.62 %	1	PA, QL
megestrol acetate oral suspension 40 mg/ml	1				
METHERGINE	4	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
VOGELXO	E	PA, QL	ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
VOGELXO PUMP	E	PA, QL	ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
XYOSTED	E	PA, QL	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
Hormonal Agents - Thyroid			ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
ADTHYZA	E		ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
ARMOUR THYROID	3		ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
CYTOMEL	E		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ERMEZA	2	PA	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Sandoz), SP
euthyrox	1		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (Manufactured by Sandoz), QL, SP
levo-t	1		ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
LEVOTHYROXINE SODIUM ORAL CAPSULE	E		ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
levothyroxine sodium oral tablet	1				
levoxyl	1				
liothyronine sodium oral	1				
methimazole oral	1				
NIVA THYROID	3				
np thyroid	1				
propylthiouracil oral	1				
SYNTHROID	E				
THYQUIDITY	E	PA			
thyroid oral	1				
TIROSINT	E				
TIROSINT-SOL	2	PA			
unithroid	1				
Immunological Agents - Drugs for Immune System Stimulation or Suppression					
ABRILADA (1 PEN)	E	PA, SP			
ABRILADA (2 PEN)	E	PA, QL, SP			
ABRILADA (2 SYRINGE)	E	PA, QL, SP			
ACTEMRA ACTPEN	3	PA, ST, QL, SP			
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP			
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP			

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	HUMIRA-PED $\geq$ 40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
ENVARUS XR	E		HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1		HUMIRA-PSORIASIS/UEVIT 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, 80 MG/0.8ML	E	PA, QL, SP
HADLIMA	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA, SP
HADLIMA PUSH TOUCH	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 $\geq$ 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/UEVIT 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 $\geq$ 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
			KINERET	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
leflunomide oral	1		RINVOQ	2	PA, QL, SP
LITFULO	3	PA, QL, SP	RUCONEST	4	PA, QL, SP
LUPKYNIS	4	PA, QL, SP	SIMLANDI (1 PEN)	E	PA, QL, SP
methotrexate sodium (pf)	1		SIMLANDI (1 SYRINGE)	E	PA, SP
methotrexate sodium injection solution	1		SIMLANDI (2 PEN)	E	PA, QL, SP
methotrexate sodium oral	1		SIMLANDI (2 SYRINGE)	E	PA, SP
mycophenolate mofetil oral	1		SIMPONI	2	PA, QL, SP
mycophenolate sodium	1		sirolimus oral	1	
mycophenolic acid	1		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 PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP	TREXALL	2	
OTREXUP	E	QL	XELJANZ	2	PA, QL, SP
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
PROGRAF ORAL CAPSULE	4		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
RAPAMUNE ORAL SOLUTION 1 MG/ML	4		XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E		YESINTEK SUBCUTANEOUS	2	PA, QL, SP
RASUVO	2	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	PREVNAR 20	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	E	PA, SP	RECOMBIVAX HB	2	H
YUFLYMA (2 PEN)	E	PA, QL, SP	SHINGRIX	3	H
YUFLYMA (2 SYRINGE)	E	PA, QL, SP	SPIKEVAX	3	H
YUFLYMA-CD/UC/HS STARTER	E	PA, SP	TENIVAC	3	H
YUSIMRY	E	PA, QL, SP	TRUMENBA	3	H
ZORTRESS	E		TWINRIX	3	H
Immunological Agents - Drugs for Vaccination			VAQTA	2	H
ABRYSVO	3	H	VARIVAX	3	H
ADACEL	3	H	Infertility Agents		
AREXVY	3	H	cetrorelix acetate	1	PA, ST, QL, SP
BEXSERO	3	H	CETROTIDE	4	PA, ST, QL, SP
BOOSTRIX	2	H	CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H	CLOMID	2	
COMIRNATY	3	H	clomiphene citrate oral	1	
ENGRIX-B	2	H	ENDOMETRIN	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H	FOLLISTIM AQ	2	QL, SP
HAVRIX	3	H	FYREMADEL	3	QL, SP
HEPLISAV-B	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP
IPOL	2	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
MENQUADFI	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
MENVEO	3	H	GONAL-F	4	ST, SP
M-M-R II	2	H	GONAL-F RFF	4	ST, SP
MODERNA COVID-19 VAC 6M-11Y	3	H	GONAL-F RFF REDIJECT	4	ST, SP
