Illinois Individual and Family Plans 2025 Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of Oct. 1, 2025 and is subject to change after this date. All previous versions of this PDL are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

If you are a UnitedHealthcare member, please register or log on to **myuhc.com/exchange,** or call the toll-free number on your health plan ID card to find coverage documents and pharmacy information specific to your benefit plan. The current PDL can also be accessed online at **https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists/individual-exchange**.

Updated 10/1/2025

United Healthcare®

Formulary by health product name

The same formulary (this PDL) applies to all health product names included below. You can reference your Summary of Benefits and Coverage (SBC) document, which includes your specific plan information. Your SBC includes your deductible and out of pocket maximums, cost-shares for each tier, and a link to your PDL.

2025 Health product name	SBC document
UHC BRONZE COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-01.en.2025.pdf
UHC BRONZE STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-01.en.2025.pdf
UHC BRONZE VALUE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070018-01.en.2025.pdf
UHC BRONZE VALUE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080003-01.en.2025.pdf
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Understand your medication options

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly used terms and their definitions as well as frequently asked questions:

Allowed amount means the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called "eligible expense", "payment allowance", or "negotiated rate". If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

Brand-name drug means a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all capital letters.

Coinsurance means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment means a fixed dollar amount that you pay for a covered health care service. Typically, a copayment does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered individual means an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible means the amount you pay for covered health care services before your health product begins payment for all or part of the cost of the health care service under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, the health insurance issuer might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

Drug Tier means a group of drugs that corresponds to a specified cost sharing tier in the health product's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.

Exception request means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent circumstances means when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a nonformulary drug.

Formulary means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

Generic drug means the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Non-formulary drug means a drug that is not listed on the health product's formulary as a covered drug, but may become eligible for coverage under an "exception request".

Out-of-pocket costs means copayments, coinsurance, and the applicable deductible, plus all costs for health care services that the health product does not cover.

Prescribing provider means a health care provider authorized to write a prescription to treat your health condition.

Prescription means an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription Drug Product means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law. Medications which, due to their traits, are administered or directly supervised by a qualified provider or licensed/certified health professional will be covered under the medical benefit when medically necessary.

Prior authorization means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

Step therapy means a process specifying the sequence in which different prescription drugs for a given health condition are medically appropriate for you. The health insurance issuer may require you to try one or more drugs to treat your health condition before the health insurance issuer will cover a particular drug for the condition pursuant to a step therapy request. If your attending or prescribing provider submits a request for step therapy exception, the health insurance issuer must make exceptions to step therapy when the criteria are met.

How do I use my PDL?

When choosing a medication, you and your doctor should consult the Prescription Drug List (PDL). It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if special programs apply. Bring this list with you when you see your doctor. It is organized by therapeutic category and class. The therapeutic category and class are based on the United States Pharmacopeia (USP) Pharmacologic-Therapeutic Classification System.

You may also find a Prescription Drug Product by its brand or generic name in the alphabetical index. If a generic equivalent for a brand-name Prescription Drug Product is not available on the market or is not covered, the Prescription Drug Product will not be separately listed by its generic name.

This is the way Prescription Drug Products appear in the PDL:

1. A drug is listed alphabetically by its brand and generic names or, if only the generic equivalent is covered under theplan, then just by its generic name, in the therapeutic category and class to which it belongs;
2. The generic name for a brand-name drug is included after the brand-name in parentheses and all bold and italicized lowercase letters;
3. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all bold and italicized lowercase letters; and;
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

Example:

Tier	Drug tier	Coverage requirements & limits
DILT-XR CAP 180MG ***(diltiazem hcl cap er 24hr 180 mg)***	2	
diltiazem hcl cap er 24hr 180 mg	2	

If your medication is not listed in this document, please visit **myuhc.com/exchange** or call the toll-free member phone number on your member ID card.

Below is a list of drug tier numbers, abbreviations and designations used in the PDL as well as an explanation for each.

CM	Orally administered anti-cancer medication
PA	Prior authorization required
QL	Quantity limit
SM	Cost-share cap by state mandate applies when condition appropriate
ST	Step therapy
SP	Specialty medication

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower tier medications can help you pay your lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you should discuss with your health care provider if a lower tier medication may be appropriate for your condition. In the chart below, the overall value is based on factors such as medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

For orally administered anti-cancer Prescription Drug Products, there are no separate cost-sharing requirements or treatment limitations that do not also apply to intravenously injected or administered cancer Prescription Drug Products covered under your medical benefit.

Oral chemotherapeutic Prescription Drug Products will be provided at a level no less favorable than chemotherapeutic agents are provided, regardless of tier placement as described in the Policy under Pharmaceutical Products - Outpatient in Section 1: Covered Health Care Services.

Your drug list has the following tiers:

Tier	Cost-share	Includes
1	$0	**$0 Cost-share** Medications available at no cost to you, which includes **preventive medications.**
2	$	**Lower cost-share** Medications that offer the **highest overall value,** which includes **preferred generic** medications.
3	$$	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand name** and **non-preferred generic** medications.
4	$$$	**Higher cost-shares** Medications that provide **lower overall value,** which includes **non-preferred brand name** and **non-preferred generic** medications.
5	$$$$	**Highest cost-shares** Medications that provide the **lowest overall value,** which includes most **specialty** medications.

Please note: Refer to your enrollment and plan materials on **myuhc.com/exchange**, or call the toll-free number on your member ID card for more information about your benefit plan. Your cost-share will not exceed the lesser of the cost-sharing amount or the retail price of the medication without the drug coverage.

When does the PDL change?

This PDL is required to be updated on a monthly basis.

- Medications may move to a lower tier or coverage may be added at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier, become non-formulary, or the dosage form covered may change
- Medications may become subject to new or revised utilization management procedures, such as prior authorization, step therapy or quantity limits, at any time but most often upon FDA approval of the medication or its generic

When a medication changes tiers, you may have to pay a different amount for that medication. The presence of a Prescription Drug Product on the PDL does not guarantee that you will be prescribed that Prescription Drug Product by your provider for a particular medical condition.

Utilization Management programs

Prior authorization required – Your doctor is required to provide additional information to us to determine coverage.

Quantity limit – Amount of medication covered per copayment or in a specific time period. Medications with quantity limits may be dispensed in greater quantities if medically necessary and with an exception.

Step therapy – Requires you to try 1 or more other medications before the medication you are requesting may be covered.

Patient Protection and Affordable Care Act (PPACA) zero cost-share preventive care medication when age and/or condition appropriate – This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. PPACA zero cost-share preventive care medications can be obtained, free of charge, at network pharmacies with a prescription from a prescribing provider. A prescription will not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products. PPACA zero cost-share preventive care medications are obtained at a network pharmacy with a prescription order or refill from a physician and are payable at 100% of the prescription drug charge (without application of any Copayment, Coinsurance, Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration

State mandated $0 cost-share – The following drug categories are required by state mandate to be covered at $0 cost-share when condition appropriate:

- Abortion-related medications
- Gender Dysphoria medications
- Human Immunodeficiency Virus (HIV) Prevention medications
- Naloxone (single ingredient formulations)

State mandated cost-share caps - The following drug categories are subject to state mandated limits on cost-share:

- Epi-Pen - $60
- Insulin - $35

What medications are covered under my medical benefit?

Prescription Drug Products administered by a health care professional are generally covered under the medical benefit while Prescription Drug Products that are self-administered are covered under the pharmacy benefit. To learn about Prescription Drug Products covered under your medical benefit, visit **uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf** The provider may contact UnitedHealthcare for more information or go to **uhcprovider.com**.

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

When a Prescription Drug Product is not on our PDL, you or your representative may request an exception to gain access to that Prescription Drug Product. To make a request, contact us in writing or call the tollfree number on your member ID card. We will notify you of our determination within 72 hours. If approved, we will cover the Prescription Drug Product for the duration of the prescription, including refills.

