



Your 2027 Prescription Drug List

Texas Traditional 3-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 most commonly prescribed medications and applies to members of our fully insured UnitedHealthcare and Student Resources medical plans with corporate offices located in Texas with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and 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.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic 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. Mostly brand-name drugs, as well as some generics.	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 – 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 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 ² – 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 ³ – 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 Student Resources plans.

3. 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	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
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 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL

Drug name	Drug tier	Requirements & limits
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
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 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
aspirin childrens	1	H
aspirin ec adult low dose	1	H
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	3	
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	3	
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

Drug name	Drug tier	Requirements & limits
goodsense aspirin oral tablet chewable	1	H
h-e-b aspirin	1	H
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	

See page 5-7 for coverage details.



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

Drug name	Drug tier	Requirements & limits
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
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	QL
REZENOPY	3	QL
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	3	H
varenicline tartrate	1	H
ZUBSOLV	1	QL

Antibacterials - Drugs for infections

amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XEPI	3	
XIFAXAN	3	PA, QL
ZITHROMAX	3	

Anticoagulants - Drugs to treat or prevent blood clots

dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
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

APTIOM	3	PA
brivaracetam oral tablet	1	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 oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
diazepam rectal	1	QL

Drug name	Drug tier	Requirements & limits
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	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	3	PA
KEPPRA XR	3	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA
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, QL
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
perampanel oral tablet	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
subvenite oral tablet	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
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	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	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	

Drug name	Drug tier	Requirements & limits
Antidepressants - Drugs for depression		
amitriptyline hcl oral	1	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl 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, 60 mg	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
EXXUA	3	ST, QL
EXXUA TITRATION PACK	3	ST, QL
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
SPRAVATO	3	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	1	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule	1	QL
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	3	
scopolamine	1	
Antifungals - Drugs for fungal infections		
cicloclan	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	3	PA, ST, QL

Drug name	Drug tier	Requirements & limits
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc external powder 100000 unit/gm	1	QL
nystatin external	1	QL
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout agents - Drugs for gout		
allopurinol oral tablet 100 mg, 300 mg	1	
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	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
rizatriptan benzoate oral	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL

Antimyasthenic agents - Drugs to treat myasthenia gravis

pyridostigmine bromide oral tablet 60 mg	1	
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Antimycobacterials - Drugs to treat infections

dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
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	3	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
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	3	PA, QL, SP
hydroxyurea oral	1	
HYRNUO	2	PA, QL, SP
IBRANCE ORAL TABLET	3	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	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	2	PA, QL, SP
KISQALI (400 MG DOSE)	2	PA, QL, SP
KISQALI (600 MG DOSE)	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	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP

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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	3	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCSEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	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	3	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	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE EXTERNAL CREAM 5 %	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
STROMEKTOL	3	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	3	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
SINEMET	3	
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	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL

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Drug name	Drug tier	Requirements & limits
risperidone	1	
VRAYLAR	3	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	3	QL
CIMDUO	2	QL
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	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	3	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	3	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	3	QL
valacyclovir hcl oral tablet 1 gm	1	QL
valacyclovir hcl oral tablet 500 mg	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	3	
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	

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Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
LITHOBID	3	PA	clonidine patch weekly	1	
Cardiovascular agents - Drugs for heart and circulation conditions			colesevelam hcl oral tablet	1	
acebutolol hcl oral	1		COLESTID ORAL TABLET	3	
acetazolamide er	1		colestipol hcl oral tablet	1	
acetazolamide oral	1		CORLANOR ORAL TABLET	3	PA, QL
amiloride hcl oral	1		digoxin oral tablet	1	
amiodarone hcl oral	1		diltiazem hcl er	1	
amlodipine besylate oral	1		diltiazem hcl er beads	1	
amlodipine besylate-benazepril hcl	1		diltiazem hcl er coated beads	1	
amlodipine besylate-valsartan	1		diltiazem hcl oral	1	
amlodipine-olmesartan	1		dilt-xr	1	
ARBLI	3	PA	dofetilide	1	
atenolol oral	1		doxazosin mesylate oral	1	
atenolol-chlorthalidone	1		enalapril maleate oral solution	1	PA
ATORVALIQ	3	PA	enalapril maleate oral tablet	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	enalapril-hydrochlorothiazide	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		eplerenone	1	
benazepril hcl oral	1		ezetimibe	1	
benazepril-hydrochlorothiazide	1		ezetimibe-simvastatin	1	
bisoprolol fumarate oral	1		felodipine er	1	
bisoprolol-hydrochlorothiazide	1		fenofibrate micronized	1	
bumetanide oral	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
BUMEX	3		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
CAMZYOS	3	PA, QL, SP	fenofibric acid oral capsule delayed release	1	
candesartan cilexetil	1		flecainide acetate	1	
candesartan cilexetil-hctz	1		fosinopril sodium	1	
captopril oral	1		furosemide oral	1	
CARDURA	3		gemfibrozil oral	1	
cartia xt	1		guanfacine hcl	1	
carvedilol	1		HEMANGEOL	3	
chlorthalidone	1		hydralazine hcl oral	1	
cholestyramine light	1		hydrochlorothiazide oral	1	
cholestyramine oral	1		indapamide	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1		INZIRQO	3	PA
			irbesartan	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	3	QL
LOPID	3	
LOPRESSOR ORAL SOLUTION	3	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	H
matzim la	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	1	

Drug name	Drug tier	Requirements & limits
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nitro-bid	1	
NITRO-DUR	3	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL
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

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Drug name	Drug tier	Requirements & limits
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
TEKTURNA	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
toremide	1	
trandolapril	1	
triamterene-hctz	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	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	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL ORAL CAPSULE 20 MG	2	PA, QL, SP
Central nervous system agents - Drugs for attention deficit disorder		
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL

Drug name	Drug tier	Requirements & limits
atomoxetine hcl oral capsule	1	QL
AZSTARYS	3	ST, QL
clonidine hcl er	1	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
FOCALIN	3	
guanfacine hcl er	1	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	3	
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
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er(diffus)	1	QL
methylphenidate hcl oral	1	
ONYDA XR	3	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	3	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

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Drug name	Drug tier	Requirements & limits
teriflunomide	1	PA, QL, SP
Central nervous system agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYNKUET	3	PA, QL
LYRICA ORAL CAPSULE	3	PA
milnacipran hcl oral tablet	1	QL
NUDEXTA	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
TIGLUTIK	3	PA, SP
VEOZAH	3	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	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
JUST RIGHT 5000	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	

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

See page 5-7 for coverage details.