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H	MENOPUR	4	QL, SP
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H	NOVAREL	3	SP
PNEUMOVAX 23	2	H	OVIDREL	4	SP
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H	PREGNYL	3	SP
			Inflammatory Bowel Disease Agents		
			ANALPRAM HC	4	
			ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ANALPRAM-HC EXTERNAL CREAM	4		mesalamine-cleanser	1	QL
ANUCORT-HC	2		PROCORT	E	
ANUSOL-HC EXTERNAL	4		PROCTOCORT	E	
ANUSOL-HC RECTAL	E		PROCTOFOAM HC	2	
APRISO	1		procto-med hc	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E		PROCTOSOL HC	4	
AZULFIDINE	4		PROCTOZONE-HC	4	
AZULFIDINE EN-TABS	4		ROWASA	4	QL
balsalazide disodium	1		SFROWASA	4	
budesonide oral	1		sulfasalazine oral	1	
budesonide rectal	1		UCERIS ORAL	1	
CANASA	E		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
COLAZAL	E		ACTONEL	E	QL
CORTENEMA	4		alendronate sodium oral tablet	1	
CORTIFOAM	2		calcitonin (salmon)	1	
DIPENTUM	3		EVISTA	E	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3		FORTEO	E	PA, ST, SP
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E		FOSAMAX	4	
hydrocortisone (perianal) external cream 1 %	E		ibandronate sodium oral	1	
hydrocortisone (perianal) external cream 2.5 %	1		MIACALCIN	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1		raloxifene hcl	1	H
hydrocortisone acetate rectal	1		risedronate sodium oral tablet 150 mg, 35 mg	1	QL
hydrocortisone rectal	1		risedronate sodium oral tablet 30 mg, 5 mg	1	
hydrocort-pramoxine (perianal)	1		teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
LIALDA	E		TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
mesalamine er	E		TYMLOS	3	PA, SP
mesalamine oral tablet delayed release 1.2 gm	1		Metabolic Bone Disease Agents - Other		
mesalamine oral tablet delayed release 800 mg	E		calcitriol oral	1	
mesalamine rectal enema	1		cinacalcet hcl	1	PA
mesalamine rectal suppository	1	QL	paricalcitol oral	1	
			ROCALTROL	4	
			SENSIPAR	E	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
YORVIPATH	4	PA, QL, SP	LOTEMAX OPHTHALMIC OINTMENT	3	
ZEMPLAR ORAL	4		LOTEMAX OPHTHALMIC SUSPENSION	E	QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			LOTEMAX SM	3	QL
ACULAR	4		loteprednol etabonate ophthalmic gel	E	
ACULAR LS	4		loteprednol etabonate ophthalmic suspension	1	QL
ACUVAIL	E		MAXITROL	4	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1		moxifloxacin hcl (2x day)	1	
ALREX	4	QL	moxifloxacin hcl ophthalmic	1	
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)	1		ofloxacin ophthalmic	1	
bromfenac sodium ophthalmic solution 0.07 %	E		olopatadine hcl ophthalmic solution 0.1 %	1	
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	1		tobramycin ophthalmic	1	QL
gentamicin sulfate ophthalmic	1	QL	tobramycin-dexamethasone	1	
ILEVRO	E		VIGAMOX	E	
INVELTYS	3				
ketorolac tromethamine ophthalmic	1				
KLARITY-A	E				
LOTEMAX OPHTHALMIC GEL	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XDEMVY	4	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL

Drug Name	Drug Tier	Requirements & Limits
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)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	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)	1	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
difluprednate	1		epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
DUREZOL	E		epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3		epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
KLARITY-C DROPS	E	PA	epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
MIEBO	4	PA, QL	EPIPEN 2-PAK	E	QL
RESTASIS	1	PA, QL	EPIPEN JR 2-PAK	E	QL
RESTASIS MULTIDOSE	E	PA, QL	NEFFY	4	QL
TYRVAYA	4	PA, QL	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
VERKAZIA	4	PA, QL	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
VEVYE	E	PA, QL	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
XIIDRA	4	PA, QL	azelastine hcl nasal solution 0.15 %	E	
Otic Agents - Drugs for Ear Conditions			azelastine-fluticasone	E	QL
acetic acid otic	1		benzonatate oral capsule 100 mg, 200 mg	1	
CETRAXAL	3		benzonatate oral capsule 150 mg	E	
CIPRO HC	3		BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E		bromphen-pseudoeph-dm	1	
ciprofloxacin hcl otic	1		carbinoxamine maleate oral tablet 4 mg	1	