Urgent requests

If your request requires immediate action and a delay could significantly increase the risk to your health, or the ability to regain maximum function, call us as soon as possible. We will provide a written or electronic determination within 24 hours. If approved, we will cover the Prescription Drug Product including refills for the duration of the exigency.

External review

If you are not satisfied with our determination of your exception request, you may be entitled to request an external review. You or your representative may request an external review by sending a written request to us to the address set out in the determination letter or by calling the toll-free number on your member ID card. The Independent Review Organization (IRO) will notify you of its determination within 72 hours.

Expedited external review

If you are not satisfied with our determination of your exception request and it involves an urgent situation, you or your representative may request an expedited external review by calling the tollfree number on your health plan ID card or by sending a written request to the address set out in the determination letter. The IRO will notify you of our determination within 24 hours.

If we deny your exception request, you may appeal. Please refer to your Evidence of Coverage for details. The complaint and appeals process, including independent review, is described under Section 6: Questions, Complaints and Appeals. You may also call the telephone number listed on your health plan ID card.

Requesting a prior authorization or step therapy exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at **uhcprovider.com**. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization requirements by going online at **myuhc.com/exchange** or by calling at the toll-free phone number on the back of your member ID card.

Approvals for maintenance medications used to treat a chronic or long-term condition will be valid for the lesser of 12 months or the length of treatment determined by the your prescribing provider. All other approvals, except for benzodiazepines and Schedule II narcotic drugs, will be valid for the lesser of six months the length of treatment determined by your prescribing provider, or the renewal of your plan.

In the case of a standard prior authorization or step therapy exception request, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 72 hours following receipt of the request. In the case of an expedited prior authorization or step therapy exception request based on exigent circumstances, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 24 hours following receipt of the request. If we fail to respond to you, your designee, or your prescribing provider within the prescribed time limits, the request is deemed approved and we may not deny the request thereafter.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage under Section 6: Questions, Complaints and Appeals. You may also call at the telephone number on your health plan ID card.

If a medical exception is approved, we will provide coverage for the medication for up to 12 months from the date of approval or until the renewal of your plan.

How do I locate and fill a prescription through a retail network pharmacy?

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your health plan ID card to help locate a network pharmacy near you or visit our website at **myuhc.com/exchange** > Pharmacies & Prescriptions > Find a pharmacy for an up-to-date list.

Prescription delivery options

You have choices on where to fill prescriptions you take regularly. You have the option to fill at a retail pharmacy or have them mailed to your home. It's up to you. Home Delivery Pharmacy is one of your network options. There may be other options in your network. Sign in at **myuhc.com/exchange** > Pharmacies & Prescriptions > Find a pharmacy.

How do I locate and fill a prescription through the mail order pharmacy?

UnitedHealthcare offers a Mail Order Pharmacy Program. Here's how to fill prescriptions through Home Delivery.

- **E-prescribe:** Ask your prescribing provider to electronically send new prescriptions to Home Delivery Pharmacy for up to a 90-day supply, or Home Delivery Pharmacy can call your doctor for you.
- **Online:** Visit **myuhc.com/exchange** > Pharmacies Prescriptions > Rx profile to set up an account.
- **Phone:** Call Home Delivery at the number on your health plan ID card, any day, time.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **myuhc.com/exchange** or call the tollfree member phone number on your health plan ID card for more current information.

You will receive sixty days notice if one of the following changes impacts you:

- A medication is moved to a higher tier*
- A medication becomes non-formulary*
- A medication becomes subject to new or revised utilization management procedures

*You may be able to continue coverage of the medication at the same cost-share if your prescriber provides notice of medical necessity.

Questions

Review your policy for more information about your pharmacy benefit

Call the Member Services number on your health plan ID card. Our customer service team is available during normal business hours to support you with questions about your Prescription Drug Product benefits. We can help with:

• Information about drugs covered under your medical benefit

•The actual dollar amount you'll pay for medications, including those subject to deductibles, copayments, coinsurance, or out-of-pocket limits

•How to request prior authorization. step therapy excpetion, or or submit a formulary exception request

Register or login to your online account at **myuhc.com/exchange** to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Learn more

Call the toll-free member phone number on your health plan ID card, or visit **myuhc.com/exchange**.

State of Illinois

Table of Contents of Prescription Drug List

Drug name	Tier	Coverage Requirements and Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	$0 Copay for members between ages of 16 to 49 years.
aspirin adult low dose	1	$0 Copay for members between ages of 16 to 49 years.
aspirin adult low strength	1	$0 Copay for members between ages of 16 to 49 years.
aspirin childrens	1	$0 Copay for members between ages of 16 to 49 years.
aspirin ec adult low dose	1	$0 Copay for members between ages of 16 to 49 years.
aspirin ec low dose	1	$0 Copay for members between ages of 16 to 49 years.
aspirin ec low strength	1	$0 Copay for members between ages of 16 to 49 years.
aspirin low dose	1	$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet chewable	1	$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet delayed release 81 mg	1	$0 Copay for members between ages of 16 to 49 years.
aspirin regimen	1	$0 Copay for members between ages of 16 to 49 years.
celecoxib oral	2	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	3	QL
diclofenac sodium oral	2	
diclofenac-misoprostol	3	
diflunisal oral	2	
ec-naproxen	2	
etodolac er	3	
etodolac	2	
fenoprofen calcium oral tablet	4	
flurbiprofen oral tablet 100 mg	2	
ft aspirin low dose	1	$0 Copay for members between ages of 16 to 49 years.
ft aspirin oral tablet chewable	1	$0 Copay for members between ages of 16 to 49 years.
goodsense aspirin low dose	1	$0 Copay for members between ages of 16 to 49 years.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin er	2	
indomethacin oral capsule	2	QL
ketoprofen er	4	ST
ketoprofen oral	3	ST
ketorolac tromethamine oral	2	
KIPROFEN ***(ketoprofen cap 25 mg)***	3	ST
meclofenamate sodium oral	4	

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Drug name	Tier	Coverage Requirements and Limits
mefenamic acid oral	4	
meloxicam oral tablet	2	
mm aspirin	1	$0 Copay for members between ages of 16 to 49 years.
nabumetone oral	2	
naproxen dr	2	
naproxen oral suspension	4	PA
naproxen oral tablet delayed release	2	
naproxen oral tablet	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	3	
piroxicam oral	2	
salsalate oral	2	
ST JOSEPH LOW DOSE ***(aspirin chew tab 81 mg)***	1	$0 Copay for members between ages of 16 to 49 years.
sulindac oral	2	
tolmetin sodium	4	
Opioid Analgesics, Long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D
hydromorphone hcl er	4	PA; QL; MME; 7D
levorphanol tartrate oral	4	PA; QL; MME; 7D
methadone hcl intensol	2	PA; QL; MME; 7D
methadone hcl oral concentrate	2	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D
NUCYNTA ER ***(tapentadol hcl tab er)***	4	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er	3	PA; QL; MME; 7D
XTAMPZA ER ***(oxycodone cap er 12hr abuse-deterrent)***	4	PA; QL; MME; 7D
Opioid Analgesics, Short-acting		
acetaminophen-codeine	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet	3	QL
butalbital-apap-caff-cod	4	QL; MME; 7D
butalbital-apap-caffeine oral capsule	4	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	3	QL
codeine sulfate	2	QL; MME; 7D

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endocet	2	QL; MME; 7D
fentanyl citrate buccal lozenge on a handle	4	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate)	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
TENCON ***(butalbital-acetaminophen tab 50-325 mg)***	3	QL
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local Anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	2	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl	2	
LUCEMYRA ***(lofexidine hcl tab 0.18 mg (base equivalent))***	3	
SUBOXONE ***(buprenorphine hcl-naloxone hcl sl film)***	3	
ZUBSOLV ***(buprenorphine hcl-naloxone hcl sl tab)***	3	
Opioid Reversal Agents		
KLOXXADO ***(naloxone hcl nasal spray 8 mg/0.1ml)***	1	
naloxone hcl injection	1	

