



Your 2025 Prescription Drug List

Access 3-Tier

Effective September 1, 2025



**United
Healthcare**

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

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



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

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
oxymorphone hcl er	1	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	

Drug Name	Drug Tier	Requirements & Limits
ec-naproxen	1	
etodolac	1	
etodolac er	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BACTRIM DS	3		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefadroxil	1		erythromycin oral	1	
cefdinir	1		FIRVANQ	3	
cefixime	1		FLAGYL	3	
cefpodoxime proxetil oral tablet	1		fosfomycin tromethamine	1	
cefprozil	1		gentamicin sulfate external	1	
cefuroxime axetil	1		HIPREX	3	
CENTANY EXTERNAL OINTMENT 2 %	3		levofloxacin oral tablet	1	
cephalexin	1		LIKMEZ	3	
CIPRO ORAL TABLET	3		linezolid oral tablet	1	
ciprofloxacin hcl oral	1		LYMEPAK ORAL TABLET 100 MG	E	
clarithromycin er	1		MACROBID	3	
clarithromycin oral	1		MACRODANTIN	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		methenamine hippurate	1	
CLEOCIN ORAL CAPSULE 75 MG	2		metronidazole oral capsule	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		metronidazole oral tablet 125 mg	E	
CLEOCIN VAGINAL CREAM	3		metronidazole oral tablet 250 mg, 500 mg	1	
clindamycin hcl oral	1		metronidazole vaginal	1	
clindamycin palmitate hcl	1		minocycline hcl oral capsule	1	
clindamycin phosphate vaginal	1		MONDOXYNE NL	E	
CLINDESSE	2		moxifloxacin hcl oral	1	
dicloxacillin sodium	1		mupirocin cream	1	
DIFICID ORAL TABLET	3	QL	mupirocin ointment	1	
doxycycline hyclate oral capsule	1		neomycin sulfate oral	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		nitrofurantoin macrocrystal	1	
doxycycline hyclate oral tablet 50 mg	E		nitrofurantoin monohydrate macrocrystals	1	
doxycycline monohydrate oral	1		nitrofurantoin oral suspension 25 mg/5ml	1	
E.E.S. GRANULES	3		NUVESSA	3	
ERYPED 200	3		NUZYRA ORAL	3	
ERYPED 400	3		penicillin v potassium	1	
ERY-TAB	3		SEYSARA	E	
erythromycin base oral tablet	1		SILVADENE	3	
erythromycin base oral tablet delayed release	1		silver sulfadiazine external	1	
			ssd	1	

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
roweepra	1	
rufinamide oral suspension	1	
rufinamide oral tablet	1	PA
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er oral capsule extended release 24 hour	E	
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA
vigabatrin oral packet	1	PA, QL, SP
VIGADRONE ORAL PACKET	1	PA, QL, SP
vigpoder	1	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral tablet 20 mg, 60 mg	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3		fluvoxamine maleate	1	
rivastigmine	1		fluvoxamine maleate er	1	QL
rivastigmine tartrate	1		FORFIVO XL	3	QL
Antidepressants - Drugs for Depression			imipramine hcl oral	1	
amitriptyline hcl oral	1		LEXAPRO	E	
ANAFRANIL	E		mirtazapine oral	1	
AUVELITY	3	QL	NORPRAMIN	3	
bupropion hcl er (sr)	1		nortriptyline hcl oral capsule	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		olanzapine-fluoxetine hcl	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL	PAMELOR	E	
bupropion hcl oral	1		PARNATE	3	
CELEXA	E		paroxetine hcl er	1	QL
citalopram hydrobromide oral solution	1		paroxetine hcl oral tablet	1	
citalopram hydrobromide oral tablet	1		PAXIL CR	E	QL
clomipramine hcl oral	1		PAXIL ORAL TABLET	E	
CYMBALTA	E		PRISTIQ	E	QL
desipramine hcl oral	1		protriptyline hcl	1	
desvenlafaxine succinate er	1	QL	PROZAC	E	
doxepin hcl oral capsule	1		REMERON	E	
doxepin hcl oral concentrate	1		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
duloxetine hcl oral	1		SERTRALINE HCL ORAL CAPSULE	3	QL
EFFEXOR XR	E		sertraline hcl oral concentrate	1	
escitalopram oxalate oral	1		sertraline hcl oral tablet	1	
FETZIMA	3	ST, QL	SPRAVATO (56 MG DOSE)	3	PA, QL
fluoxetine hcl oral capsule	1		SPRAVATO (84 MG DOSE)	3	PA, QL
fluoxetine hcl oral capsule delayed release	1	QL	SYMBYAX	3	QL
fluoxetine hcl oral solution	1		tranylcypromine sulfate	1	
fluoxetine hcl oral tablet 10 mg	1	QL	trazodone hcl oral	1	
			TRINTELLIX	3	ST, QL
			venlafaxine hcl	1	
			venlafaxine hcl er oral capsule extended release 24 hour	1	
			venlafaxine hcl er oral tablet extended release 24 hour	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP

