



Your 2027 Prescription Drug List

Louisiana Access 4-Tier

Effective January 1, 2027



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare and Student Resources medical plans with corporate offices located in Louisiana when sold in your market with a pharmacy benefit subject to the Access 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and when your plan renews.

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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 5 for more information.

When does the PDL change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier or be excluded from coverage most often upon your group's renewal.

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) 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. 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.**

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage – There may be 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 covered at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification)¹ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program – 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 therapy² – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. 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 benefit plan.

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

2. Not applicable to certain Student Resources plans.



Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **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 tablet	1	
ALLZITAL	4	
apap-caff-dihydrocodeine	1	
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	
endocet	1	
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl	1	PA, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
JOURNAVX	4	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	

Drug name	Drug tier	Requirements & limits
methadone hcl oral tablet	1	PA, QL
morphine sulfate er	1	PA, QL
morphine sulfate oral tablet	1	
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
premium lidocaine external ointment 5 %	1	QL
tapentadol hcl	1	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tramadol-acetaminophen	1	
TREZIX	3	
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	1	H
aspirin adult low dose	1	H
aspirin adult low strength	1	H
aspirin childrens	1	H
aspirin ec adult low dose	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
aspirin ec low dose	1	H
aspirin ec low strength	1	H
aspirin low dose	1	H
aspirin oral tablet chewable	1	H
aspirin oral tablet delayed release 81 mg	1	H
aspirin regimen	1	H
celecoxib oral	1	
cvs aspirin adult low dose	1	H
cvs aspirin adult low strength	1	H
cvs aspirin ec	1	H
cvs aspirin low dose	1	H
cvs aspirin low strength	1	H
DAYPRO ORAL TABLET 600 MG	4	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
eq aspirin adult low dose	1	H
eq aspirin low dose	1	H
eq aspirin low dose	1	H
etodolac	1	
ft aspirin low dose	1	H
ft aspirin oral tablet chewable	1	H
gnp adult aspirin low strength	1	H
gnp aspirin low dose	1	H
gnp aspirin oral tablet delayed release 81 mg	1	H
goodsense aspirin low dose	1	H
goodsense aspirin oral tablet chewable	1	H
h-e-b aspirin	1	H

Drug name	Drug tier	Requirements & limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
kls aspirin low dose	1	H
kp aspirin	1	H
meloxicam oral tablet	1	
mm aspirin	1	H
nabumetone oral	1	
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	
qc aspirin low dose	1	H
qc childrens aspirin	1	H
ra aspirin adult low dose oral tablet chewable 81 mg	1	H
ra aspirin adult low strength oral tablet chewable 81 mg	1	H
ra aspirin childrens oral tablet chewable 81 mg	1	H
ra aspirin ec adult low st oral tablet delayed release 81 mg	1	H
ra aspirin ec oral tablet delayed release 81 mg	1	H
sm aspirin low dose oral tablet chewable 81 mg	1	H
sm childrens aspirin oral tablet chewable 81 mg	1	H
sulindac oral	1	
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
ft naloxone hcl	1	
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	
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
goodsense nicotine polacrilex	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
KLOXXADO	1	
kls quit2	1	H
kls quit4	1	H
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	1	(Includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H