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naloxone hcl nasal	1	
NARCAN ***(naloxone hcl nasal spray 4 mg/0.1ml)***	1	
OPVEE ***(nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv))***	3	
REXTOVY ***(naloxone hcl nasal spray 4 mg/0.25ml)***	1	
ZIMHI ***(naloxone hcl soln prefilled syringe 5 mg/0.5ml)***	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	
ft nicotine mini	1	
ft nicotine	1	
goodsense nicotine mouth/throat gum 2 mg	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI ***(nicorette mini)***	1	
NICORETTE MOUTH/THROAT LOZENGE ***(nicorette mouth/throat lozenge)***	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr	1	
NICOTROL ***(nicotine inhaler system 10 mg (4 mg delivered))***	1	
NICOTROL NS ***(nicotine nasal spray 10 mg/ml (0.5 mg/spray))***	1	
varenicline tartrate (starter)	1	
varenicline tartrate(continue)	1	
varenicline tartrate	1	
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	3	
HUMATIN ***(paromomycin sulfate cap 250 mg)***	4	
neomycin sulfate oral	2	
Antibacterials, Other		
clindamycin hcl oral	2	
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
fosfomycin tromethamine	4	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
mafenide acetate external	4	
methenamine hippurate	3	
metronidazole oral tablet	2	
metronidazole vaginal	2	

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mupirocin calcium	4	QL
mupirocin external	2	QL
NEO-SYNALAR ***(neomycin sulfate-fluocinolone acetonide cream)***	4	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
SIVEXTRO ORAL ***(tedizolid phosphate tab 200 mg)***	4	PA; QL
ssd	2	
SULFAMYLON ***(mafenide acetate cream)***	4	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE ***(metronidazole vaginal gel)***	3	
XIFAXAN ***(rifaximin tab)***	5	PA; QL
Beta-lactam, Cephalosporins		
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefpodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, Penicillins		
amoxicillin-potassium clavulanate	2	
amoxicillin	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
Macrolides		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet delayed release	3	

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Drug name	Tier	Coverage Requirements and Limits
erythromycin base oral tablet	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL ***(delafloxacin meglumine tab)***	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
Tetracyclines		
avidoxy	2	
demeclocycline hcl	4	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
mondoxyne nl	2	
tetracycline hcl oral capsule	2	
Anticonvulsants		
Anticonvulsants, Other		
levetiracetam er	2	
levetiracetam oral	2	
roweepra	2	
Calcium Channel Modifying Agents		
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
Gamma-aminobutyric Acid *(gaba)* Augmenting Agents		
clobazam	4	PA; QL
DIACOMIT ***(stiripentol cap)***	5	PA; QL; SP
diazepam rectal	4	QL
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
phenobarbital oral	2	

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Drug name	Tier	Coverage Requirements and Limits
primidone oral	2	
tiagabine hcl	4	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin	5	PA; QL; SP
vigadrone	5	PA; QL; SP
vigpoder	5	PA; QL; SP
Glutamate Reducing Agents		
felbamate	4	
FYCOMPA ORAL SUSPENSION ***(perampanel susp 0.5 mg/ml)***	4	PA; QL
lamotrigine oral tablet chewable	2	
lamotrigine oral tablet	2	
subvenite	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium Channel Agents		
APTIOM ***(eslicarbazepine acetate tab)***	4	PA; QL
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet chewable	2	
carbamazepine oral tablet	2	
DILANTIN ORAL CAPSULE 30 MG ***(phenytoin sodium extended cap)***	4	
epitol	2	
lacosamide oral	4	PA; QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral	2	
phenytoin sodium extended	2	
rufinamide	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL
galantamine hydrobromide oral tablet	3	QL
rivastigmine tartrate	2	QL
rivastigmine	4	QL
N-methyl-D-aspartate *(nmda)* Receptor Antagonist		
memantine hcl oral solution	4	QL
memantine hcl oral tablet	2	QL

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Drug name	Tier	Coverage Requirements and Limits
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	3	
mirtazapine oral tablet dispersible	3	
mirtazapine oral tablet	2	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
SPRAVATO ***(56 mg dose) (esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack))***	5	PA; QL; SP
SPRAVATO ***(84 mg dose) (esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack))***	5	PA; QL; SP
Monoamine Oxidase Inhibitors		
MARPLAN ***(isocarboxazid tab 10 mg)***	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
SSRI/SNRI *(selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)*		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
FETZIMA ***(levomilnacipran hcl cap er 24hr)***	4	ST; QL
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate er	4	QL
fluvoxamine maleate	2	
nefazodone hcl	3	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
venlafaxine hcl	2	
vilazodone hcl	4	QL
Tricyclics		

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Drug name	Tier	Coverage Requirements and Limits
amitriptyline hcl oral	2	
amoxapine	2	
clomipramine hcl oral	4	
desipramine hcl oral	3	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
imipramine hcl oral	2	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
trimipramine maleate oral	4	
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 25 mg	2	
meclizine hcl oral tablet 50 mg	3	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	
prochlorperazine maleate oral	2	
prochlorperazine	3	
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
promethegan	3	QL
scopolamine	3	
trimethobenzamide hcl oral	2	
Emetogenic Therapy Adjuncts		
ANZEMET ***(dolasetron mesylate tab 50 mg)***	4	QL
aprepitant	4	QL
dronabinol	4	
EMEND ORAL SUSPENSION RECONSTITUTED ***(aprepitant for oral susp 125 mg (125 mg/5ml))***	3	QL
granisetron hcl oral	3	QL
ondansetron hcl oral	2	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	
VARUBI ***(180 mg dose) (rolapitant hcl tab therapy pack 2 x 90 mg (base equiv))***	3	QL
Antifungals		
Antifungals		
ciclodan	2	
ciclopirox external	2	
ciclopirox olamine external	2	
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL

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clotrimazole-betamethasone external lotion	3	
econazole nitrate external	3	QL
EXELDERM ***(sulconazole nitrate)***	4	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1 ***(butoconazole nitrate (one dose) vaginal cream 2%)***	4	
itraconazole oral	4	QL
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
klayesta	2	QL
LULICONAZOLE ***(luliconazole cream 1%)***	4	QL
miconazole 3	2	
naftifine hcl external cream	4	
nyamyc	2	QL
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL
nystatin mouth/throat	2	
nystatin oral	2	
nystatin-triamcinolone	2	
nystop	2	QL
posaconazole oral tablet delayed release	3	QL
SULCONAZOLE NITRATE ***(sulconazole nitrate)***	4	
terbinafine hcl oral	2	QL
terconazole vaginal cream	2	
terconazole vaginal suppository	3	
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	QL
colchicine-probenecid	2	
febuxostat	2	ST; QL
probenecid	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide *(cgrp)* Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML ***(erenumab-aooe subcutaneous soln)***	3	PA; QL
EMGALITY ***(galcanezumab-gnlm subcutaneous soln)***	3	PA; QL
UBRELVY ***(ubrogepant tab)***	3	PA; QL

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Ergot Alkaloids		
dihydroergotamine mesylate injection	4	QL
ERGOMAR ***(ergotamine tartrate sl tab 2 mg)***	4	QL
ergotamine-caffeine	4	
MIGERGOT ***(ergotamine w/ caffeine suppos 2-100 mg)***	4	
Serotonin *(5-ht)* Receptor Agonists		
almotriptan malate	3	ST; QL
eletriptan hydrobromide	3	ST; QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	ST; QL
zolmitriptan nasal	4	ST; QL
zolmitriptan oral	3	ST; QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	2	
rifabutin	4	
Antituberculars		
cycloserine oral	4	
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN ***(rifapentine tab 150 mg)***	3	
pyrazinamide oral	3	
rifampin oral	2	
SIRTURO ***(bedaquiline fumarate tab)***	5	PA
TRECATOR ***(ethionamide tab 250 mg)***	3	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	4	CM
CYCLOPHOSPHAMIDE ORAL TABLET ***(cyclophosphamide cap)***	4	CM
GLEOSTINE ***(lomustine cap)***	5	SP; CM
LEUKERAN ***(chlorambucil tab)***	4	CM
MATULANE ***(procarbazine hcl cap)***	5	SP; CM
MYLERAN ***(busulfan tab)***	4	CM