Antiemetics - Drugs for Nausea and Vomiting

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

Antifungals - Drugs for Fungal Infections

cicloclan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	

Drug Name	Drug Tier	Requirements & Limits
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
voriconazole oral tablet	1	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, QL
AJOVY	E	PA, QL
almotriptan malate	1	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
FROVA	E	
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous	1	

Drug Name	Drug Tier	Requirements & Limits
TOSYMRA	3	
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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)	3	PA, ST, QL, SP
BOSULIF ORAL TABLET	2	PA, ST, QL, SP	KISQALI (400 MG DOSE)	3	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP	KISQALI (600 MG DOSE)	3	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	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		letrozole oral	1	H-PA
COTELLIC	2	PA, QL, SP	leucovorin calcium oral	1	
cyclophosphamide oral capsule	1		LONSURF	3	PA, QL, SP
dasatinib	1	PA, ST, QL, SP	LUMAKRAS	3	PA, QL, SP
ERIVEDGE	2	PA, QL, SP	LYNPARZA	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL	MEKINIST ORAL TABLET	3	PA, ST, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP	mercaptopurine oral	1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP	NERLYNX	2	PA, QL, SP
exemestane	1	H-PA	NINLARO	2	PA, SP
EXKIVITY ORAL CAPSULE 40 MG	3	SP	NUBEQA	2	PA, QL, SP
FEMARA	E		ODOMZO	2	PA, QL, SP
GAVRETO	3	PA, QL, SP	ORGOVYX	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP	pazopanib hcl	1	PA, QL, SP
HYDREA	3		PIQRAY	2	PA, QL, SP
hydroxyurea oral	1		POMALYST	3	PA, QL, SP
IBRANCE	2	PA, QL, SP	RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL	RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP	REVLIMID	2	PA, QL, SP
IDHIFA	2	PA, QL, SP	ROZLYTREK	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP	SPRYCEL	E	PA, ST, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP	STIVARGA	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP	TABRECTA	3	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP	TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
temozolomide	1	PA, SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	1	QL
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	1	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	E	

Drug Name	Drug Tier	Requirements & Limits
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
CREXONT	3	ST
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	QL
cilostazol	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	1	QL
NUPLAZID ORAL CAPSULE	3	PA, QL
olanzapine oral	1	
paliperidone er	1	QL
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	

Drug Name	Drug Tier	Requirements & Limits
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	3	QL, H
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
etravirine	1	
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	