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

Drug name	Drug tier	Requirements & limits
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	1	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	1	QL
desonide external lotion	1	QL
desonide external ointment	1	QL
DESOWEN EXTERNAL CREAM 0.05 %	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	1	QL
diclofenac sodium external gel 3 %	1	PA, QL
DIPROLENE	3	
DRYSOL	3	
DUPIXENT	2	PA, QL, SP
EBGLYSS	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	QL
ERYGEL EXTERNAL GEL 2 %	3	
erythromycin external	1	
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	1	QL
fluocinolone acetonide external cream	1	QL
fluocinolone acetonide external ointment	1	QL
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external gel	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
fluocinonide external ointment	1		OVACE WASH EXTERNAL LIQUID 10 %	3	
fluocinonide external solution	1		PANRETIN	3	
fluorouracil external cream 5 %	1		PELLIX	3	QL
fluticasone propionate external cream	1		pimecrolimus	1	QL
fluticasone propionate external ointment	1		podofilox external solution	1	
halobetasol propionate external cream	1	QL	RHOFADE	3	PA, QL
halobetasol propionate external ointment	1	QL	SANTYL	3	QL
hydrocortisone external cream 2.5 %	1		selenium sulfide external lotion	1	
hydrocortisone external lotion 2.5 %	1		sodium sulfacetamide wash	1	
hydrocortisone external ointment 1 %, 2.5 %	1		SOOLANTRA	1	QL
hydrocortisone valerate external cream	1	QL	STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
ICOTYDE	2	PA, QL, SP	STEQEYMA SUBCUTANEOUS SOLUTION	2	SP
imiquimod external cream 5 %	1		STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		sulfacetamide sodium (acne)	1	
KLARON	3		sulfacetamide sodium external	1	
KLISYRI	3	ST, QL	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
METROCREAM EXTERNAL CREAM 0.75 %	3		sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
METROLOTION EXTERNAL LOTION 0.75 %	3		tacrolimus external	1	QL
metronidazole external cream	1		tazarotene external cream	1	PA, QL
metronidazole external gel 0.75 %	1		TAZORAC EXTERNAL CREAM	3	PA, QL
metronidazole external lotion	1		TOPICORT	3	QL
MIRVASO	2	PA, QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
mometasone furoate external	1		TREMFYA	2	PA, QL, SP
NEMLUVIO	2	PA, QL, SP	tretinoin external cream	1	QL
neuac	1	QL	triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
OPZELURA	3	PA, QL, SP	triamcinolone acetonide external cream 0.5 %	1	QL
OVACE PLUS WASH EXTERNAL LIQUID 10 %	3		triamcinolone acetonide external lotion	1	
			triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
			triderm	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
VTAMA	3	PA, QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	3	QL
zenatane	1	
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
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

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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
FREESTYLE LIBRE 3 SENSOR	3	PA, 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 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, QL

Drug name	Drug tier	Requirements & limits
OMNIPOD 5 LIBRE INTRO	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
RELION GLUCOSE TEST STRIPS	3	QL
SIMPLERA SYNC SENSOR	3	PA
TECHLITE INSULIN SYRINGES (Arkay)	2	QL
TECHLITE PEN NEEDLES (Arkay)	2	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-insulin agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
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, 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	3	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
GVOKE HYPOPEN 1-PACK	2	QL

Drug name	Drug tier	Requirements & limits
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
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
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
ALTUVIIIIO	2	SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ALVAIZ	3	PA, SP	Electrolytes / Vitamins		
ARANESP (ALBUMIN FREE)	2	QL, SP	CARNITOR ORAL SOLUTION	3	
BENEFIX	2	SP	CARNITOR SF	3	
DOPTELET	3	PA, QL, SP	CO-NATAL FA	2	
ELOCTATE	2	SP	cyanocobalamin injection solution 1000 mcg/ml	1	
eltrombopag olamine oral tablet	1	PA, SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
FABHALTA	2	PA, QL, SP	cyanocobalamin nasal	1	
HEMLIBRA	2	PA, SP	DENTA 5000 PLUS SENSITIVE	3	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA, QL, SP	DODEX INJECTION SOLUTION 1000 MCG/ML	3	
IDELVION	3	SP	DRISDOL	3	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP	ergocalciferol oral capsule	1	
KOVALTRY	2	SP	FLOTREX ORAL TABLET CHEWABLE 1 MG	3	
NEULASTA	2	SP	FLUORIMAX 5000 SENSITIVE	3	
NIVESTYM	2	SP	folic acid oral tablet 1 mg	1	
NOVOEIGHT	2	SP	klor-con	1	
NUWIQ	2	SP	klor-con 10	1	
RECOMBINATE	2	SP	klor-con m10	1	
RETACRIT	2	QL, SP	klor-con m15	1	
tranexamic acid oral	1	QL	klor-con m20	1	
UDENYCA	2	SP	K-PHOS-NEUTRAL	2	
VOYDEYA	2	PA, QL, SP	K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
WILATE	2	SP	levocarnitine oral solution	1	
ZARXIO	2	SP	levocarnitine sf	1	
Drugs for sexual dysfunction			LOKELMA	3	PA, QL
ADDYI	3	PA, QL	M-NATAL PLUS	3	
IMVEXXY MAINTENANCE PACK	2	QL	multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
IMVEXXY STARTER PACK	2	QL	multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
INTRAROSA	3	PA, QL	multivitamin w/fluoride tablet chewable 1 mg oral	1	
OSPHENA	3	PA, QL	multivitamin/fluoride oral tablet chewable	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	NASCOBAL	3	
tadalafil oral	1	QL			
varafenafil hcl oral tablet	1	QL			
VYLEESI	3	PA, QL			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
NEONATAL COMPLETE	3		tri-vite/fluoride	1	
NEONATAL PLUS	3		UROCIT-K 10	3	
NIVA-PLUS	3		UROCIT-K 15	3	
ONE VITE WOMENS PLUS	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
ORACIT	2		VELTASSA	3	PA, QL
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2		VITAFOL FE+	3	
PHOSPHA 250 NEUTRAL	2		VITAFOL ULTRA	3	
phosphorous	1		VITAFOL-OB	3	
phospho-trin 250 neutral	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
pnv 27-ca/fe/fa	1		VITATHELY WITH GINGER	3	
potassium chloride crys er	1		Gastrointestinal agents - Drugs for acid reflux and ulcer		
potassium chloride er	1		cimetidine oral	1	
potassium chloride oral packet 20 meq	1		CYTOTEC	3	
potassium chloride oral solution	1		esomeprazole magnesium oral packet	1	PA, ST, QL
potassium citrate er	1		famotidine oral suspension reconstituted	1	
prenatal oral tablet 27-1 mg	1		lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
prenatal plus	1		misoprostol oral	1	
prenatal plus vitamin/mineral	1		omeprazole oral capsule delayed release	1	
PREVIDENT 5000 ENAMEL PROTECT	3		pantoprazole sodium oral tablet delayed release	1	
PREVIDENT 5000 SENSITIVE	3		PYLERA	3	QL
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3		rabeprazole sodium oral tablet delayed release	1	QL
sod citrate-citric acid oral solution 500-334 mg/5ml	1		sucralfate oral	1	
sod fluoride-potassium nitrate	1		VOQUEZNA	3	PA, QL
sodium fluoride 5000 enamel	1		VOQUEZNA DUAL PAK	3	ST, QL
sodium fluoride 5000 sensitive	1		VOQUEZNA TRIPLE PAK	3	ST, QL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H	Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
sodium fluoride oral tablet chewable	1	H	ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
tolvaptan oral tablet therapy pack	1	PA, QL, SP	BYLVAY	3	PA, QL, SP
TRICARE ORAL TABLET	3				
TRINATAL RX 1	3				
TRINATE	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
BYLVAY (PELLETS)	3	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	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL, 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	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	1	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H