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temozolomide	5	PA; SP; CM
VALCHLOR ***(mechlorethamine hcl)***	5	PA; QL; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP; CM
bicalutamide	2	CM
ERLEADA ***(apalutamide tab)***	5	PA; QL; SP; CM
nilutamide	5	SP; CM
NUBEQA ***(darolutamide tab)***	5	PA; QL; SP; CM
Antiangiogenic Agents		
lenalidomide	5	PA; QL; SP; CM
POMALYST ***(pomalidomide cap)***	5	PA; QL; SP; CM
THALOMID ***(thalidomide cap)***	5	PA; QL; SP; CM
Antiestrogens/Modifiers		
EMCYT ***(estramustine phosphate sodium cap)***	4	CM
tamoxifen citrate oral tablet 10 mg	2	CM
tamoxifen citrate oral tablet 20 mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM
toremifene citrate	4	CM
Antimetabolites		
capecitabine	5	SP; CM
DROXIA ***(hydroxyurea cap)***	4	CM
hydroxyurea oral	2	CM
mercaptopurine oral	2	CM
TABLOID ***(thioguanine tab)***	5	SP; CM
Antineoplastics, Other		
diclofenac sodium external gel 3 %	4	QL
fluorouracil external cream	2	
fluorouracil external solution	2	
leucovorin calcium oral	2	CM
LONSURF ***(trifluridine-tipiracil tab)***	5	PA; QL; SP; CM
PIQRAY ***(alpelisib tab)***	5	PA; QL; SP; CM
ROZLYTREK ***(entrectinib)***	5	PA; QL; SP; CM
VERZENIO ***(abemaciclib tab)***	5	PA; QL; SP; CM
ZOLINZA ***(vorinostat cap)***	5	QL; SP; CM
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM
exemestane	4	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM
letrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM; SM
Enzyme Inhibitors		
etoposide oral	5	SP; CM

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Drug name	Tier	Coverage Requirements and Limits
HYCAMTIN ORAL ***(topotecan hcl cap)***	5	PA; QL; SP; CM
TALZENNA ***(talazoparib tosylate cap)***	5	PA; QL; SP; CM
Molecular Target Inhibitors		
ALECENSA ***(alectinib hcl cap 150 mg)***	5	PA; QL; SP; CM
BOSULIF ***(bosutinib cap)***	5	PA; QL; SP; CM
CABOMETYX ***(cabozantinib s-malate tab)***	5	PA; QL; SP; CM
CALQUENCE ***(acalabrutinib maleate tab)***	5	PA; QL; SP; CM
CAPRELSA ***(vandetanib tab)***	5	PA; QL; SP; CM
COMETRIQ ***(cabozantinib s-malate cap)***	5	PA; QL; SP; CM
COTELLIC ***(cometinib-fumarate tab)***	5	PA; QL; SP; CM
erlotinib hcl	5	PA; QL; SP; CM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL; SP: CM
gefitinib	5	PA; QL; SP: CM
IBRANCE ***(palbociclib tab)***	5	PA; QL; SP: CM
ICLUSIG ***(ponatinib hcl tab)***	5	PA; QL; SP: CM
IDHIFA ***(enasidenib mesylate tab)***	5	PA; QL; SP: CM
imatinib mesylate	5	PA; QL; SP: CM
IMBRUVICA ***(ibrutinib)***	5	PA; QL; SP: CM
INLYTA ***(axitinib tab)***	5	PA; QL; SP: CM
JAKAFI ***(ruxolitinib phosphate tab)***	5	PA; QL; SP: CM
lapatinib ditosylate	5	PA; QL; SP: CM
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 ***(lenvatinib cap)***	5	PA; QL; SP: CM
LORBRENA ***(lorlatinib tab)***	5	PA; QL; SP: CM
MEKINIST ***(trametinib dimethyl sulfoxide tab)***	5	PA; QL; SP: CM
sorafenib tosylate	5	PA; QL; SP: CM
STIVARGA ***(regorafenib tab)***	5	PA; QL; SP: CM
sunitinib malate	5	PA; QL; SP: CM
TAFINLAR ***(dabrafenib mesylate)***	5	PA; QL; SP: CM
TUKYSA ***(tucatinib tab)***	5	PA; QL; SP: CM
TURALIO ***(pexidartinib hcl cap)***	5	PA; QL; SP: CM
VENCLEXTA ***(venetoclax tab)***	5	PA; QL; SP: CM
VENCLEXTA STARTING PACK ***(venetoclax tab)***	5	PA; QL; SP: CM
VITRAKVI ***(larotrectinib sulfate)***	5	PA; QL; SP: CM
XOSPATA ***(gilteritinib fumarate)***	5	PA; QL; SP: CM
ZELBORAF ***(vemurafenib tab)***	5	PA; QL; SP: CM
ZYDELIG ***(idelalisib tab)***	5	PA; QL; SP: CM
ZYKADIA ***(ceritinib tab)***	5	PA; QL; SP: CM
Retinoids		
bexarotene external	5	QL; SP
bexarotene oral	5	SP; CM
tretinoin oral	5	QL; SP; CM
Treatment Adjuncts		
MESNEX ORAL ***(mesna tab)***	5	SP; CM

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Drug name	Tier	Coverage Requirements and Limits
Antiparasitics		
Anthelmintics		
albendazole oral	4	PA; QL
ivermectin oral	2	PA; QL
praziquantel oral	4	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ***(nitazoxanide for susp 100 mg/5ml)***	3	QL
atovaquone-proguanil hcl	3	
atovaquone	4	
BENZNIDAZOLE ***(benznidazole tab)***	3	PA; QL
chloroquine phosphate oral	2	QL
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	QL
mefloquine hcl	2	
nitazoxanide oral	3	QL
pentamidine isethionate inhalation	3	QL
primaquine phosphate	2	
pyrimethamine oral	5	PA; SP
quinine sulfate	3	
Pediculicides/Scabicides		
CROTAN ***(crotamiton lotion)***	4	
malathion	4	
permethrin external	2	
spinosad	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
tolcapone	4	QL
Dopamine Agonists		
apomorphine hcl subcutaneous	5	QL; SP
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	3	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	4	
carbidopa-levodopa er	2	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa oral tablet	2	

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DUOPA ***(carbidopa-levodopa enteral susp 4.63-20 mg/ml)***	4	PA
Monoamine Oxidase B *(mao-b)* Inhibitors		
rasagiline mesylate oral	4	ST
selegiline hcl oral	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	2	
fluphenazine hcl oral	3	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral	2	
loxapine succinate	2	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	
2nd Generation/Atypical		
aripiprazole oral solution	4	QL
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet dispersible	3	QL
olanzapine oral tablet	2	QL
paliperidone er	4	QL
quetiapine fumarate er	3	QL
quetiapine fumarate	2	QL
risperidone oral solution	2	
risperidone oral tablet dispersible	3	
risperidone oral tablet	2	
VRAYLAR ***(cariprazine hcl cap)***	4	QL
ziprasidone hcl	3	QL
Treatment-Resistant		
clozapine oral tablet dispersible	4	QL
clozapine oral tablet	2	
Antivirals		
Anti-cytomegalovirus *(cmv)* Agents		
valganciclovir hcl oral solution reconstituted	4	QL
valganciclovir hcl oral tablet	2	QL
Anti-hepatitis B *(hbv)* Agents		
adefovir dipivoxil	5	
BARACLUDE ORAL SOLUTION ***(entecavir oral soln 0.05 mg/ml)***	5	
entecavir	3	
lamivudine oral tablet 100 mg	3	
VEMLIDY ***(tenofovir alafenamide fumarate tab 25 mg)***	5	ST; QL
Anti-hepatitis C *(hcv)* Agents		