Drug Name	Drug Tier	Requirements & Limits
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate oral	1		CARDURA	3	
amlodipine besylate-benazepril hcl	1		cartia xt	1	
amlodipine besylate-valsartan	1		carvedilol	1	
amlodipine-olmesartan	1		carvedilol phosphate er	1	
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	3		cholestyramine light	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	cholestyramine oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine hcl oral	1	
AVALIDE	E		clonidine patch weekly 0.1 mg/24hr transdermal	1	
AVAPRO	E		clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
AZOR	E		clonidine patch weekly 0.2 mg/24hr transdermal	1	
benazepril hcl oral	1		clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
benazepril-hydrochlorothiazide	1		clonidine patch weekly 0.3 mg/24hr transdermal	1	
BENICAR	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
BENICAR HCT	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
BETAPACE	E		colesevelam hcl oral tablet	1	
BETAPACE AF	3		COLESTID ORAL TABLET	3	
betaxolol hcl oral	1		colestipol hcl oral tablet	1	
bisoprolol fumarate oral	1		COREG	E	
bisoprolol-hydrochlorothiazide	1		COREG CR	E	
bumetanide oral	1		CORGARD ORAL TABLET 20 MG, 40 MG	3	
BUMEX	3		CORLANOR	3	PA, QL
BYSTOLIC	E		COZAAR	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	3		CRESTOR	E	
CAMZYOS	3	PA, QL, SP	digitek oral tablet 250 mcg	1	
candesartan cilexetil	1		digoxin oral tablet	1	
candesartan cilexetil-hctz	1		diltiazem hcl er	1	
captopril oral	1		diltiazem hcl er beads	1	
CARDIZEM	E		diltiazem hcl er coated beads	1	
CARDIZEM CD	E		diltiazem hcl oral	1	
CARDIZEM LA	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
dilt-xr	1		HYZAAR	E	
DIOVAN	E		icosapent ethyl	E	PA
DIOVAN HCT	E		indapamide	1	
dofetilide	1		INDERAL LA	E	
doxazosin mesylate oral	1		INSPRA	E	
EDARBI	3		irbesartan	1	
EDARBYCLOR	3		irbesartan-hydrochlorothiazide	1	
enalapril maleate oral	1		ISORDIL TITRADOSE	E	
enalapril-hydrochlorothiazide	1		isosorb dinitrate-hydralazine	1	
ENTRESTO ORAL TABLET	3	PA, QL	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
EPANED	3		isosorbide dinitrate oral tablet 40 mg	E	
eplerenone	1		isosorbide mononitrate	1	
EXFORGE	E		isosorbide mononitrate er	1	
ezetimibe	1		ivabradine hcl	1	PA, QL
ezetimibe-simvastatin	1		KAPSPARGO SPRINKLE	3	
felodipine er	1		KERENDIA	3	PA, QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1		labetalol hcl oral	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		LANOXIN ORAL TABLET 62.5 MCG	3	
fenofibrate oral tablet	1		LASIX	3	
fenofibric acid oral capsule delayed release	1		LIPITOR	E	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril oral	1	
flecainide acetate	1		lisinopril-hydrochlorothiazide	1	
fluvastatin sodium	1		LIVALO	E	
fosinopril sodium	1		LODOCO	3	QL
fosinopril sodium-hctz	1		LOPID	3	
FUROSCIX	3	PA	LOPRESSOR	3	
furosemide oral	1		losartan potassium oral	1	
gemfibrozil oral	1		losartan potassium-hctz	1	
guanfacine hcl	1		LOTENSIN	3	
HEMANGEOL	3		LOTENSIN HCT	3	
hydralazine hcl oral	1		LOTREL	E	
hydrochlorothiazide oral	1		lovastatin oral	1	H
			LOVAZA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
matzim la	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	QL
NEXLIZET	2	QL
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
spironolactone-hctz	1		ZESTORETIC	E	
SULAR	3		ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1		ZESTRIL TABLET 10 MG ORAL	3	
TEKTURNA	3		ZESTRIL TABLET 10 MG ORAL	E	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3		ZESTRIL TABLET 20 MG ORAL	3	
telmisartan	1		ZESTRIL TABLET 20 MG ORAL	E	
telmisartan-hctz	1		ZESTRIL TABLET 5 MG ORAL	3	
TENORETIC 100	E		ZESTRIL TABLET 5 MG ORAL	E	
TENORETIC 50	E		ZETIA	E	
TENORMIN	E		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
THALITONE	3		ZIAC ORAL TABLET 5-6.25 MG	3	
tiadylt er	1		ZOCOR	E	
TIAZAC	3		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TIKOSYN	3		ADDERALL	E	
TOPROL XL	E		ADDERALL XR	E	QL
torsemide	1		ADZENYS XR-ODT	3	QL
trandolapril	1		amphetamine sulfate	1	
triamterene oral	1		amphetamine-dextroamphetamine	1	
triamterene-hctz	1		amphetamine-dextroamphetamine er	1	QL
TRIBENZOR	E		amphet-dextroamphet 3-bead er	1	QL
TRICOR	E		APTENSIO XR	3	QL
TRILIPIX	E		atomoxetine hcl	1	QL
valsartan oral tablet	1		AZSTARYS	2	QL
valsartan-hydrochlorothiazide	1		clonidine hcl er	1	
VASCEPA	E	PA	CONCERTA	E	QL
VASERETIC	E		COTEMPLA XR-ODT	3	QL
VASOTEC	E		DEXEDRINE	E	QL
verapamil hcl er	1		dexmethylphenidate hcl	1	
verapamil hcl oral	1		dexmethylphenidate hcl er	1	QL
VERELAN	3		dextroamphetamine sulfate er	1	QL
VERELAN PM	3		dextroamphetamine sulfate oral tablet	1	
VERQUVO	3	PA, QL			
VYTORIN	E				
WELCHOL ORAL TABLET	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	QL
EVEKEO	3	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	3	QL
ONYDA XR	3	QL
QELBREE	E	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	3	SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	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	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions			betamethasone valerate external lotion	1	
ABSORICA	E		betamethasone valerate external ointment	1	
ACANYA	3		brimonidine tartrate external	1	PA
accutane	1		calcipotriene external cream	1	
acitretin	1		calcipotriene external ointment	1	
ACZONE	E		calcipotriene external solution	1	
adapalene-benzoyl peroxide external gel	1		CALCITRENE	3	
AKLIEF	3	PA	CARAC EXTERNAL CREAM 0.5 %	E	
ALA SCALP	3		CIBINQO	2	PA, QL, SP
ala-cort	E		ciclopirox olamine external suspension	1	
alclometasone dipropionate	1		claravis	1	
amnestem	1		CLEOCIN-T	3	
AMZEEQ	3		clindacin	1	
ATRALIN	E	PA	clindacin etz external swab	1	
AVAR CLEANSER	3		clindacin-p	1	
AVAR LS CLEANSER	3		CLINDAGEL	3	
AVAR-E EMOLLIENT	3		clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
AVAR-E LS EXTERNAL CREAM 10-2 %	3		clindamycin phosphate external foam	1	
AVITA EXTERNAL CREAM 0.025 %	3	PA	clindamycin phosphate external lotion	1	
AVITA EXTERNAL GEL 0.025 %	3	PA	clindamycin phosphate external solution	1	
azelaic acid external	1		clindamycin phosphate external swab	1	
AZELEX	3		clindamycin phosphate gel 1 % external	1	
BENZAMYCIN	2		clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
benzoyl peroxide-erythromycin	1		clindamycin phosphate gel 1 % external	1	(generic for Clindagel)
betamethasone dipropionate aug external cream	1		clobetasol prop emollient base external cream 0.05 %	1	
betamethasone dipropionate aug external lotion	1		clobetasol propionate e	1	
betamethasone dipropionate aug external ointment	1				
betamethasone dipropionate external	1				
betamethasone valerate external cream	1				