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
OPVEE	1	
qc nicotine transdermal system	1	H
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	
REZENOPY	3	
sm nicotine mouth/throat gum	1	H
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	1	H
THRIVE	4	H
varenicline tartrate	1	H
ZUBSOLV	1	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	4	
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
BLUJEPA	4	
cefadroxil oral capsule	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
cefadroxil oral suspension reconstituted	1		levofloxacin oral tablet	1	
cefdinir	1		linezolid oral tablet	1	
cefixime oral capsule	1		MACROBID	4	
cefpodoxime proxetil oral tablet	1		MACRODANTIN	4	
cefprozil	1		methenamine hippurate	1	
cefuroxime axetil	1		metronidazole oral tablet 250 mg, 500 mg	1	
cephalexin	1		metronidazole vaginal	1	
CIPRO ORAL TABLET	4		minocycline hcl oral capsule	1	
ciprofloxacin hcl oral	1		moxifloxacin hcl oral	1	
clarithromycin oral tablet	1		mupirocin cream	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		mupirocin ointment	1	
CLEOCIN ORAL CAPSULE 75 MG	2		neomycin sulfate oral	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		nitrofurantoin macrocrystal	1	
CLEOCIN VAGINAL CREAM	4		nitrofurantoin monohydrate macrocrystals	1	
clindamycin hcl oral	1		NUVESSA	4	
clindamycin palmitate hcl	1		NUZYRA ORAL	4	
clindamycin phosphate vaginal	1		ORLYNVAH	4	
CLINDESSE	2		penicillin v potassium	1	
dicloxacillin sodium	1		PIVYA	4	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL	SILVADENE	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	1		silver sulfadiazine external	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		ssd	1	
doxycycline monohydrate oral	1		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
E.E.S. GRANULES	3		sulfamethoxazole-trimethoprim oral tablet	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		sulfatrim pediatric	1	
ERYPED 400	4		tetracycline hcl oral capsule	1	
erythromycin base oral tablet	1		tinidazole oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		trimethoprim oral	1	
fidaxomicin	1	QL	VANCOCIN	4	
fosfomycin tromethamine	1		vancomycin hcl oral capsule	1	
gentamicin sulfate external	1		VANDAZOLE	4	
HIPREX	4		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
			XACIATO	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	PA
XIFAXAN ORAL TABLET 550 MG	3	PA, QL
ZITHROMAX	4	
Anticoagulants - Drugs to treat or prevent blood clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral tablet	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for seizures		
APTOM	4	PA
brivaracetam oral tablet	1	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	1	PA

Drug name	Drug tier	Requirements & limits
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	4	
KEPPRA XR	4	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
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 BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	4	
ONFI	4	
oxcarbazepine	1	
perampanel oral tablet	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
primidone oral	1	
roweepra	1	
subvenite oral tablet	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO 10 MG DOSE	3	PA, QL
VALTOCO 15 MG DOSE	3	PA, QL
VALTOCO 20 MG DOSE	3	PA, QL
VALTOCO 5 MG DOSE	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	

Antidementia agents - Drugs for Alzheimer's disease and dementia

donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	

Antidepressants - Drugs for depression

amitriptyline hcl oral	1	
AUVELITY	4	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

Drug name	Drug tier	Requirements & limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
EXXUA	4	ST, QL
EXXUA TITRATION PACK	4	ST, QL
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	QL
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
RALDESY	4	PA
sertraline hcl oral	1	
SPRAVATO	4	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
venlafaxine hcl	1	
venlafaxine hcl er	1	
vilazodone hcl	1	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule	1	
doxylamine-pyridoxine	1	PA
dronabinol oral capsule	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	1	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	

Drug name	Drug tier	Requirements & limits
klayesta	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	
Antigout agents - Drugs for gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA, QL
rizatriptan benzoate oral	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	4	
UBRELVI	2	PA, ST, QL
ZAVZPRET	4	PA, ST
ZEMBRACE SYMTOUCH	4	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abirtega	1	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
BRUKINSA ORAL CAPSULE	3	PA, ST, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ENSACOVE	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
GAVRETO	4	PA, QL, SP
hydroxyurea oral	1	
HYRNUO	2	PA, QL, SP
IBRANCE ORAL TABLET	4	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL SUSPENSION	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	4	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	2	PA, QL, SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA, QL, SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA, QL, SP
KOSELUGO ORAL CAPSULE	3	PA, QL, SP
lederle leucovorin	1	
lenalidomide	1	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
leuprolide acetate injection	1	PA, SP
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
pomalidomide	1	PA, QL, SP
RETEVMO	4	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
TEPMETKO	4	PA, QL, SP
torpenz	1	PA, QL, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
yulithira	1	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for parasitic infections		
ARAKODA	4	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE EXTERNAL CREAM 5 %	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
MALARONE	4	
mefloquine hcl	1	
permethrin external	1	
STROMECTOL	4	PA, QL