Drug name	Drug tier	Requirements & limits
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
prucalopride succinate	1	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	QL
SYMPROIC	2	PA, 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	3	
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	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
VYNDAMAX	2	PA, QL, SP
YUWIWEL	3	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	3	ST
FILSPARI	3	PA, QL, SP
mirabegron er oral tablet extended release 24 hour	1	ST

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
trospium chloride	1	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST
VOYXACT	3	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	
TEZRULY	3	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
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
aranella	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H

Drug name	Drug tier	Requirements & limits
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	3	QL
COMBIPATCH	3	QL
COVARYX	2	
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	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	etonogestrel-ethinyl estradiol	1	H
drospirenone-ethinyl estradiol	1	H	EVAMIST	2	
DUAVEE	3	QL	falmina	1	H
EEMT	2		feirza 1.5/30	1	H
EEMT HS	3		feirza 1/20	1	H
ELESTRIN	3		FEMRING	3	QL
elinest	1	H	finzala	1	H
ELLA	1	QL, H	fyavolv	1	
eluryng	1	H	gallifrey	1	
emzahh	1	H	hailey 1.5/30	1	H
enilloring	1	H	hailey 24 fe	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H	hailey fe 1.5/30	1	H
enskyce	1	H	hailey fe 1/20	1	H
errin	1	H	haloette vaginal ring 0.12-0.015 mg/24hr	1	H
est estrogens-methyltest	1		heather	1	H
est estrogens-methyltest ds	1		iclevia	1	H
est estrogens-methyltest hs	1		incassia	1	H
estarylla	1	H	introvale	1	H
estradiol oral	1		isibloom	1	H
estradiol patch twice weekly	1	QL	jaimiess	1	H
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1		jasmiel	1	H
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL	jencycla	1	H
estradiol transdermal patch weekly	1	(generic for Climara), QL	jinteli	1	
estradiol vaginal	1		jolessa	1	H
estradiol valerate intramuscular	1		juleber	1	H
estradiol-norethindrone acet	1		junel 1.5/30	1	H
estratest f.s. oral tablet 1.25-2.5 mg	1		junel 1/20	1	H
ESTRATEST H.S.	3		junel fe 1.5/30	1	H
ESTRING	2	QL	junel fe 1/20	1	H
estrogens conjugated	1		junel fe 24	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
larin 1/20	1	H	microgestin fe 1/20	1	H
larin 24 fe	1	H	mili	1	H
larin fe 1.5/30	1	H	mimvey	1	
larin fe 1/20	1	H	mono-lynyah	1	H
leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H	MYFEMBREE	2	PA, QL
lessina	1	H	NATAZIA	1	
levonest	1	H	necon 0.5/35 (28)	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H	nikki	1	H
levonorgest-eth estrad 91-day	1	H	nora-be	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norelgestromin-eth estradiol	1	H
levonorg-eth estrad triphasic	1	H	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
LO LOESTRIN FE	1	H	norethindrone acetate oral	1	
lojaimiess	1	H	norethindrone acet-ethinyl est	1	H
loryna	1	H	norethindrone oral	1	H
low-ogestrel	1	H	norethindrone-eth estradiol	1	
lo-zumandimine	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H
luizza 1.5/30	1	H	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
luizza 1/20	1	H	norgestimate-ethinyl estradiol triphasic	1	H
luteria	1	H	norlyroc	1	H
lyleq	1	H	nortrel 0.5/35 (28)	1	H
lyllana	1	QL	nortrel 1/35 (21)	1	H
lyza	1	H	nortrel 1/35 (28)	1	H
marlissa	1	H	nortrel 7/7/7	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	nylia 1/35	1	H
medroxyprogesterone acetate oral	1		nylia 7/7/7	1	H
megestrol acetate oral tablet	1		ocella oral tablet 3-0.03 mg	1	H
meleya	1	H	orquidea	1	H
MENOSTAR	3	QL	philith	1	H
mibelas 24 fe	1	H	pimtrea	1	H
microgestin 1.5/30	1	H	portia-28	1	H
microgestin 1/20	1	H	PREMARIN ORAL	3	
microgestin fe 1.5/30	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
PREMARIN VAGINAL	3		velivet	1	H
PREMPHASE	3		vestura	1	H
PREMPRO	3		vienva	1	H
progesterone intramuscular	1		viorele	1	H
progesterone oral	1		volnea	1	H
PROVERA	3		vyfemla	1	H
reclipsen	1	H	vylibra	1	H
rivelsa	1	H	wera	1	H
rosyrah	1	H	xarah fe	1	H
setlakin	1	H	xulane	1	H
sharobel	1	H	YASMIN 28	3	
simliya	1	H	YAZ	3	
simpesse	1	H	yuvaferm	1	
SLYND	3	PA, ST	zafemy	1	H
sprintec 28	1	H	zovia 1/35 (28)	1	H
sronyx	1	H	zumandimine	1	H
syeda	1	H	Hormonal agents - Oral steroids		
tarina 24 fe	1	H	CORTEF	3	
tarina fe 1/20 eq	1	H	dexamethasone intensol	1	
tilia fe	1	H	dexamethasone oral elixir	1	
tri-estarylla	1	H	dexamethasone oral solution	1	
tri-legest fe	1	H	dexamethasone oral tablet	1	
tri-linyah	1	H	fludrocortisone acetate oral	1	
tri-lo-estarylla	1	H	hydrocortisone oral	1	
tri-lo-marzia	1	H	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
tri-lo-mili	1	H	MEDROL ORAL TABLET 2 MG	2	
tri-lo-sprintec	1	H	MEDROL ORAL TABLET THERAPY PACK	3	
tri-mili	1	H	methylprednisolone oral	1	
tri-sprintec	1	H	PEDIAPRED ORAL SOLUTION 5 MG/5ML	2	
trivora (28)	1	H	prednisolone oral solution	1	
tri-vylibra	1	H	prednisolone sodium phosphate oral solution 15 mg/5ml	1	
tri-vylibra lo	1	H	prednisone oral solution	1	
turqoz	1	H	prednisone oral tablet	1	
TYBLUME	1	H	prednisone oral tablet therapy pack	1	
tydemy	1	H			
valtya 1/35	1	H			
valtya 1/50	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Hormonal agents - Other		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NORDITROPIN FLEXPOR	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOGROYA	3	PA, QL, SP
Hormonal agents - Testosterone replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL (generic Androgel Pump)
Hormonal agents - Thyroid		
ARMOUR THYROID	3	
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	