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ELIDEL	E	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
EVOCLIN EXTERNAL FOAM 1 %	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external ointment 1 %, 2.5 %	1		podofilox external solution	1	
hydrocortisone valerate	1		PRAMOSONE EXTERNAL CREAM 1-1 %	2	
HYDROXYM EXTERNAL CREAM	E		PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
imiquimod external cream 3.75 %	E		RETIN-A	E	PA
imiquimod external cream 5 %	1		RHOFADE	3	PA
imiquimod pump	E		rosadan external cream 0.75 %	1	
IMPOYZ	3		rosadan external gel 0.75 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		SANTYL	3	
isotretinoin oral capsule 25 mg, 35 mg	E		selenium sulfide external lotion	1	
ivermectin external cream	E		sodium sulfacetamide wash	1	
KLARON	3		SOOLANTRA	1	
KLISYRI (250 MG)	3		spinosad	1	
KLISYRI (350 MG)	3		sss 10-5 external cream	1	
LOPROX EXTERNAL SUSPENSION 0.77 %	E		sulfacetamide sodium (acne)	1	
METROCREAM	3		sulfacetamide sodium external	1	
METROGEL	E		sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
METROLOTION	3		sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
metronidazole external	1		sulfacetamide sodium-sulfur external liquid 9-4.5 %	E	
MIRVASO	2	PA	sulfacetamide sodium-sulfur external suspension 10-5 %	1	
mometasone furoate external	1		sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
neuac	1	QL	SUMADAN WASH	E	
NORITATE	E		SYNALAR EXTERNAL OINTMENT	3	
OLUX EXTERNAL FOAM 0.05 %	E		SYNALAR EXTERNAL SOLUTION 0.01 %	3	
ONEXTON	3		TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	
OPZELURA	3	PA, QL, SP	TACLONEX EXTERNAL SUSPENSION	1	
ORACEA	E		tacrolimus external	1	
OVACE PLUS WASH EXTERNAL LIQUID	3		tazarotene external cream 0.1 %	1	PA
OVACE WASH	3		TAZORAC EXTERNAL CREAM	3	PA
PANRETIN	3				
pimecrolimus	1				
PLEXION CLEANSER	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TOLAK	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL OINTMENT	3	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external cream 39 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	
VTAMA	3	PA
WINLEVI	E	
xurea	E	
zenatane	1	
ZILXI	3	PA, ST
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA

Drug Name	Drug Tier	Requirements & Limits
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS BLUE KIT W/ DEVICE	E	
CONTOUR PLUS TEST STRIP	E	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL

Drug Name	Drug Tier	Requirements & Limits
CVS NEEDLE COLLECTION/ DISPOSAL	3	
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EVERSENSE E3 SENSOR/HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA

Drug Name	Drug Tier	Requirements & Limits
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL
IHEALTH GLUCO+ KIT 10	E	
IHEALTH GLUCO+ KIT 100	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA LANCETS	1	QL

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RIGHTTEST GT333 GLUCOSE TEST	E	QL
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
UNISTRIPI1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	