Drug name	Drug tier	Requirements & limits
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	4	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
risperidone	1	
VRAYLAR	4	QL
ziprasidone hcl	1	
Antivirals - Drugs for viral infections		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	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	
famciclovir oral	1	
GENVOYA	4	QL
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	4	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
valacyclovir hcl oral	1	
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION ORAL TABLET 0.25 MG	4	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ARB LI	4	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
azilsartan medoxomil	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDURA	4	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	

Drug name	Drug tier	Requirements & limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine patch weekly	1	
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
CORLANOR ORAL TABLET	3	PA, QL
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBYCLOR	4	
enalapril maleate oral solution	1	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fosinopril sodium	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
HEMICLOR	4	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
indapamide	1		NEXLETOL	2	PA, ST, QL
INZIRQO	4	PA	NEXLIZET	2	PA, ST, QL
irbesartan	1		niacin er (antihyperlipidemic)	1	
irbesartan-hydrochlorothiazide	1		nifedipine er	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		nifedipine er osmotic release	1	
isosorbide mononitrate er	1		nifedipine oral	1	
ivabradine hcl	1	PA, QL	nitro-bid	1	
KAPSPARGO SPRINKLE	4		NITRO-DUR	3	
KERENDIA	4	PA, QL	nitroglycerin rectal	1	QL
labetalol hcl oral	1		nitroglycerin sublingual	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nitroglycerin transdermal	1	
LANOXIN ORAL TABLET 62.5 MCG	4		NITROSTAT	4	
LASIX	4		NORLIQVA	4	PA
lisinopril oral	1		olmesartan medoxomil oral	1	
lisinopril-hydrochlorothiazide	1		olmesartan medoxomil-hctz	1	
LODOCO	4	QL	olmesartan-amlodipine-hctz	1	
LOPID	4		omega-3-acid ethyl esters	1	
LOPRESSOR ORAL SOLUTION	4	PA	PACERONE ORAL TABLET 100 MG, 400 MG	3	
losartan potassium oral	1		PACERONE ORAL TABLET 200 MG	4	
losartan potassium-hctz	1		pentoxifylline er	1	
LOTENSIN	4		pravastatin sodium	1	
LOTENSIN HCT	4		prazosin hcl oral	1	
lovastatin oral	1	H	prevalite	1	
matzim la	1		propafenone hcl	1	
metolazone	1		propafenone hcl er	1	
metoprolol succinate er	1		propranolol hcl er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1		propranolol hcl oral	1	
metoprolol-hydrochlorothiazide	1		QUESTRAN	4	
mexiletine hcl oral	1		QUESTRAN LIGHT	4	
midodrine hcl	1		ramipril	1	
minoxidil oral	1		ranolazine er	1	
MULTAQ	4	PA	RECTIV	4	QL
nadolol oral	1		REPATHA	2	QL
nebivolol hcl	1		REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ ORAL TABLET 20 MG, 40 MG	4	QL
SOAANZ ORAL TABLET 60 MG	4	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
TEKTURNA	3	
telmisartan	1	
telmisartan-hctz	1	
THALITONE	4	
tiadylt er	1	
TIAZAC	4	
TIKOSYN	4	
torseamide	1	
trandolapril	1	
triamterene-hctz	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	4	PA, QL, SP
valsartan oral solution	1	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA, QL
VYNDAQEL ORAL CAPSULE 20 MG	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
ZESTRIL TABLET 10 MG ORAL	4	
ZESTRIL TABLET 20 MG ORAL	4	
ZESTRIL TABLET 5 MG ORAL	4	
Central nervous system agents - Drugs for attention deficit disorder		
ADZENYS XR-ODT	4	QL
amphetamine er	1	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	QL
atomoxetine hcl oral capsule	1	QL
AZSTARYS	2	ST, QL
clonidine hcl er	1	
COTEMPLA XR-ODT	4	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	4	QL
EVEKEO	4	
FOCALIN	4	
guanfacine hcl er	1	
JORNAY PM	2	ST, QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	4	
METHYLPHENIDATE ER	4	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er(diffus)	1	QL
methylphenidate hcl oral	1	
MYDAYIS	4	QL
ONYDA XR	3	QL
QUILLICHEW ER	4	QL
QUILLIVANT XR	4	QL