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LEDIPASVIR-SOFOSBUVIR ***(ledipasvir-sofosbuvir)***	4	PA; QL; SP
MAVYRET ***(glecaprevir-pibrentasvir)***	4	PA; QL; SP
PEGASYS ***(peginterferon alfa-2a soln)***	5	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR ***(sofosbuvir-velpatasvir)***	4	PA; QL; SP
SOVALDI ***(sofosbuvir tab)***	5	PA; QL; SP
ZEPATIER ***(elbasvir-grazoprevir tab)***	5	PA; QL; SP
Anti-HIV Agents, Integrase Inhibitors *(insti)*		
BIKTARVY ***(bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)***	4	QL; SM
DOVATO ***(dolutegravir sodium-lamivudine tab 50-300 mg (base eq))***	4	QL; SM
GENVOYA ***(elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg)***	4	QL; SM
JULUCA ***(dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq))***	4	QL; SM
STRIBILD ***(elvitegrav-cobic-emtricitab-tenofovdf tab)***	4	QL; SM
TIVICAY ***(dolutegravir sodium tab)***	4	QL; SM
TYBOST ***(cobicistat tab 150 mg)***	4	QL; SM
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors *(nnrti)*		
COMPLERA ***(emtricitabine/rilpivirine/tenofovir disoproxil fumarate)***	4	QL; SM
EDURANT ***(rilpivirine hcl tab)***	4	QL; SM
efavirenz-emtricitab-tenofo df	2	QL; SM
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	3	QL; SM
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	2	QL; SM
efavirenz	2	QL; SM
etravirine	4	QL; SM
INTELENCE ORAL TABLET 25 MG ***(etravirine tab 25 mg)***	4	QL; SM
nevirapine er	2	QL; SM
nevirapine	2	QL; SM
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors *(nrti)*		
abacavir sulfate oral solution	3	QL; SM
abacavir sulfate oral tablet	2	QL; SM
abacavir sulfate-lamivudine	2	QL; SM
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL; SM
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM
emtricitabine	3	QL; SM
lamivudine oral solution	2	QL; SM
lamivudine oral tablet 150 mg, 300 mg	2	QL; SM
lamivudine-zidovudine	2	QL; SM
ODEFSEY ***(emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg)***	4	QL; SM
tenofovir disoproxil fumarate	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM
TRIUMEQ ***(abacavir-dolutegravir-lamivudine tab 600-50-300 mg)***	4	QL; SM

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Drug name	Tier	Coverage Requirements and Limits
zidovudine	2	QL; SM
Anti-HIV Agents, Other		
FUZEON ***(enfuvirtide for inj 90 mg)***	5	QL; SM
maraviroc	2	QL; SM
SELZENTRY ORAL SOLUTION ***(maraviroc oral soln 20 mg/ml)***	4	QL; SM
Anti-HIV Agents, Protease Inhibitors		
APTIVUS ***(tipranavir cap 250 mg)***	4	QL; SM
atazanavir sulfate	2	QL; SM
darunavir	2	QL; SM
EVOTAZ ***(atazanavir sulfate-cobicistat tab 300-150 mg (base equiv))***	4	QL; SM
fosamprenavir calcium	4	QL; SM
lopinavir-ritonavir	2	QL; SM
NORVIR ORAL PACKET ***(ritonavir powder packet 100 mg)***	4	QL; SM
PREZCOBIX ***(darunavir-cobicistat tab)***	4	QL; SM
PREZISTA ORAL SUSPENSION ***(darunavir oral susp 100 mg/ml)***	4	QL; SM
REYATAZ ORAL PACKET ***(atazanavir sulfate oral powder packet 50 mg (base equiv))***	4	QL; SM
ritonavir	2	QL; SM
VIRACEPT ***(nelfinavir mesylate tab)***	4	QL; SM
Anti-influenza Agents		
oseltamivir phosphate oral	2	QL
RELENZA DISKHALER ***(zanamivir aerosol powder breath activated 5 mg/act)***	4	QL
rimantadine hcl	3	
Antiherpetic Agents		
acyclovir external ointment	3	QL
acyclovir oral	2	
famciclovir oral	2	QL
valacyclovir hcl oral	2	QL
Antivirals		
LAGEVRIO ***(molnupiravir)***	4	QL
PAXLOVID ***(150/100) (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)***	4	QL
PAXLOVID ***(300/100) (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)***	4	QL
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	
meprobamate	4	
Benzodiazepines		
alprazolam er	3	QL
alprazolam intensol	3	QL
alprazolam oral tablet dispersible	3	QL

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Drug name	Tier	Coverage Requirements and Limits
alprazolam oral tablet	2	QL
alprazolam xr	3	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet dispersible	3	QL
clonazepam oral tablet	2	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
estazolam	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
quazepam	4	
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	2	
divalproex sodium oral	2	
EQUETRO ***(carbamazepine (mood) cap er)***	4	
lithium carbonate er	2	
lithium carbonate oral	2	
lithium	2	
Blood Glucose Monitoring		
Blood Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE ***(accu-chek aviva device)***	3	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS ***(accu-chek aviva plus test strips)***	3	QL
ACCU-CHEK FASTCLIX LANCET KIT ***(accu-chek fastclix lancet kit)***	3	QL
ACCU-CHEK GUIDE CONTROL ***(accu-chek guide control)***	3	QL
ACCU-CHEK GUIDE KIT W/DEVICE ***(accu-chek guide kit w/device)***	3	QL
ACCU-CHEK GUIDE TEST STRIPS ***(accu-chek guide test strips)***	3	QL
ACCU-CHEK SMARTVIEW CONTROL ***(accu-chek smartview control)***	3	QL
ACCU-CHEK SMARTVIEW TEST STRIPS ***(accu-chek smartview test strips)***	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT ***(accu-chek softclix lancet device kit)***	3	QL
AUTOLET LANCING DEVICE ***(lancet devices)***	3	
CARESENS LANCETS 30G ***(lancets)***	3	QL
CARETOUCH LANCING/EJECTOR ***(lancet devices)***	3	
CHEMSTRIP K ***(acetone (urine) test strip)***	3	
CHEMSTRIP MICRAL ***(albumin (urine) test strip)***	3	
CHEMSTRIP UGK ***(urine testing strip)***	3	
CHOSEN LANCETS 30G ***(lancets)***	3	QL
CHOSEN LANCING DEVICE ***(lancet devices)***	3	

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CHOSEN SAFETY LANCETS 28G ***(lancets)***	3	QL
CLEVER CHOICE COMFORT EZ ***(lancets)***	3	QL
COMFORT TOUCH TWIST LANCET 30G ***(lancets)***	3	QL
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL ***(blood glucose calibration - liquid - low)***	3	QL
CVS KETONE CARE ***(urine glucose-ketones test strips)***	3	
DEXCOM G6 RECEIVER ***(*continuous glucose system receiver***)***	4	PA; QL
DEXCOM G6 SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL
DEXCOM G6 TRANSMITTER ***(*continuous glucose system transmitter***)***	4	PA; QL
DEXCOM G7 RECEIVER ***(*continuous glucose system receiver***)***	4	PA; QL
DEXCOM G7 SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL
DIASTIX REAGENT ***(glucose urine test-(glucose oxidase) strip)***	3	
FORA TEST N'GO ADV-VOICE-6 CON ***(*blood glucose monitoring devices***)***	3	
FREESTYLE LIBRE 14 DAY READER ***(*continuous glucose system reader***)***	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL
FREESTYLE LIBRE 2 READER ***(*continuous glucose system reader***)***	4	PA; QL
FREESTYLE LIBRE 2 SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL
FREESTYLE LIBRE 3 READER ***(*continuous glucose system reader***)***	4	PA; QL
FREESTYLE LIBRE 3 SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL
FREESTYLE LIBRE READER ***(*continuous glucose system reader***)***	4	PA; QL
KETO-DIASTIX ***(urine glucose-ketones test strips)***	3	
KETONE TEST ***(urine glucose-ketones test strips)***	3	
KETOSTIX ***(urine glucose-ketones test strips)***	3	
LANCETS ***(lancets)***	3	QL
LANCETS SUPER THIN ***(lancets)***	3	QL
MICROLET NEXT LANCING DEVICE ***(lancet devices)***	3	
NOVOPEN ECHO ***(injection device for insulin)***	3	
ONETOUCH DELICA PLUS LANCING ***(lancet devices)***	3	
ONETOUCH DELICA SAFETY LANCING ***(lancet devices)***	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE ***(blood glucose monitoring kit)***	3	QL
ONETOUCH ULTRA TEST STRIPS ***(glucose blood test strip)***	3	QL
ONETOUCH ULTRA TEST STRIPS ***(glucose blood test strip)***	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT ***(blood glucose monitoring kit)***	3	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH ***(blood glucose calibration - liquid - high)***	3	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE ***(blood glucose monitoring kit)***	3	QL
ONETOUCH VERIO TEST STRIPS ***(glucose blood test strip)***	3	QL
PERFECT POINT SAFETY LANCETS ***(lancets)***	3	QL
TECHLITE LANCETS 26G ***(lancets)***	3	QL
VERIFINE SAFE LANCET MINI 21G ***(lancets)***	3	QL
VERIFINE SAFE LANCET MINI 23G ***(lancets)***	3	QL
VERIFINE SAFE LANCET MINI 28G ***(lancets)***	3	QL
VERIFINE SAFE LANCET MINI 30G ***(lancets)***	3	QL