ciprofloxacin-dexamethasone	1		carbinoxamine maleate oral tablet 6 mg	E	
DERMOTIC	4		cetirizine hcl oral solution	E	
flac	1		CLARINEX	E	
fluocinolone acetonide otic	1		cyproheptadine hcl oral	1	
hydrocortisone-acetic acid	1		desloratadine oral tablet	E	
neomycin-polymyxin-hc otic	1		DYMISTA	E	QL
ofloxacin otic	1		flunisolide nasal	1	
Respiratory - Drugs for Anaphylaxis			fluticasone propionate nasal	1	QL
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			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
g tussin ac	1		ADVAIR HFA	3	QL, RS
guaiaatussin ac	1		AEROCHAMBER HOLDING CHAMBER	2	
guaifenesin ac oral syrup 100-10 mg/5ml	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
guaifenesin-codeine	1		AEROCHAMBER PLUS FLO-VU	2	
HYCODAN ORAL SOLUTION	E	PA, QL	AEROCHAMBER PLUS FLO-VU INTERM	2	
hydrocod poli-chlorphe poli er	1	PA, QL	AEROCHAMBER PLUS FLO-VU LARGE	2	
hydrocodone bit-homatrop mbr oral solution	1	PA, QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
hydromet	1	PA, QL	AEROCHAMBER PLUS FLO-VU SMALL	2	
HYPERSAL	2		AEROCHAMBER PLUS FLO-VU W/MASK	2	
ipratropium bromide nasal	1		AIRDUO RESPICLICK 113/14	E	QL
levocetirizine dihydrochloride oral	1		AIRDUO RESPICLICK 232/14	E	QL
maxi-tuss ac	1		AIRDUO RESPICLICK 55/14	E	QL
mometasone furoate nasal	1	QL	AIRSUPRA	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL
ODACTRA	4	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
olopatadine hcl nasal	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
PATANASE NASAL SOLUTION 0.6 %	E		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-codeine	1	PA, QL	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
promethazine-dm	1		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
pseudoephedrine-bromphen-dm	1				
PULMOSAL	2				
RYALTRIS	E	QL			
ryvent	E				
sodium chloride inhalation	1				
XHANCE	E	ST, QL			
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL			
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD					
ACCOLATE	4				
ADVAIR DISKUS	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
albuterol sulfate oral syrup	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ANORO ELLIPTA	3	QL	formoterol fumarate inhalation	1	QL
arformoterol tartrate	1	QL	INSPIREASE	2	
ARNUITY ELLIPTA	1	QL	ipratropium bromide inhalation	1	
ATROVENT HFA	3	QL	ipratropium-albuterol	1	
BEVESPI AEROSPHERE	2	QL	levalbuterol hcl inhalation	1	QL
BREATHE COMFORT CHAMBER/ ADULT	2		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
BREATHE COMFORT CHAMBER/ CHILD	2		MICROCHAMBER	2	
BREO ELLIPTA	3	QL, RS	montelukast sodium oral	1	
breynd	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
BREZTRI AEROSPHERE	3	QL, RS	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
BROVANA	4	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
budesonide inhalation	1	QL	PERFOROMIST	4	QL
budesonide-formoterol fumarate	E	QL, RS	PROCHAMBER VHC	2	
COMBIVENT RESPIMAT	3	QL	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
DALIRESP	E	QL	PULMICORT FLEXHALER	E	QL
DULERA	E	ST, QL	PULMICORT SUSPENSION	E	QL
EASIVENT	2		QVAR REDHALER	1	QL
EASIVENT MASK LARGE	2		roflumilast	1	QL
EASIVENT MASK MEDIUM	2		SEREVENT DISKUS	2	QL
EASIVENT MASK SMALL	2		SINGULAIR ORAL PACKET	3	
FASENRA PEN	4	PA, QL	SINGULAIR ORAL TABLET	E	
FLEXICHAMBER	2		SINGULAIR ORAL TABLET CHEWABLE	E	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL			
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS			
FLUTICASONE PROPIONATE HFA	E	QL			
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	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	1	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	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
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	1	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
zaleplon	1	
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المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចផ្នែក
និងការទំនាក់ទំនងភាគតិចផ្នែកឯទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខភាគតិចនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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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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