Drug name	Drug tier	Requirements & limits
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
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	
thyroid oral	1	
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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP	mycophenolate mofetil oral tablet	1	
AMJEVITA	2	PA, QL, SP	mycophenolate sodium	1	
ANDEMBRY	2	PA, QL, SP	mycophenolic acid	1	
AVTOZMA SUBCUTANEOUS	3	PA, ST, QL, SP	MYHIBBIN	1	
AZASAN	3		OLUMIANT	3	PA, ST, QL, SP
azathioprine oral	1		OMVOH SUBCUTANEOUS	2	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
BIMZELX	3	PA, ST, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP	OTEZLA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP	OTEZLA XR	2	PA, QL, SP
cyclosporine modified oral capsule	1		PROGRAF ORAL CAPSULE	3	
EMPAVELI	2	PA, QL, SP	RASUVO	2	QL
ENBREL	2	PA, QL, SP	RINVOQ	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP	RINVOQ LQ	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	RUCONEST	3	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	SIMPONI	2	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	SP	sirolimus oral tablet	1	
engraf	1		SKYRIZI	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP	tacrolimus oral	1	
HYFTOR	3	PA, QL	TAKHZYRO	2	PA, QL, SP
JYLAMVO	3	PA	TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	2	PA, QL, SP
KEVZARA	3	PA, ST, QL, SP	TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	H
leflunomide oral	1		TENIVAC	3	H
LITFULO	3	PA, QL, SP	tofacitinib citrate er	1	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	tofacitinib citrate oral tablet	1	PA, QL, SP
methotrexate sodium (pf)	1		TREXALL	2	
methotrexate sodium injection solution	1		VAQTA INTRAMUSCULAR SUSPENSION	2	H
methotrexate sodium oral	1		VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
mycophenolate mofetil oral capsule	1		XOLAIR	2	PA, QL, SP
			YESINTEK	2	PA, QL, SP
			Immunological agents - Drugs for vaccination		
			ABRYSVO	3	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ADACEL	3	H	TWINRIX	3	H
AFLURIA PRESERVATIVE FREE	3	H	VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
AREXVY	3	H	VARIVAX	3	H
BOOSTRIX	2	H	Infertility agents		
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H	CETROTIDE	3	PA, ST, QL, SP
CAPVAXIVE	3	H	CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
COMIRNATY	3	H	clomid	1	
COMIRNATY 5-11 YEARS	3	H	clomiphene citrate oral	1	
ENGERIX-B	2	H	ENDOMETRIN	2	
FLUAD	3	H	FOLLISTIM AQ	2	QL, SP
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H	FYREMADEL	3	QL, SP
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
FLUZONE	3	H	GONAL-F	3	ST, SP
FLUZONE HIGH-DOSE	3	H	GONAL-F RFF REDIJECT	3	ST, SP
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H	GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3	ST, SP
HAVRIX	3	H	MENOPUR	3	QL, SP
HEPLISAV-B	3	H	milophene	1	
IPOL	2	H	NOVAREL	3	SP
MENQUADFI	3	H	OVIDREL	3	SP
MENVEO	3	H	PREGNYL	3	SP
M-M-R II	2	H	progesterone vaginal	1	
MNEXSPIKE	3	H	Inflammatory bowel disease agents		
PREVNAR 20	3	H	ANALPRAM HC EXTERNAL CREAM	3	
PRIORIX	3	H	ANALPRAM-HC EXTERNAL CREAM 1-1 %	3	
RECOMBIVAX HB	2	H	ANUCORT-HC	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H	ANUSOL-HC EXTERNAL	3	
SPIKEVAX	3	H	APRISO	1	
SPIKEVAX 6M-11Y	3	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
EOHILIA	3	PA, QL
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
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
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA RECTAL ENEMA 4 GM/60ML	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
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

Drug name	Drug tier	Requirements & limits
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ACULAR	3	
ACULAR LS	3	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
XDEMYY	3	PA, QL
ZYLET	3	

Ophthalmic agents - Drugs for glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic solution 0.03 %	1	QL
bimatoprost solution 0.01 % ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
dorzolamide hcl solution 2 % ophthalmic	1	

Drug name	Drug tier	Requirements & limits
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
ISTALOL	3	
latanoprost ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
travoprost (bak free)	1	QL
ZIOPTAN	3	ST, QL