Central nervous system agents - Drugs for multiple sclerosis

AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	1	PA, QL, SP

Central nervous system agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYNKUET	4	PA, QL
LYRICA ORAL CAPSULE	4	
milnacipran hcl oral tablet	1	QL
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA, SP

Drug name	Drug tier	Requirements & limits
TIGLUTIK	3	PA, SP
VEOZAH	4	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

Dental and oral agents - Drugs for mouth and throat conditions

cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
JUST RIGHT 5000	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological agents - Drugs for skin conditions		
ACANYA	4	
acutane	1	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
ADBRY	2	PA, QL, SP
AKLIEF	4	PA
alclometasone dipropionate	1	
amnestem	1	
AMZEEQ	4	
ANZUPGO	4	PA, SP
AVAR CLEANSER	4	
AVAR LS CLEANSER	3	
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	

Drug name	Drug tier	Requirements & limits
CALCITRENE	3	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	4	
clindacin etz	1	
clindacin-p	1	
CLINDAGEL	4	
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos (twice-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	4	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
clobetasol propionate external shampoo	1		halobetasol propionate external cream	1	
clobetasol propionate external solution	1		halobetasol propionate external ointment	1	
clodan	1		hydrocortisone external cream 2.5 %	1	
clotrimazole-betamethasone	1		hydrocortisone external lotion 2.5 %	1	
dapsone external	1		hydrocortisone external ointment 1 %, 2.5 %	1	
DERMACINRX UREA	4		hydrocortisone valerate external cream	1	
DERMACURE	4		ICOTYDE	2	PA, QL, SP
DERMA-SMOOTH/FS BODY	4		imiquimod external cream 5 %	1	
DERMA-SMOOTH/FS SCALP	4		IMPOYZ	4	
desonide external cream	1		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
desonide external lotion	1		KLARON	4	
desonide external ointment	1		KLISYRI	4	ST
DESOWEN EXTERNAL CREAM 0.05 %	3		METROCREAM EXTERNAL CREAM 0.75 %	4	
desoximetasone external cream	1		METROLOTION EXTERNAL LOTION 0.75 %	4	
desoximetasone external ointment	1		metronidazole external	1	
diclofenac sodium external gel 3 %	1	PA	MIRVASO	2	PA
DIPROLENE	4		mometasone furoate external	1	
DRYSOL	2		NEMLUVIO	2	PA, QL, SP
DUPIXENT	2	PA, QL, SP	neuac	1	QL
EBGLYSS	2	PA, QL, SP	ONEXTON	4	
EFUDEX EXTERNAL CREAM 5 %	4		OPZELURA	4	PA, QL, SP
ENSTILAR	4		OVACE PLUS WASH EXTERNAL LIQUID 10 %	4	
ERYGEL EXTERNAL GEL 2 %	3		OVACE WASH EXTERNAL LIQUID 10 %	4	
erythromycin external	1		PANRETIN	3	
EUCRISA	3	ST	PELLIX	4	
FINACEA EXTERNAL FOAM	2		pimecrolimus	1	
fluocinolone acetonide body	1		PLEXION CLEANSER	4	
fluocinolone acetonide external	1		podofilox external solution	1	
fluocinolone acetonide scalp	1		RHOFADE	4	PA
fluocinonide external	1				
fluorouracil external cream 5 %	1				
fluticasone propionate external cream	1				
fluticasone propionate external ointment	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
SYNALAR	4	
tacrolimus external	1	
tazarotene external cream	1	PA
TAZORAC EXTERNAL CREAM	4	PA
TOLAK	4	
TOPICORT	4	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	
TREMFYA	2	PA, QL, SP
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	
triderm	1	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	

Drug name	Drug tier	Requirements & limits
VTAMA	4	PA
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	4	
zenatane	1	
ZILXI	4	PA, ST
ZORYVE	4	PA
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA
Diabetes - Glucose monitoring and supplies		
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	QL
ACCU-CHEK GUIDE KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE ME KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BIGFOOT UNITY PROGRAM	3	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT PRECISION POLY HUB	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CEQUR SIMPLICITY 2U 10PK	3	ST