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VIVAGUARD LANCETS 30G ***(lancets)***	3	QL
VIVAGUARD LANCING DEVICE ***(lancet devices)***	3	
VIVAGUARD SAFETY LANCETS 28G ***(lancets)***	3	QL
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	2	QL
BYDUREON BCISE AUTOINJECTOR ***(exenatide extended release susp auto-injector 2 mg/0.85ml)***	3	PA; QL
FARXIGA ***(dapagliflozin propanediol tab)***	3	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	2	QL
glipizide er	2	QL
glipizide ir	2	QL
glipizide xl	2	QL
glipizide-metformin hcl	3	QL
glyburide micronized	2	QL
glyburide oral	2	QL
glyburide-metformin	2	QL
JARDIANCE ***(empagliflozin tab)***	3	QL
JENTADUETO ***(linagliptin-metformin hcl tab)***	3	QL
JENTADUETO XR ***(linagliptin-metformin hcl tab er 24hr)***	3	QL
metformin hcl er	2	QL
metformin hcl oral solution	4	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL
miglitol	3	QL
MOUNJARO ***(tirzepatide soln auto-injector)***	3	PA; QL
nateglinide	3	QL
OZEMPIC ***(semaglutide soln pen-inj)***	3	PA; QL
pioglitazone hcl-metformin hcl	3	QL
pioglitazone hcl	2	QL
repaglinide	2	QL
RYBELSUS ***(semaglutide tab)***	3	PA; QL
saxagliptin hcl	3	QL
SOLIQUA ***(insulin glargine-lixisenatide sol pen-inj)***	3	QL; SM
SYNJARDY ***(empagliflozin-metformin hcl tab)***	3	QL
SYNJARDY XR ***(empagliflozin-metformin hcl tab er 24hr)***	3	QL
TRADJENTA ***(linagliptin tab)***	3	QL
TRULICITY ***(dulaglutide soln auto-injector)***	3	PA; QL
XIGDUO XR ***(dapagliflozin prop-metformin hcl tab er 24hr)***	3	QL
XULTOPHY ***(insulin degludec-liraglutide sol pen-inj)***	3	QL; SM
Glycemic Agents		
BAQSIMI ONE PACK ***(glucagon nasal powder)***	1	QL
BAQSIMI TWO PACK ***(glucagon nasal powder)***	1	QL
diazoxide oral	4	
GLUCAGON EMERGENCY KIT ***(glucagon hcl for inj 1 mg)***	1	QL

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Drug name	Tier	Coverage Requirements and Limits
glucagon emergency kit	1	QL
GLUCO TO GO ***(glucose)***	3	
GVOKE HYPOPEN 1-PACK ***(glucagon subcutaneous solution auto-injector)***	1	QL
GVOKE HYPOPEN 2-PACK ***(glucagon subcutaneous solution auto-injector)***	1	QL
GVOKE KIT ***(glucagon subcutaneous soln 1 mg/0.2ml)***	1	QL
GVOKE PFS ***(glucagon subcutaneous soln pref syringe)***	1	QL
ZEGALOGUE ***(dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml)***	1	QL
Insulins		
BASAGLAR KWIKPEN ***(insulin glargine soln pen-injector 100 unit/ml)***	1	QL
HUMALOG ***(insulin lispro soln cartridge)***	1	QL
HUMALOG KWIKPEN ***(insulin lispro soln pen-injector 200 unit/ml)***	1	QL
HUMALOG MIX 50/50 KWIKPEN ***(insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50))***	1	QL
HUMALOG MIX 50/50 VIAL ***(insulin lispro protamine & lispro inj 100 unit/ml (50-50))***	1	QL
HUMALOG MIX 75/25 KWIKPEN ***(insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25))***	1	QL
HUMALOG MIX 75/25 VIAL ***(insulin lispro prot & lispro inj 100 unit/ml (75-25))***	1	QL
HUMALOG U-100 JUNIOR KWIKPEN ***(insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial))***	1	QL
HUMULIN 70/30 KWIKPEN ***(insulin nph & regular susp pen-inj 100 unit/ml (70-30))***	1	QL
HUMULIN 70/30 VIAL ***(insulin nph isophane & regular human inj 100 unit/ml (70-30))***	1	QL
HUMULIN N KWIKPEN ***(insulin nph (human) (isophane) susp pen-injector 100 unit/ml)***	1	QL
HUMULIN N VIAL ***(insulin nph (human) (isophane) inj 100 unit/ml)***	1	QL
HUMULIN R U-500 KWIKPEN ***(insulin regular pen-inj)***	1	QL
HUMULIN R U-500 VIAL ***(insulin regular (human) inj 500 unit/ml)***	1	QL
HUMULIN R VIAL ***(insulin regular (human) inj 100 unit/ml)***	1	QL
INSULIN ASPART PROT & ASPART ***(insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))***	1	QL
INSULIN DEGLUDEC ***(insulin degludec inj 100 unit/ml)***	1	QL
INSULIN DEGLUDEC FLEXTOUCH ***(insulin degludec soln pen-injector)***	1	QL
INSULIN LISPRO ***(1 unit dial) (insulin lispro soln pen-injector 100 unit/ml (1 unit dial))***	1	QL
INSULIN LISPRO ***(insulin lispro inj soln)***	1	QL
INSULIN LISPRO JUNIOR KWIKPEN ***(insulin lispro soln pen-injector)***	1	QL
INSULIN LISPRO PROT & LISPRO ***(insulin lispro prot & lispro sus pen-inj)***	1	QL
LEVEMIR FLEXPEN ***(insulin detemir soln pen-injector 100 unit/ml)***	1	QL
LEVEMIR U-100 VIAL ***(insulin detemir inj 100 unit/ml)***	1	QL
REZVOGLAR KWIKPEN ***(insulin glargine-aglr soln pen-injector)***	1	QL
TRESIBA ***(insulin degludec inj 100 unit/ml)***	1	QL
TRESIBA FLEXTOUCH ***(insulin degludec soln pen-injector)***	1	QL
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	4	QL