Ophthalmic agents - Drugs for miscellaneous eye conditions

atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL

Otic agents - Drugs for ear conditions

acetic acid otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Respiratory - Drugs for anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector	1	QL
NEFFY	3	QL
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
cypheptadine hcl oral syrup 2 mg/5ml	1	
cypheptadine hcl oral tablet	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet oral solution 5-1.5 mg/5ml	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	

Drug name	Drug tier	Requirements & limits
PULMOSAL	2	
RHAPSIDO	2	PA, QL, SP
sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
ADVAIR HFA	3	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	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	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	
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	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
BREATHE COMFORT CHAMBER/CHILD	2		SINGULAIR ORAL PACKET	3	
BREO ELLIPTA	3	QL, RS	SPIRIVA HANDIHALER	1	QL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS	SPIRIVA RESPIMAT	2	QL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL, RS	STIOLTO RESPIMAT	2	QL
budesonide inhalation	1	QL	STRIVERDI RESPIMAT	2	QL
COMBIVENT RESPIMAT	3	QL	SYMBICORT	1	QL, RS
EASIVENT	2		TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
EASIVENT MASK LARGE	2		TRELEGY ELLIPTA	3	QL, RS
EASIVENT MASK MEDIUM	2		VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
EASIVENT MASK SMALL	2		VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
FASENRA PEN	3	PA, QL, SP	VORTEX VALVE CHAMBER-PEDI MASK	2	
FLEXICHAMBER	2		VORTEX VALVED HOLDING CHAMBER	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	wixela inhub	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL	XOPENEX HFA	3	QL
INSPIREASE	2		YUPELRI	3	PA, QL
ipratropium bromide hfa	1	QL	zafirlukast	1	
ipratropium bromide inhalation	1		Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
ipratropium-albuterol	1		PULMOZYME	2	PA, QL, SP
levalbuterol hcl inhalation	1	QL	TOBI PODHALER	3	PA, QL, SP
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
MICROCHAMBER	2		Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
montelukast sodium oral	1		nintedanib esylate	1	PA, QL, SP
NUCALA	3	PA, QL, SP	Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
PERFOROMIST	3	QL	ADEMPAS	2	PA, QL, SP
PROCHAMBER VHC	2		alyq	1	PA, QL, SP
QVAR REDIHALER	1	QL	macitentan	1	PA, QL, SP
roflumilast	1	QL	sildenafil citrate oral tablet 20 mg	1	QL, SP
SEREVENT DISKUS	2	QL	tadalafil (pah)	1	PA, QL, SP
			TADLIQ	3	PA, QL, SP
			TYVASO	2	PA, QL, SP
			YUTREPIA	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
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	3	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUMRYZ STARTER PACK	3	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	3	
sodium oxybate solution 500 mg/ml oral	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
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See page 5-7 for coverage details.



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flac otic oil 0.01 %	38	fluoxetine hcl oral tablet.....	13	ft aspirin oral tablet chewable	9
FLAREX.....	37	fluticasone propionate external cream	23	ft naloxone hcl	10
flecainide acetate.....	18	fluticasone propionate external ointment.....	23	ft nicotine	10
FLEXICHAMBER.....	40	fluticasone propionate nasal	39	ft nicotine mini	10
FLOTREX ORAL TABLET CHEWABLE 1 MG	27	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	40	furosemide oral	18
FLUAD	36	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.....	40	fyavolv	31
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML.....	36	fluvoxamine maleate.....	13	FYCOMPA ORAL SUSPENSION.....	12
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	fluvoxamine maleate er.....	13	FYCOMPA ORAL TABLET	12
fluconazole oral	14	FLUZONE	36	FYREMADEL.....	36
fludrocortisone acetate oral.....	33	FLUZONE HIGH-DOSE.....	36		
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML.....	36	FML FORTE.....	37	G	
flunisolide nasal	39	FML LIQUIFILM.....	37		
fluocinolone acetonide body.....	22	FOCALIN	20	g tussin ac	39
fluocinolone acetonide external cream.....	22	folic acid oral tablet 1 mg	27	gabapentin oral capsule 100 mg, 300 mg, 400 mg	12
				gabapentin oral solution 250 mg/5ml	12
				gabapentin oral tablet 600 mg, 800 mg	12
				gallifrey	31
				ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	36

GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	gnp nicotine polacrilex mouth/ throat gum 2 mg	10	halobetasol propionate external cream	23
gatifloxacin ophthalmic	37	gnp nicotine polacrilex mouth/ throat lozenge.....	10	halobetasol propionate external ointment.....	23
gavilyte-c	29	gnp nicotine transdermal.....	10	haloette vaginal ring 0.12-0.015 mg/24hr	31
gavilyte-g	29	GOLYTELY	29	haloperidol oral	16
gavilyte-n with flavor pack.....	29	GONAL-F	36	HAVRIX	36
GAVRETO	15	GONAL-F RFF REDIRECT.....	36	heather	31
gemfibrozil oral	18	GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	36	HEMANGEOL.....	18
generlac	29	goodsense aspirin low dose	9	HEMLIBRA.....	27
gengraf	35	goodsense aspirin oral tablet chewable	9	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG.....	37
gentamicin sulfate external	11	goodsense nicotine	10	HEPLISAV-B	36
gentamicin sulfate ophthalmic....	37	goodsense nicotine polacrilex	10	HIPREX	11
GENVOYA.....	17	griseofulvin microsize oral suspension	14	hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg.....	10
GILENYA ORAL CAPSULE 0.25 MG	20	guaifenesin-codeine.....	39	HUMALOG KWIKPEN	25
glatiramer acetate	20	guanfacine hcl	18, 20	HUMALOG MIX 50/50 KWIKPEN ..	25
glatopa	20	guanfacine hcl er.....	20	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.....	25
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	26	GUARDIAN 4 GLUCOSE SENSOR. .25		HUMALOG MIX 75/25 KWIKPEN ..	25
glipizide er.....	26	GUARDIAN 4 TRANSMITTER	25	HUMALOG MIX 75/25 VIAL.....	25
glipizide oral tablet 10 mg, 5 mg..	26	GUARDIAN CONNECT TRANSMITTER	25	HUMALOG U-100 JUNIOR KWIKPEN	25
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	26	GUARDIAN LINK 3 TRANSMITTER25		HUMULIN 70/30 KWIKPEN.....	25
glipizide-metformin hcl.....	26	GUARDIAN SENSOR 3.....	25	HUMULIN 70/30 VIAL	25
GLUCAGON EMERGENCY KIT....	26	GVOKE HYPOPEN 1-PACK	26	HUMULIN N KWIKPEN	25
glucagon emergency kit injection solution reconstituted 1 mg.....	26	GVOKE KIT	26	HUMULIN N VIAL	25
GLUCOTROL XL	26	GVOKE PFS	26	HUMULIN R U-500 KWIKPEN.....	25
glyburide	26	GYNAZOLE-1	14	HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML.....	25
glyburide-metformin	26			HUMULIN R VIAL.....	25
glycopyrrolate oral tablet 1 mg, 2 mg	29	H		hydralazine hcl oral.....	18
GLYXAMBI.....	26	h-e-b aspirin.....	9	hydrochlorothiazide oral.....	18
gnp adult aspirin low strength.....	9	habitrol	10	hydrocod poli-chlorphe poli er ...	39
gnp aspirin low dose	9	HAEGARDA	35	hydrocodone bit-homatrop mbr oral solution	39
gnp aspirin oral tablet delayed release 81 mg.....	9	hailey 1.5/30.....	31	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/ 15ml.....	8
gnp naloxone hcl	10	hailey 24 fe.....	31		
gnp nicotine mini.....	10	hailey fe 1/20	31		
		hailey fe 1.5/30	31		
		HALCION ORAL TABLET 0.25 MG .17			

hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocort-pramoxine (perianal).....	37
hydrocortisone (perianal) external cream 2.5 %	37
hydrocortisone ace-pramoxine external cream 1-1 %	37
hydrocortisone acetate rectal.....	37
hydrocortisone external cream 2.5 %	23
hydrocortisone external lotion 2.5 %	23
hydrocortisone external ointment 1 %, 2.5 %	23
hydrocortisone oral	33
hydrocortisone valerate external cream	23
hydrocortisone-acetic acid	38
hydromet oral solution 5-1.5 mg/5ml	39
hydromorphone hcl oral tablet.....	8
hydroxychloroquine sulfate oral...16	
hydroxyurea oral	15
hydroxyzine hcl oral syrup 10 mg/5ml	17
hydroxyzine hcl oral tablet.....17	
hydroxyzine pamoate oral	17
HYFTOR.....	35
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hyoscyamine sulfate oral tablet ...29	
hyoscyamine sulfate oral tablet dispersible.....	29
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ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
iclevia	31
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IDELVION.....	27
IDHIFA.....	15
imatinib mesylate oral	15
IMBRUVICA ORAL CAPSULE	15
IMBRUVICA ORAL SUSPENSION ..15	
IMBRUVICA ORAL TABLET 420 MG	15
imipramine hcl oral.....	13
imiquimod external cream 5 % ...23	
IMKELDI	15
IMVEXXY MAINTENANCE PACK...27	
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INBRIJA	16
incassia	31
indapamide.....	18
indomethacin er.....	9
indomethacin oral capsule	9
INGREZZA.....	21
INGREZZA SPRINKLE	21
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INPEN 100-BLUE-NOVOLOG- FIASP	25
INPEN 100-GREY-LILLY- HUMALOG.....	25
INPEN 100-GREY-NOVOLOG- FIASP	25
INPEN 100-PINK-LILLY- HUMALOG.....	25
INPEN 100-PINK-NOVOLOG- FIASP	25
INSPIREASE	40
INSULIN LISPRO (1 UNIT DIAL)....25	
INSULIN LISPRO JUNIOR KWIKPEN	25
INSULIN LISPRO PROT & LISPRO	25
INSULIN LISPRO VIAL.....	25

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	25
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	25
INTRAROSA	27
introvale	31
INVELTYS.....	37
INZIRQO	18
IPOL	36
ipratropium bromide hfa	40
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isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	19
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jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	12