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
CONTOUR NEXT EZ KIT W/ DEVICE	1	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT ONE KIT	1	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 15 DAY SENSOR	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
DROPSAFE SICURA	2	
EMBECTA AUTOSHIELD 30GX5MM	2	QL
EMBECTA INSULIN SYRINGE	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA PEN NEEDLE/ NANO/32G X 4MM	2	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 3 READER	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL

Drug name	Drug tier	Requirements & limits
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 SENSOR 3	3	PA, QL
INPEN 100-BLUE-LILLY-HUMALOG	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP	3	ST
INPEN 100-GREY-LILLY-HUMALOG	3	ST
INPEN 100-GREY-NOVOLOG-FIASP	3	ST
INPEN 100-PINK-LILLY-HUMALOG	3	ST
INPEN 100-PINK-NOVOLOG-FIASP	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MINIMED 630G GUARDIAN PRESS	3	PA
MINIMED INSTINCT GLUC SENSOR	3	PA, QL
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 LIBRE INTRO	2	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
OMNIPOD 5 LIBRE PODS	2	PA
RELION GLUCOSE TEST STRIPS	4	QL
SIMPLERA SYNC SENSOR	3	PA
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
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	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	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 SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R VIAL	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	

Drug name	Drug tier	Requirements & limits
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-insulin agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	
CYCLOSET	3	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLUCAGON EMERGENCY KIT	2	(manufactured by Fresenius)
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCOTROL XL	4	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
GVOKE KIT	2	
GVOKE PFS	2	
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA, QL
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	1	
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
sitagliptin phos-metformin hcl	1	QL
sitagliptin phosphate	1	QL
SOLIQUA	2	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	2	SP
AFSTYLA	2	SP
ALPROLIX	3	SP

Drug name	Drug tier	Requirements & limits
ALTUVIIIO	2	SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTelet	4	PA, QL, SP
ELOCTATE	2	SP
eltrombopag olamine oral tablet	1	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA, QL, SP
IDELVION	3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBIMATE	2	SP
RETACRIT	2	QL, SP
tranexamic acid oral	1	QL
UDENYCA	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	4	PA, QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	4	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	4	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	4	
FLORIVA PLUS	4	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	4	
FLOTREX ORAL TABLET CHEWABLE 1 MG	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	

Drug name	Drug tier	Requirements & limits
multivitamin w/fluoride	1	
multivitamin/fluoride	1	
multi-vitamin/fluoride	1	
MULTI-VIT-FLOR	4	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POLY-VI-FLOR	4	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	4	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
tolvaptan oral tablet therapy pack	1	PA, QL, SP
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
TRI-VI-FLOR	3	
TRI-VITAMIN WITH FLUORIDE	4	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
cimetidine oral	1	
CYTOTEC	4	
esomeprazole magnesium oral packet	1	PA, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	1	PA, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	

Drug name	Drug tier	Requirements & limits
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
AMITIZA	4	PA, QL
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	1	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
lubiprostone	1	PA, QL
MOVIPREP	4	
na sulfate-k sulfate-mg sulf	1	
NULEV	4	
OSCIMIN	4	
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	
prucalopride succinate	1	PA, QL
REZDIFFRA	4	PA, QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	4	PA, ST, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or enzyme disorder - Drugs for replacement, modification, treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	4	
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
SUCRAID	2	PA, SP
VYNDAMAX	2	PA, QL, SP
YUWIWEL	4	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	
ELMIRON	4	ST
FILSPARI	4	PA, QL, SP
GEMTESA	4	
mirabegron er oral tablet extended release 24 hour	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	4	PA, QL, SP
VELPHORO	4	ST
VESICARE	4	
VOYXACT	4	PA, QL, SP
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
TEZRULY	4	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	1	
ACTIVEVILLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	

Drug name	Drug tier	Requirements & limits
COVARYX HS	3	
cryselle	1	H
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
estradiol patch twice weekly	1	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
estrogens conjugated	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H

Drug name	Drug tier	Requirements & limits
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	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 oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
lo-zumandimine	1	H
luizza 1.5/30	1	H
luizza 1/20	1	H
luteria	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	4	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

Drug name	Drug tier	Requirements & limits
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 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
nylia 1/35	1	H
nylia 7/7/7	1	H
ocella oral tablet 3-0.03 mg	1	H
orquidea	1	H
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROVERA	4	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	4	
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	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