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Drug name	Tier	Coverage Requirements and Limits
ELIQUIS ***(apixaban tab)***	3	QL
ELIQUIS DVT/PE STARTER PACK ***(apixaban tab)***	3	QL
enoxaparin sodium	3	QL
fondaparinux sodium	4	QL
FRAGMIN ***(dalteparin sodium)***	5	QL
heparin sodium (porcine) pf	2	
heparin sodium (porcine)	2	
jantoven	2	
warfarin sodium oral	2	
XARELTO ***(rivaroxaban)***	3	QL
XARELTO STARTER PACK ***(rivaroxaban)***	3	QL
Blood Formation Modifiers		
anagrelide hcl	4	
ARANESP ***(albumin free) (darbepoetin alfa soln)***	5	QL; SP
LEUKINE ***(sargramostim lyophilized for inj)***	5	SP
NEULASTA ***(pegfilgrastim soln)***	5	SP
NEULASTA ONPRO ***(pegfilgrastim soln)***	5	SP
plerixafor	5	SP
PROMACTA ***(eltrombopag olamine)***	5	PA; QL; SP
RETACRIT ***(epoetin alfa-epbx inj)***	5	QL; SP
ZARXIO ***(filgrastim-sndz soln prefilled syringe)***	5	SP
Hemostasis Agents		
aminocaproic acid oral	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT ***(thrombin (recombinant) for soln)***	4	
RECOTHROM SPRAY KIT ***(thrombin (recombinant) for soln)***	4	
THROMBIN-JMI EPISTAXIS ***(thrombin for soln)***	4	
THROMBIN-JMI EXTERNAL KIT ***(thrombin for soln)***	4	
tranexamic acid oral	3	QL
Platelet Modifying Agents		
aspirin-dipyridamole er	4	QL
BRILINTA ***(ticagrelor tab)***	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
YOSPRALA ***(aspirin-omeprazole tab delayed release)***	3	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral	2	
clonidine	3	
guanfacine hcl	2	QL
METHYLDOPA ***(methyldopa tab)***	2	
midodrine hcl	2	

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Drug name	Tier	Coverage Requirements and Limits
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	3	QL
EDARBI ***(azilsartan medoxomil tab)***	4	QL
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
telmisartan	3	QL
valsartan oral tablet	2	QL
Angiotensin-converting Enzyme *(ace)* Inhibitors		
benazepril hcl oral	2	QL
captopril oral	2	QL
enalapril maleate oral tablet	2	QL
fosinopril sodium	2	QL
lisinopril oral	2	QL
moexipril hcl	2	QL
perindopril erbumine	2	QL
quinapril hcl	2	QL
ramipril	2	QL
trandolapril	2	QL
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ ***(dronedarone hcl tab)***	4	PA; QL
NORPACE CR ***(disopyramide phosphate cap er)***	3	
propafenone hcl er	4	
propafenone hcl	2	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	
SOTYLIZE ***(sotalol hcl oral solution 5 mg/ml)***	4	PA
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	2	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	

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Drug name	Tier	Coverage Requirements and Limits
carvedilol	2	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
nadolol oral	2	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral	2	
timolol maleate oral	2	
Calcium Channel Blocking Agents		
amlodipine besylate oral	2	
cartia xt	2	
dilt-xr	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	3	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	3	
diltiazem hcl oral	2	
felodipine er	2	
isradipine	2	
matzim la	3	
nicardipine hcl oral	3	
nifedipine er osmotic release	2	QL
nifedipine er	2	QL
nifedipine oral	2	
nimodipine oral	4	
nisoldipine er	3	
tiadylt er	2	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral	2	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	QL
amlodipine besylate-valsartan	3	QL
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	3	QL
bisoprolol-hydrochlorothiazide	2	QL
candesartan cilexetil-hctz	3	QL
captopril-hydrochlorothiazide	3	QL
CORLANOR ***(ivabradine hcl)***	4	PA; QL
digoxin oral solution	3	

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digoxin oral tablet 125 mcg, 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
EDARBYCLOR ***(azilsartan medoxomil-chlorthalidone tab)***	4	QL
enalapril-hydrochlorothiazide	2	QL
ENTRESTO ***(sacubitril-valsartan)***	4	PA; QL
fosinopril sodium-hctz	3	QL
irbesartan-hydrochlorothiazide	2	QL
isosorb dinitrate-hydralazine	3	QL
ivabradine hcl	4	PA; QL
lisinopril-hydrochlorothiazide	2	QL
losartan potassium-hctz	2	QL
metoprolol-hydrochlorothiazide	3	
olmesartan medoxomil-hctz	2	QL
pentoxifylline er	2	
quinapril-hydrochlorothiazide	3	QL
ranolazine er	4	QL
spironolactone-hctz	2	
telmisartan-hctz	3	QL
triamterene-hctz	2	
valsartan-hydrochlorothiazide	2	QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
Diuretics, Loop		
bumetanide oral	2	
ethacrynic acid	4	
furosemide oral	2	
torsemide	2	
Diuretics, Potassium-sparing		
amiloride hcl oral	2	
eplerenone	3	
spironolactone oral tablet	2	SM
Diuretics, Thiazide		
chlorthalidone	2	
DIURIL ***(chlorothiazide susp 250 mg/5ml)***	3	
hydrochlorothiazide oral	2	
indapamide	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	

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gemfibrozil oral	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; $0 Copay for members between ages 40 to 75 years.
atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
fluvastatin sodium	3	QL; $0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	QL; $0 Copay for members between ages 40 to 75 years.
pravastatin sodium	2	QL; $0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; $0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; $0 Copay for members between ages 40 to 75 years.
simvastatin oral tablet 80 mg	2	QL
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
colestipol hcl oral granules	3	
colestipol hcl oral packet	3	
colestipol hcl oral tablet	2	
ezetimibe-simvastatin	3	QL
ezetimibe	2	QL
icosapent ethyl	4	PA
niacin (antihyperlipidemic)	3	
niacin er (antihyperlipidemic)	3	
niacor	3	
omega-3-acid ethyl esters	2	PA; QL
prevalite	3	
REPATHA ***(evolocumab subcutaneous soln prefilled syringe)***	4	PA; QL
REPATHA PUSHTRONEX SYSTEM ***(evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml)***	4	PA; QL
REPATHA SURECLICK ***(evolocumab subcutaneous soln auto-injector 140 mg/ml)***	4	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	2	
minoxidil oral	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er	2	
isosorbide mononitrate	2	
NITRO-BID ***(nitroglycerin oint 2%)***	3	

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NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ***(nitroglycerin td patch)***	4	
nitroglycerin rectal	4	QL
nitroglycerin sublingual	2	
nitroglycerin transdermal	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	4	PA
amphetamine-dextroamphetamine er	3	PA; QL
amphetamine-dextroamphetamine	2	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL
lisdexamfetamine dimesylate oral capsule	4	PA; QL
methamphetamine hcl	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er oral tablet extended release 12 hour	3	
dexmethylphenidate hcl er	3	PA; QL
dexmethylphenidate hcl	2	PA; QL
guanfacine hcl er	2	QL
methylphenidate hcl er (cd)	3	PA; QL
methylphenidate hcl er (la)	3	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
methylphenidate hcl er oral tablet extended release	3	PA; QL
methylphenidate hcl oral solution	3	PA; QL
methylphenidate hcl oral tablet chewable	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
Central Nervous System, Other		
AUSTEDO ***(deutetrabenazine tab)***	5	PA; QL; SP
caffeine citrate oral	2	
DAYBUE ***(trofinetide oral soln 200 mg/ml)***	5	PA; QL; SP
INGREZZA ***(valbenazine tosylate cap)***	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	5	PA; QL; SP
Fibromyalgia Agents		
pregabalin oral capsule	2	QL
SAVELLA ***(milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)***	4	ST; QL
SAVELLA TITRATION PACK ***(milnacipran hcl tab)***	4	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN ***(interferon beta-1a im auto-injector kit 30 mcg/0.5ml)***	5	PA; QL; SP
AVONEX PREFILLED ***(interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml)***	5	PA; QL; SP
BETASERON ***(interferon beta-1b for inj kit 0.3 mg)***	5	PA; QL; SP