JARDIANCE	26	KISQALI (200 MG DOSE)	15	lamotrigine oral tablet dispersible.....	12
jasmiel	31	KISQALI (400 MG DOSE)	15	LANCETS	25
jencycla.....	31	KISQALI (600 MG DOSE)	15	LANOXIN ORAL TABLET 125 MCG, 250 MCG	19
JENTADUETO	26	KLARON	23	LANOXIN ORAL TABLET 62.5 MCG	19
JENTADUETO XR.....	26	klayesta.....	14	lansoprazole oral tablet delayed release dispersible	28
jinteli.....	31	KLISYRI.....	23	LANTUS SOLOSTAR.....	25
jolessa	31	klor-con.....	27	LANTUS U-100 VIAL	26
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JOURNAVX.....	8	klor-con m10	27	larin 1.5/30.....	31
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juleber	31	klor-con m20	27	larin fe 1/20.....	32
JULUCA.....	17	KLOXXADO.....	10	larin fe 1.5/30.....	32
junel 1/20	31	kls aspirin low dose.....	9	LASIX	19
junel 1.5/30.....	31	kls quit2.....	10	latanoprost ophthalmic.....	38
junel fe 1/20	31	kls quit4.....	10	lederle leucovorin	15
junel fe 1.5/30	31	KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	27	LEDIPASVIR-SOFOSBUVIR	17
junel fe 24.....	31	KOSELUGO ORAL CAPSULE.....	15	leena oral tablet 0.5/1/0.5-35 mg-mcg	32
JUST RIGHT 5000.....	21	KOURZEQ.....	21	leflunomide oral.....	35
JYLAMVO.....	35	KOVALTRY	27	lenalidomide	15
K		kp aspirin	9	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	15
K-PHOS-NEUTRAL	27	kurvelo.....	31	lessina	32
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	27	KYZATREX.....	34	letrozole oral	15
kalliga.....	31	L		leucovorin calcium oral	15
KAPSPARGO SPRINKLE.....	19	labetalol hcl oral.....	19	leuprolide acetate injection	15
kariva	31	lacosamide oral solution 10 mg/ ml, 100 mg/10ml, 50 mg/5ml.....	12	levalbuterol hcl inhalation	40
kelnor 1/35	31	lacosamide oral tablet	12	LEVALBUTEROL HFA INHALATION AEROSOL45 MCG/ ACT 40	29
kelnor 1/50 oral tablet 1-50 mg- mcg	31	lactulose encephalopathy	29	LEVVID	29
KEPPRA ORAL	12	lactulose oral solution	29	levetiracetam er.....	12
KEPPRA XR	12	LAGEVRIO.....	17	levetiracetam oral solution	12
KERENDIA	19	LAMICTAL	12	levetiracetam oral tablet	12
KESIMPTA	20	LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	12	levo-t.....	34
ketoconazole external cream.....	14	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR.....	12	levocarnitine oral solution	27
ketoconazole external shampoo ..	14	lamotrigine er	12		
ketoconazole oral	14	lamotrigine oral tablet.....	12		
ketorolac tromethamine ophthalmic	37	lamotrigine oral tablet chewable ..	12		
ketorolac tromethamine oral.....	9				
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ORALONE.....	21
ORENCIA CLICKJECT.....	35
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ORFADIN ORAL CAPSULE.....	29
ORFADIN ORAL SUSPENSION....	29
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ORIAHNN.....	34
ORILISSA.....	34
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orphenadrine citrate er.....	41
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OSCIMIN.....	29
oseltamivir phosphate oral.....	17
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OVACE WASH EXTERNAL LIQUID 10 %.....	23
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oxaprozin oral tablet.....	9
oxcarbazepine.....	13
oxybutynin chloride er.....	30
oxybutynin chloride oral.....	30
oxycodone hcl oral capsule.....	8
oxycodone hcl oral solution.....	8
oxycodone hcl oral tablet.....	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8
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PACERONE ORAL TABLET 100 MG, 400 MG.....	19
PACERONE ORAL TABLET 200 MG.....	19
paliperidone er.....	16
PANCREAZE.....	29
PANRETIN.....	23
pantoprazole sodium oral tablet delayed release.....	28
paroxetine hcl er.....	13
paroxetine hcl oral tablet.....	13
PAXLOVID (150/100).....	17
PAXLOVID (300/100 & 150/100) ..	17
PAXLOVID (300/100).....	17
PEDIAPRED ORAL SOLUTION 5 MG/5ML.....	33
peg 3350-kcl-na bicarb-nacl.....	29
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peg-3350/electrolytes/ascorbat. .	29
peg-kcl-nacl-nasulf-na asc-c.....	29
PELLIX.....	23
penicillin v potassium.....	11
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perampanel oral tablet.....	13
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PERIDEX.....	21
periogard.....	21
permethrin external.....	16
perphenazine oral.....	14
PERTZYE.....	29
phenazo oral tablet 200 mg.....	30
phenazopyridine hcl oral tablet 100 mg, 200 mg.....	30
phenobarbital oral tablet.....	13
phenytek.....	13
phenytoin sodium extended.....	13
philith.....	32
PHOSPHA 250 NEUTRAL.....	28
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pilocarpine hcl oral.....	21
pimecrolimus.....	23
pimtree.....	32
pioglitazone hcl.....	26
pioglitazone hcl-metformin hcl ..	26
PIQRAY.....	16
piroxicam oral.....	9
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pnv 27-ca/fe/fa.....	28
podofilox external solution.....	23
POLYCIN OPTHALMIC OINTMENT 500-10000 UNIT/ GM.....	38
polymyxin b-trimethoprim.....	38
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posaconazole oral tablet delayed release.....	14
potassium chloride crys er.....	28
potassium chloride er.....	28
potassium chloride oral packet 20 meq.....	28
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potassium citrate er.....	28
pramipexole dihydrochloride.....	16
prasugrel hcl.....	16
pravastatin sodium.....	19
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prednisolone acetate ophthalmic.....	38
prednisolone oral solution.....	33
prednisolone sodium phosphate oral solution 15 mg/5ml.....	33
prednisone oral solution.....	33
prednisone oral tablet.....	33
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pregabalin oral capsule.....	21
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PREMARIN VAGINAL.....	33	propafenone hcl.....	19	ra nicotine mouth/throat gum 4 mg	10
premium lidocaine external ointment 5 %	8	propafenone hcl er.....	19	ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	10
PREMPHASE.....	33	propranolol hcl er	19	ra nicotine transdermal patch 24 hour 21 mg/24hr	10
PREMPRO.....	33	propranolol hcl oral	19	rabeprazole sodium oral tablet delayed release.....	28
prenatal oral tablet 27-1 mg	28	propylthiouracil oral	34	RADICAVA ORS.....	21
prenatal plus	28	PROVERA	30, 33	RADICAVA ORS STARTER KIT.....	21
prenatal plus vitamin/mineral	28	prucalopride succinate	29	RALDESY	13
prevalite	19	pseudoephedrine-bromphen-dm	39	raloxifene hcl.....	37
PREVIDENT 5000 BOOSTER PLUS	21	PULMOSAL	39	ramelteon	41
PREVIDENT 5000 DRY MOUTH ...	21	PULMOZYME.....	40	ramipril	19
PREVIDENT 5000 ENAMEL PROTECT	28	PYLERA.....	28	ranolazine er.....	19
PREVIDENT 5000 KIDS.....	21	PYRIDIUM	30	rasagiline mesylate oral.....	16
PREVIDENT 5000 ORTHO DEFENSE	21	pyridostigmine bromide oral tablet 60 mg.....	15	RASUVO	35
PREVIDENT 5000 PLUS.....	21	Q		reclipsen.....	33
PREVIDENT 5000 SENSITIVE....	28	qc aspirin low dose	9	RECOMBIMATE.....	27
PREVIDENT DENTAL.....	21	qc childrens aspirin	9	RECOMBIVAX HB.....	36
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PREVYMIS ORAL TABLET.....	17	QUESTRAN	19	REGLAN	14
PREZCOBIX.....	17	QUESTRAN LIGHT	19	RELION GLUCOSE TEST STRIPS ..	25
primidone oral.....	13	quetiapine fumarate.....	16	RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG.....	34
PRIORIX	36	quetiapine fumarate er	16	repaglinide	26
probenecid	14	QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG.....	28	REPATHA.....	19
PROCHAMBER VHC	40	QULIPTA.....	14	REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML.....	19
prochlorperazine maleate oral ...	14	QVAR REDIHALER.....	40	REPATHA SURECLICK.....	19
procto-med hc	37	R		RESTASIS	38
PROCTOFOAM HC	37	ra aspirin adult low dose oral tablet chewable 81 mg.....	9	RESTORIL	41
PROCTOSOL HC.....	37	ra aspirin adult low strength oral tablet chewable 81 mg.....	9	RETACRIT.....	27
PROCTOZONE-HC	37	ra aspirin childrens oral tablet chewable 81 mg	9	RETEVMO.....	16
progesterone intramuscular.....	33	ra aspirin ec adult low st oral tablet delayed release 81 mg	9	REXTOVY	10
progesterone oral.....	33	ra aspirin ec oral tablet delayed release 81 mg.....	9	REXULTI.....	16
progesterone vaginal	36	ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	10	REYVOW ORAL TABLET 100 MG, 50 MG.....	14
PROGRAF ORAL CAPSULE	35			REZDIFFRA.....	29
promethazine hcl oral.....	14			REZENOPY.....	10
promethazine hcl rectal	14				
promethazine-codeine	39				
promethazine-dm.....	39				
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RHAPSIDO.....	39	sf gel 1.1%.....	21	sodium fluoride 5000 ppm dental cream 1.1 %.....	21
RHOFADE.....	23	SFROWASA RECTAL ENEMA 4 GM/60ML.....	37	sodium fluoride 5000 sensitive ...	28
RHOPRESSA.....	38	sharobel	33	sodium fluoride dental.....	21
rifampin oral.....	15	SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML.....	36	sodium fluoride oral solution 1.1 (0.5 f) mg/ml	28
RINVOQ	35	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	27	sodium fluoride oral tablet chewable	28
RINVOQ LQ.....	35	sildenafil citrate oral tablet 20 mg	40	sodium oxybate solution 500 mg/ml oral.....	41
risedronate sodium oral tablet ...	37	silodosin	30	sodium sulfacetamide wash.....	23
risperidone	17	SILVADENE	11	SOFOSBUVIR-VELPATASVIR.....	17
rivaroxaban oral tablet.....	12	silver sulfadiazine external.....	11	SOGROYA.....	34
rivastigmine	13	simliya	33	solifenacin succinate.....	30
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rivelsa.....	33	SIMPLERA SYNC SENSOR	25	SOOLANTRA	23
rizatriptan benzoate oral.....	15	SIMPONI.....	35	sotalol hcl oral.....	20
ROCALTROL ORAL CAPSULE.....	37	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	19	SPIKEVAX.....	36
ROCKLATAN.....	38	simvastatin oral tablet 80 mg	20	SPIKEVAX 6M-11Y.....	36
roflumilast.....	40	SINEMET.....	16	SPIRIVA HANDIHALER.....	40
ropinirole hcl	16	SINGULAIR ORAL PACKET	40	SPIRIVA RESPIMAT.....	40
rosuvastatin calcium oral	19	sirolimus oral tablet.....	35	spironolactone oral tablet	20
rosyrah.....	33	SKYRIZI.....	35	spironolactone-hctz	20
roweepra	13	SKYTROFA.....	34	SPORANOX.....	14
ROZLYTREK.....	16	SLYND	33	SPRAVATO	14
RUCONEST	35	sm aspirin low dose oral tablet chewable 81 mg	9	sprintec 28.....	33
RYBELSUS	26	sm childrens aspirin oral tablet chewable 81 mg	9	sronyx.....	33
RYDAPT.....	16	sm nicotine mouth/throat gum ...	10	ssd	11
S		sm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg.....	10	STARJEMZA SUBCUTANEOUS.....	23
sacubitril-valsartan	19	sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr ...	10	STEQEYMA SUBCUTANEOUS SOLUTION.....	23
SALAGEN.....	21	sod citrate-citric acid oral solution 500-334 mg/5ml.....	28	STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	23
SANTYL.....	23	sod fluoride-potassium nitrate....	28	STIOLTO RESPIMAT.....	40
saxagliptin hcl	26	sodium chloride inhalation	39	STIVARGA	16
saxagliptin-metformin er	26	sodium fluoride 5000 enamel.....	28	STRENSIQ	29
SCEMBLIX.....	16	sodium fluoride 5000 plus.....	21	STRIVERDI RESPIMAT	40
scopolamine.....	14	sodium fluoride 5000 ppm	21	STROMECTOL	16
selenium sulfide external lotion ...	23			subvenite oral tablet.....	13
SEREVENT DISKUS.....	40			SUCRAID	29
sertraline hcl oral concentrate	13			sucrafate oral	28
sertraline hcl oral tablet	13			SUFLAVE.....	29
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sevelamer carbonate oral tablet .	30				
sf 5000 plus	21				