Drug Name	Drug Tier	Requirements & Limits
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements & Limits
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	(Fresenius)
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	3	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
liraglutide	1	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ONGLYZA	E	QL	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
OZEMPIC	2	PA, QL	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
pioglitazone hcl	1	QL	HEMOFIL M	2	SP
pioglitazone hcl-metformin hcl	1	QL	heparin sodium (porcine) injection solution	1	
repaglinide	1	QL	heparin sodium (porcine) pf	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL	HUMATE-P	2	SP
saxagliptin hcl	1	QL	IDELVION	3	SP
saxagliptin-metformin er	1	QL	KOATE	2	SP
SOLQUA	2	QL	KOATE-DVI	2	SP
SYMLINPEN 120	3	QL	KOGENATE FS	2	SP
SYMLINPEN 60	3	QL	KOVALTRY	2	SP
SYNJARDY	2	QL	NEULASTA	2	
SYNJARDY XR	2	QL	NIVESTYM	2	
TRADJENTA	2	QL	NOVOEIGHT	2	SP
TRIJARDY XR	2	QL	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
TRULICITY	2	PA, QL	NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
XIGDUO XR	E	ST, QL	NYVEPRIA	E	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		PROMACTA ORAL TABLET	E	PA, SP
Drugs for Blood Disorders			RECOMBINATE	2	SP
ADVATE	2	SP	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
ADYNOVATE	3	PA, SP	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA	TAVALLISSE	3	PA, QL, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP	tranexamic acid oral	1	QL
ALPHANATE	2	SP	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ALPROLIX	3	SP	VOYDEYA ORAL TABLET	2	PA, QL, SP
ALTUVIIIIO	3	PA, SP	VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
ALVAIZ	3	PA, SP			
anagrelide hcl	1				
ARANESP (ALBUMIN FREE)	2	QL, SP			
aspirin-dipyridamole er	1				
DOPTLET	3	PA, QL, SP			
ELOCTATE	3	PA, SP			
FABHALTA	2	PA, QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
WILATE	2		deferasirox oral tablet	1	PA, SP
ZARXIO	2		DENTA 5000 PLUS SENSITIVE	3	
Drugs for Sexual Dysfunction			DODEX INJECTION SOLUTION 1000 MCG/ML	3	
ADDYI	3	QL	DRISDOL	3	
avanafil	1	QL	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
CIALIS	E	QL	ELITE-OB	3	
IMVEXXY MAINTENANCE PACK	2	QL	ergocalciferol oral capsule	1	
IMVEXXY STARTER PACK	2	QL	FLORAFOL PEDIATRIC ORAL SOLUTION	3	
INTRAROSA	3	PA, QL	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	3	
OSPHEA	2	PA, QL	FLORIVA PLUS	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	FLUORIMAX 5000 SENSITIVE	3	
STENDRA	3	QL	fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
tadalafil oral	1	QL	folic acid oral tablet 1 mg	1	
varafenafil hcl oral tablet	1	QL	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
VIAGRA	E	QL	klor-con	1	
VYLEESI	3	QL	klor-con 10	1	
Electrolytes / Vitamins			klor-con m10	1	
ACCRUFER	E		klor-con m15	1	
calcium acetate (phos binder) oral tablet	1		klor-con m20	1	
calcium acetate oral tablet 667 mg	1		kosher prenatal plus iron	1	
CARNITOR ORAL SOLUTION	3		K-PHOS-NEUTRAL	2	
CARNITOR SF	3		K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
CITRANATAL 90 DHA	3		levocarnitine oral solution	1	
CITRANATAL ASSURE	3		levocarnitine sf	1	
CITRANATAL DHA ORAL 27-1 & 250 MG	3		LOKELMA	3	QL
COMPLETENATE	3		M-NATAL PLUS	3	
CO-NATAL FA	2		multivitamin w/fluoride	1	
CONCEPT DHA	3		multi-vitamin/fluoride	1	
cvs prenatal	E		multivitamin/fluoride oral tablet chewable	1	
cyanocobalamin injection solution 1000 mcg/ml	1		MULTI-VIT-FLOR	3	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
cyanocobalamin nasal	1				
DAVIMET-FLUORIDE	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	
NEONATAL VITAMIN	E	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS	E	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	1	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	

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

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	3	
me/naphos/mb/hyo1	1	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP

Drug Name	Drug Tier	Requirements & Limits
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VENXXIVA	E	SP
VESICARE	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	3	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
apri	1	H	daysee	1	H
aranelle	1	H	deblitane	1	H
ashlyna	1	H	DELESTROGEN	3	
aubra eq	1	H	delyla	1	H
aurovela 1.5/30	1	H	DEPO-ESTRADIOL	3	
aurovela 1/20	1	H	DEPO-PROVERA	3	QL
aurovela 24 fe	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
aurovela fe 1.5/30	1	H	desogestrel-ethinyl estradiol	1	H
aurovela fe 1/20	1	H	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
aviane	1	H	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
AYGESTIN ORAL TABLET 5 MG	3		dolishale	1	H
ayuna	1	H	dotti	1	QL
azurette	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
balziva	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
BEYAZ	E		drospirenone-ethinyl estradiol	1	H
BIJUVA	3		DUAVEE	3	QL
blisovi 24 fe	1	H	econtra ez oral tablet 1.5 mg	1	H
blisovi fe 1.5/30	1	H	econtra one-step	1	H
blisovi fe 1/20	1	H	EEMT	2	
briellyn	1	H	EEMT HS	3	
camila	1	H	ELESTRIN	3	
camrese	1	H	elinest	1	H
camrese lo	1	H	ELLA	1	QL, H
charlotte 24 fe	1	H	eluryng	1	H
chateal eq	1	H	emzahh	1	H
CLIMARA	E	QL	enilloring	1	H
CLIMARA PRO	2	QL	enpresse-28	1	H
COMBIPATCH	2	QL	enskyce	1	H
COVARYX	2		errin	1	H
COVARYX HS	3		est estrogens-methyltest	1	
cryselle-28	1	H	est estrogens-methyltest ds	1	
curae	1	H	est estrogens-methyltest hs	1	
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			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estarylla	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
ESTRACE	E		estradiol vaginal	1	
estradiol oral	1		estradiol valerate intramuscular	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL	estradiol-norethindrone acet	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	estratest f.s.	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL	ESTRATEST H.S.	3	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL	ESTRING	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	ESTROGEL	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL	ethynodiol diac-eth estradiol	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL	etonogestrel-ethinyl estradiol	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	EVAMIST	2	
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL	falmina	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL	fayosim oral tablet 42-21-21-7 days	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	feirza 1.5/30	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL	feirza 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL	FEMRING	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL	finzala	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL	fyavolv	1	
estradiol patch twice weekly 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1		gallifrey	1	
estradiol patch twice weekly 0.75 mg/1.25 gm (0.06%)	1	QL	hailey 1.5/30	1	H
			hailey 24 fe	1	H
			hailey fe 1.5/30	1	H
			hailey fe 1/20	1	H
			haloette	1	H
			heather	1	H
			her style	1	H
			iclevia	1	H
			incassia	1	H
			introvale	1	H
			isibloom	1	H
			jaimiess	1	H
			jasmiel	1	H
			jencycla	1	H
			jinteli	1	
			jolessa	1	H
			juleber	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
opcicon one-step	1	H
option 2	1	H
PHEXXI	E	
philith	1	H
pimtreea	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	

Drug Name	Drug Tier	Requirements & Limits
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOC DURNA	3	QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SKYTROFA	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	QL
KYZATREX	3	QL
NATESTO	E	QL
TESTIM	1	QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	QL
testosterone gel 12.5 mg/act (1%) transdermal	E	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	QL
testosterone transdermal gel 1.62 %	1	QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	E	QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	

Drug Name	Drug Tier	Requirements & Limits
ARMOUR THYROID TABLET 15 MG ORAL	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP	ADALIMUMAB-ADB M (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP	ADALIMUMAB-ADB M (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB M(CD/UC/ HS STRT)	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP	ADALIMUMAB-ADB M(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP	ADBRY SOLUTION AUTO- INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Sandoz), SP	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (Manufactured by Sandoz), QL, SP	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP
ADALIMUMAB-ADB M (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADB M (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
ADALIMUMAB-ADB M (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
			AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
			ARAVA	E	
			AZASAN	3	
			azathioprine oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	ENVARSUS XR	E	
BIMZELX	3	PA, ST, QL, SP	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
CELLCEPT ORAL CAPSULE	E		gengraf oral capsule	1	
CELLCEPT ORAL TABLET	E		GRASTEK	3	PA, QL
CIMZIA (2 SYRINGE)	2	PA, QL, SP	HADLIMA	E	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP	HADLIMA PUSHTOUCH	E	PA, QL, SP
CINRYZE	E	PA, QL, SP	HAEGARDA	2	PA, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HULIO (2 PEN)	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP
cyclosporine oral	1		HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP			
ENBREL	2	PA, QL, SP			
ENBREL MINI	2	PA, QL, SP			
ENBREL SURECLICK	2	PA, QL, SP			
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP			

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE)	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

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

Inflammatory Bowel Disease Agents

ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	

Drug Name	Drug Tier	Requirements & Limits
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
mesalamine-cleanser	1	QL
PROCORT	3	
PROCTOCORT EXTERNAL	E	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
VEVYE	E	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	

Drug Name	Drug Tier	Requirements & Limits
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen- dm	1	
PULMOSAL	2	
RYALTRIS	3	
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO RESPICLICK 113/14	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 232/14	E	QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
AIRDUO RESPICLICK 55/14	E	QL	breyana	E	QL, RS
AIRSUPRA	3		BREZTRI AEROSPHERE	3	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1		BROVANA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)	budesonide inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA)	budesonide-formoterol fumarate	E	QL, RS
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)	COMBIVENT RESPIMAT	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		DALIRESP	E	QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		DULERA	3	ST, QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		EASIVENT	2	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		EASIVENT MASK LARGE	2	
albuterol sulfate oral syrup	1		EASIVENT MASK MEDIUM	2	
ANORO ELLIPTA	3	QL	EASIVENT MASK SMALL	2	
arformoterol tartrate	1	QL	FASENRA PEN	3	PA, QL
ARNUITY ELLIPTA	1	QL	FLEXICHAMBER	2	
ATROVENT HFA	2	QL	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
BEVESPI AEROSPHERE	2	QL	FLUTICASONE FUROATE-VILANTEROL	3	QL, RS
BREATHE COMFORT CHAMBER/ ADULT	2		FLUTICASONE PROPIONATE HFA	3	QL
BREATHE COMFORT CHAMBER/ CHILD	2		FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
			FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
			formoterol fumarate inhalation	1	QL
			INSPIREASE	2	
			ipratropium bromide inhalation	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL

Drug Name	Drug Tier	Requirements & Limits
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
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	
XOPENEX HFA	3	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	
YUPELRI	3	QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
UPTRAVI ORAL	3	PA, QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg	E	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements & Limits
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	QL
DAYVIGO	3	QL
doxepin hcl oral tablet	1	QL
estazolam	1	
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	1	QL
RESTORIL	3	
ROZEREM	E	QL
SILENOR	3	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (Manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (Manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
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zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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CARBATROL.....	13	CENTANY EXTERNAL OINTMENT 2 %.....	12	citalopram hydrobromide oral solution	15
carbidopa-levodopa er	19	cephalexin	12	citalopram hydrobromide oral tablet.....	15
carbidopa-levodopa oral tablet....	19	CEQUA	56	CITRANATAL 90 DHA.....	38
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carbinoxamine maleate oral tablet 4 mg.....	57	CERDELGA.....	41	CITRANATAL DHA ORAL 27-1 & 250 MG.....	38
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		charlotte 24 fe	43		
		chateal eq.....	43		
		chlordiazepoxide hcl	21		
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CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12	clobetasol propionate external solution	29	CONTOUR NEXT GEN MONITOR KIT	32
CLEOCIN ORAL CAPSULE 75 MG. 12		CLOBEX EXTERNAL SHAMPOO. . .	29	CONTOUR NEXT GEN TEST STRIPS	32
CLEOCIN ORAL SOLUTION RECONSTITUTED	12	CLOBEX SPRAY	29	CONTOUR NEXT LINK KIT W/ DEVICE	32
CLEOCIN VAGINAL CREAM.	12	clodan	29	CONTOUR NEXT MONITOR KIT W/DEVICE	32
CLEOCIN-T	28	CLOMID	53	CONTOUR NEXT ONE KIT	32
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CLIMARA PRO	43	clomipramine hcl oral	15	CONTOUR PLUS BLUE KIT W/ DEVICE	32
clindacin	28	clonazepam oral	21	CONTOUR PLUS TEST STRIP.	32
clindacin etz external swab	28	clonidine hcl er.	25	CONTOUR TEST STRIPS	32
clindacin-p	28	clonidine hcl oral	22	COPAXONE	26
CLINDAGEL	28	clonidine patch weekly 0.1 mg/24hr transdermal	22	CORDRAN	29
clindamycin hcl oral	12	clonidine patch weekly 0.2 mg/24hr transdermal	22	COREG	22
clindamycin palmitate hcl	12	clonidine patch weekly 0.3 mg/24hr transdermal	22	COREG CR	22
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	28	clonidine patch weekly 0.3 mg/24hr transdermal	22	CORGARD ORAL TABLET 20 MG, 40 MG	22
clindamycin phos-benzoyl perox external gel 1.2-5 %	28	clopidogrel bisulfate oral	20	CORLANOR	22
clindamycin phosphate external foam	28	clorazepate dipotassium	21	CORTEF	47
clindamycin phosphate external lotion	28	clotrimazole external cream	29	CORTENEMA	53
clindamycin phosphate external solution	28	clotrimazole mouth/throat	16	CORTIFOAM	53
clindamycin phosphate external swab	28	clotrimazole-betamethasone.	29	COSENTYX (300 MG DOSE)	50
clindamycin phosphate gel 1 % external	28	clozapine oral tablet	20	COSENTYX 150 MG/ML SUBCUTANEOUS	50
clindamycin phosphate vaginal ...	12	CLOZARIL	20	COSENTYX SENSOREADY (300 MG)	50
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CLINPRO 5000	27	COLAZAL	53	COSENTYX UNOREADY	50
clobazam	13	colchicine oral	17	COSOPT	55
clobetasol prop emollient base external cream 0.05 %	28	colchicine-probenecid	17	COSOPT PF	55
clobetasol propionate e	28	COLCRYS ORAL TABLET 0.6 MG. .	17	COTELLIC	18
clobetasol propionate external cream	29	COLESEVELAM hcl oral tablet	22	COTEMPLA XR-ODT	25
clobetasol propionate external foam	29	COLESTID ORAL TABLET	22	COVARYX	43
clobetasol propionate external gel	29	colestipol hcl oral tablet	22	COVARYX HS	43
clobetasol propionate external liquid	29	COMBIGAN	55	COZAAR	22
clobetasol propionate external ointment	29	COMBIPATCH	43	CREON	41
clobetasol propionate external shampoo	29	COMBIVENT RESPIMAT	58	CRESEMBA ORAL	16
		COMIRNATY	52	CRESTOR	22
		COMPLERA	20	CREXONT	19
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		COMTAN ORAL TABLET 200 MG. .	19	cromolyn sodium oral	40
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		CONCERTA	25	curae	43
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		CONTOUR NEXT EZ KIT W/ DEVICE	32		