Drug name	Drug tier	Requirements & limits
Hormonal agents - Oral steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NORDITROPIN FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOGROYA	4	PA, QL, SP
Hormonal agents - Testosterone replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %	1	PA, QL (generic Androgel Pump)

Hormonal agents - Thyroid

ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	4	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	

Drug name	Drug tier	Requirements & limits
THYQUIDITY	4	PA
thyroid oral	1	
TIROSINT	4	
TIROSINT-SOL	2	PA
unithroid	1	

Immunological agents - Drugs for immune system stimulation or suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AVTOZMA SUBCUTANEOUS	3	PA, ST, QL, SP
AZASAN	4	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
cyclosporine modified oral capsule	1	
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
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	SP
gengraf	1	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP
HYFTOR	4	PA, QL
JYLAMVO	4	PA
KEVZARA	4	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RINVOQ LQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	2	PA, QL, SP
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	H
TENIVAC	3	H
tofacitinib citrate er	1	PA, QL, SP
tofacitinib citrate oral tablet	1	PA, QL, SP
TREXALL	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	H
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
XOLAIR	2	PA, QL, SP
YESINTEK	2	PA, QL, SP
Immunological agents - Drugs for vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
COMIRNATY 5-11 YEARS	3	H
ENGERIX-B	2	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
FLUAD	3	H
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE	3	H
FLUZONE HIGH-DOSE	3	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
MNEXSPIKE	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
clomid	1	

Drug name	Drug tier	Requirements & limits
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 Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	ST, SP
MENOPUR	4	QL, SP
milophene	1	
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
progesterone vaginal	1	
Inflammatory bowel disease agents		
ANALPRAM HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	4	
ANUCORT-HC	2	
ANUSOL-HC	4	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
EOHILIA	4	PA, QL
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	4	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	QL
PROCORT	4	
PROCTOCORT RECTAL	4	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA RECTAL ENEMA 4 GM/60ML	4	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	4	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	4	
YORVIPATH	4	PA, QL, SP

Drug name	Drug tier	Requirements & limits
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
ALREX	4	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	4	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PROLENSA	4	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
XDEMVY	4	PA, QL
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	
bimatoprost ophthalmic solution 0.03 %	1	
bimatoprost solution 0.01 % ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brinzolamide	1	
COMBIGAN	1	
COSOPT	4	
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	

Drug name	Drug tier	Requirements & limits
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	4	
IYUZEH	4	
latanoprost ophthalmic	1	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	4	
travoprost (bak free)	1	
VYZULTA	4	
ZIOPTAN	3	ST
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
MIEBO	4	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	4	PA, QL
TRYPTYR	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	2	PA, QL
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetone otic	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for anaphylaxis		
AUVI-Q	2	
epinephrine solution auto-injector	1	
NEFFY	4	
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
desloratadine oral tablet	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	4	PA, QL
olopatadine hcl nasal	1	

Drug name	Drug tier	Requirements & limits
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RHAPSIDO	2	PA, QL, SP
RYALTRIS	4	
sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
ACCOLATE ORAL TABLET 10 MG, 20 MG	4	
ADVAIR HFA	2	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
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	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	4	ST, QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	4	PA, QL, SP
FLEXICHAMBER	2	
FLUTICASONE FUROATE-VILANTEROL	4	QL, RS
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	4	QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	4	QL, RS

Drug name	Drug tier	Requirements & limits
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
INSPIREASE	2	
ipratropium bromide hfa	1	QL
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	4	QL
PROCHAMBER VHC	2	
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX HFA	3	
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
nintedanib esylate	1	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
macitentan	1	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL, SP
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, QL, SP
YUTREPIA	2	PA, QL, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	

Drug name	Drug tier	Requirements & limits
TANLOR	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	1	QL
BELSOMRA	4	QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUMRYZ STARTER PACK	4	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	4	
SILENOR	4	QL
sodium oxybate solution 500 mg/ml oral	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
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請注意： 如果您說**中文 (Chinese - Traditional)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

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

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

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

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر یہ زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ پزرگ، در دسترس شما هستند. یا شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

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

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

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

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

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

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

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