sulfacetamide sod-sulfur wash external liquid 9-4 %23	tadalafil (pah) 40	TERIPARATIDE SOLUTION PEN- INJECTOR 560 MCG/2.24ML SUBCUTANEOUS37
sulfacetamide sodium (acne).....23	tadalafil oral27	TESTIM 34
sulfacetamide sodium external ...23	TADLIQ 40	testosterone cypionate intramuscular 34
sulfacetamide sodium ophthalmic38	tafluprost (pf)38	testosterone enanthate intramuscular 34
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %23	TAGRISSO16	testosterone gel 20.25 mg/act (1.62%) transdermal..... 34
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml ..11	TAKHZYRO.....35	testosterone transdermal gel 1.62 % 34
sulfamethoxazole-trimethoprim oral tablet11	TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML35	tetracycline hcl oral capsule.....11
sulfasalazine oral37	tamoxifen citrate oral tablet 10 mg16	TEZRULY 30
sulfatrim pediatric11	tamoxifen citrate oral tablet 20 mg16	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR..... 40
sulindac oral9	tamsulosin hcl 30	THRIVE10
sumatriptan nasal15	TANLOR41	thyroid oral 34
sumatriptan succinate oral15	tapentadol hcl 8	tiadylt er 20
sumatriptan succinate subcutaneous solution auto- injector15	tarina 24 fe33	TIAZAC 20
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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتتسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali-Bangala)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភក្តិភក្តិក្តី និងការទំនាក់ទំនងភក្តិភក្តិក្តីក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខភក្តិភក្តិក្តីនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 پہ زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ پزرگ، در دسترس شما هستند. پا شماره رایگان مندرج روی کارت شناسایی عضویتان تماس پگیرید.

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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