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cvs nicotine polacrilex.....	10	D-CARE GLUCOMETER	32	desloratadine oral tablet	57
cvs prenatal.....	38	dabigatran etexilate mesylate ...	13	desmopressin acetate oral.....	47
CVS TRUE METRIX GLUCOSE TEST.....	32	dalfampridine er	26	desmopressin acetate spray	47
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cyanocobalamin nasal.....	38	dantrolene sodium oral.....	60	desonide external lotion	29
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	60	DAPAGLIFLOZIN PRO-METFORMIN ER	36	desonide external ointment	29
cyclobenzaprine hcl oral tablet 7.5 mg	60	DAPAGLIFLOZIN PROPANEDIOL .	36	DESOWEN.....	29
CYCLOGYL.....	56	dapsone external	29	desoximetasone external cream .	29
cyclopentolate hcl ophthalmic ...	56	dapsone oral	17	desoximetasone external ointment	29
cyclophosphamide oral capsule ..	18	darunavir.....	20	desvenlafaxine succinate er	15
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		DEPAKOTE	13	dextroamphetamine sulfate er ...	25
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		DEPO-SUBQ PROVERA 104	43	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13
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		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	48		
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diclofenac sodium external gel 1 %	10
diclofenac sodium external gel 3 %.....	29
diclofenac sodium ophthalmic....	54
diclofenac sodium oral	10
diclofenac-misoprostol	10
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ELEPSIA XR	13	EPANED	23	capsule delayed release.....	40
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eletriptan hydrobromide.....	17	EPIDIOLEX.....	13	packet.....	40
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eluryng.....	43	EPIPEN JR 2-PAK	56	estradiol patch twice weekly	
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EMEND ORAL CAPSULE.....	16	eq nicotine mouth/throat gum		0.075 mg/24hr transdermal.....	44
EMGALITY	17	4 mg	11	estradiol patch twice weekly	
EMPAVELI.....	50	eq nicotine polacrilex.....	11	0.1 mg/24hr transdermal.....	44
emtricitabine-tenofovir df oral		eq nicotine step 3.....	11	estradiol transdermal gel	
tablet 100-150 mg, 133-200 mg,		eq nicotine polacrilex mouth/		0.25 mg/0.25gm, 0.5 mg/0.5gm,	
167-250 mg	20	throat lozenge 2 mg, 4 mg	11	0.75 mg/0.75gm, 1 mg/gm,	
emtricitabine-tenofovir df oral		EQUETRO	21	1.25 mg/1.25gm.....	44
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emzahh.....	43	ERIVEDGE	18	0.75 mg/1.25 gm (0.06%).....	44
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ENLITE GLUCOSE SENSOR.....	32	erythromycin base oral tablet		eszopiclone	60
enoxaparin sodium injection		delayed release	12	ethambutol hcl oral.....	17
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ENSTILAR.....	29	erythromycin ophthalmic	54	etodolac er.....	10
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everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18	FELBATOL ORAL SUSPENSION 600 MG/5ML	13	fluocinolone acetonide body	29
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EVERSENSE 365 SMART TRANSMIT	32	felodipine er	23	fluocinolone acetonide otic.....	56
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EVERSENSE SENSOR/HOLDER...	33	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	23	FLUORIDEX ENHANCED WHITENING.....	27
EVERSENSE SMART TRANSMITTER.....	33	FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG.....	23	FLUORIMAX 5000.....	27, 38
EVISTA	54	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	23	FLUORIMAX 5000 SENSITIVE....	38
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EVOXAC.....	27	fenofibric acid oral capsule delayed release	23	fluorometholone	54
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exemestane.....	18	FEXMID	60	fluoxetine hcl oral capsule delayed release	15
EXFORGE	23	FINACEA EXTERNAL FOAM.....	29	fluoxetine hcl oral solution.....	15
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EXTAVIA SUBCUTANEOUS KIT 0.3 MG.....	26	finasteride oral tablet 5 mg	42	fluoxetine hcl oral tablet 20 mg, 60 mg	15
EYSUVIS	54	fingolimod hcl	26	fluphenazine hcl oral tablet.....	20
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FARXIGA	36	flecainide acetate	23	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	58
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