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Drug name	Tier	Coverage Requirements and Limits
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
fingolimod hcl	5	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
teriflunomide	5	PA; QL; SP
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hcl	4	
chlorhexidine gluconate mouth/throat	2	
kourzeq	2	
oralone	2	
periogard	2	
pilocarpine hcl oral	3	
triamcinolone acetonide mouth/throat	2	
Dermatological Agents		
Dermatological Agents		
accutane	4	
acitretin	4	
adapalene external cream	4	PA; QL
adapalene external gel	4	PA; QL
ammonium lactate external cream	2	
amnesteem	4	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
brimonidine tartrate external	4	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop	4	QL
calcitriol external	4	QL
claravis	4	
CLINDACIN ETZ EXTERNAL KIT ***(clindamycin phosphate swab 1% & cleanser kit)***	2	QL
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external gel	3	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL
clindamycin phosphate external swab	2	QL
doxepin hcl external	4	PA; QL
DUPIXENT ***(dupilumab subcutaneous soln auto-injector)***	5	PA; QL; SP

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Drug name	Tier	Coverage Requirements and Limits
ery pad 2%	2	
erythromycin external	3	
ESKATA ***(hydrogen peroxide soln 40%)***	4	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
methoxsalen rapid	4	
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
pimecrolimus	4	ST; QL
podofilox external gel	4	
podofilox external solution	2	
REGRANEX ***(becaplermin gel)***	3	PA; QL
selenium sulfide external lotion	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE ***(risankizumab-rzaa subcutaneous soln)***	5	PA; QL; SP
STELARA SUBCUTANEOUS ***(ustekinumab soln)***	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	4	ST; QL
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL
zenatane	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	5	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ ***(potassium bicarbonate-citric acid effer tab)***	3	
effer-k oral tablet effervescent 25 meq	2	
GALZIN ***(zinc acetate cap (elemental zinc))***	4	
k-prime	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
klor-con/ef	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	

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potassium chloride oral packet	4	
potassium chloride oral solution	2	
potassium citrate er	3	
sodium fluoride oral	1	$0 Copay for members ages 0 to 16 years.
Electrolyte/Mineral/Metal Modifiers		
CHEMET ***(succimer cap 100 mg)***	3	
deferasirox granules	5	PA; SP
deferasirox oral packet	5	PA; SP
deferasirox oral tablet soluble	5	PA; SP
deferasirox oral tablet	4	PA; SP
LOKELMA ***(sodium zirconium cyclosilicate for susp)***	4	PA; QL
sodium polystyrene sulfonate	2	
SPS ***(sodium polystyrene sulfonate powder)***	3	
trientine hcl oral capsule 250 mg	5	PA; QL; SP
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ***(patiromer)***	4	PA; QL
Phosphate Binders		
AURYXIA ***(ferric citrate tab 1 gm (210 mg ferric iron))***	4	SP
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
FOSRENOL ORAL PACKET ***(lanthanum carbonate oral powder pack)***	4	
lanthanum carbonate	4	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
VELPHORO ***(sucroferric oxyhydroxide chew tab 500 mg)***	3	SP
Vitamins		
ATABEX OB ***(*prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg***)***	2	
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML ***(cyanocobalamin inj 2000 mcg/ml)***	2	
DODEX ***(cyanocobalamin inj 1000 mcg/ml)***	3	
ergocalciferol oral capsule	2	
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
NEONATAL COMPLETE ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
NEONATAL PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
ONE VITE WOMENS PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
phytonadione oral	4	QL
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATRIX ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
PRENATRYL ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	

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TRINATE ***(*prenatal vit w/ fe fumarate-fa tab 28-1 mg***)***	2	
TRUE FOLIC ACID ORAL TABLET 1 MG ***(folic acid tab)***	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG ***(folic acid tab)***	1	
VINATE ONE ORAL TABLET 60-1 MG ***(prenatal vit)***	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
WESNATAL DHA COMPLETE ***(*prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**)***	2	
WESTAB PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	4	
amoxicill-clarithro-lansopraz	4	QL
cromolyn sodium oral	4	
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
RELISTOR SUBCUTANEOUS ***(methylnaltrexone bromide inj)***	4	PA; QL
SYMPROIC ***(naldemedine tosylate tab 0.2 mg)***	3	PA; QL
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
Histamine2 *(h2)* Receptor Antagonists		
cimetidine hcl	2	
cimetidine oral	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine	3	
Irritable Bowel Syndrome Agents		
alosetron hcl	4	PA; QL
LINZESS ***(linaclotide cap)***	3	PA; QL
lubiprostone	4	QL
VIBERZI ***(eluxadoline tab)***	4	PA; QL; SP
Laxatives		
bisacodyl ec	1	QL
bisacodyl oral	1	QL
citroma	1	QL
clearlax	1	QL

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Drug name	Tier	Coverage Requirements and Limits
CLENPIQ ***(sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml)***	4	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE ***(magnesium citrate)***	1	QL
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
gavilyte-c	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-n with flavor pack	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
generlac	2	
gentle laxative oral tablet delayed release	1	QL
gentlelax	1	QL
glycolax	1	QL
KRISTALOSE ***(lactulose oral crystal packet)***	4	
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral packet	4	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
mm clearlax	1	QL
na sulfate-k sulfate-mg sulf	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
ONELAX MAGNESIUM CITRATE ***(magnesium citrate)***	1	QL
peg 3350-kcl-na bicarb-nacl	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-kcl-nacl-nasulf-na asc-c	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm)***	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
TRUE LAXATIVE ***(polyethylene glycol)***	1	QL
Protectants		

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Drug name	Tier	Coverage Requirements and Limits
misoprostol oral	2	SM
sucralfate oral suspension	4	PA
sucralfate oral tablet	2	
Proton Pump Inhibitors		
dexlansoprazole	4	QL
esomeprazole magnesium oral capsule delayed release	2	QL
ft acid reducer oral capsule delayed release 15 mg	2	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release 10 mg	2	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	2	
pantoprazole sodium oral tablet delayed release	2	QL
rabeprazole sodium oral tablet delayed release	3	QL
sm lansoprazole	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	5	SP
CREON ***(pancrelipase (lip-prot-amyl) dr cap)***	3	
CYSTAGON ***(cysteamine bitartrate cap)***	5	SP
MYALEPT ***(metreleptin for subcutaneous inj)***	5	PA; QL; SP
OCALIVA ***(obeticholic acid tab)***	5	PA; QL; SP
sapropterin dihydrochloride	5	PA; QL; SP
ZENPEP ***(pancrelipase (lip-prot-amyl) dr cap)***	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	3	ST; QL
fesoterodine fumarate er	4	ST; QL
flavoxate hcl	2	
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate	2	QL
tolterodine tartrate er	3	
tolterodine tartrate	3	
trospium chloride er	3	ST
trospium chloride	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
CARDURA XL ***(doxazosin mesylate tab er 24 hr)***	4	QL
dutasteride oral	2	QL
dutasteride-tamsulosin hcl	4	
finasteride oral tablet 5 mg	2	
silodosin	3	QL
tamsulosin hcl	2	

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Drug name	Tier	Coverage Requirements and Limits
terazosin hcl	2	
Genitourinary Agents, Other		
bethanechol chloride oral	2	
ELMIRON ***(pentosan polysulfate sodium caps 100 mg)***	3	
ENCARE ***(nonoxynol-9 vaginal suppos 100 mg)***	1	QL
OPTIONS GYNOL II CONTRACEPTIVE ***(nonoxynol-9 gel 3%)***	1	
penicillamine oral	5	SP
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	4	QL
VCF VAGINAL CONTRACEPTIVE ***(nonoxynol-9)***	1	
Hormonal Agents, Stimulant/Replacement/Modifying *(adrenal)*		
Hormonal Agents, Stimulant/Replacement/Modifying *(adrenal)*		
ALA SCALP ***(hydrocortisone lotion 2%)***	4	
alclometasone dipropionate	2	
amcinonide	4	
APEXICON E ***(diflorasone diacetate emollient base cream 0.05%)***	3	QL
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
clocortolone pivalate	4	ST; QL
CORDRAN ***(flurandrenolide tape 4 mcg/sqcm)***	4	QL
desonide external cream	3	QL
desonide external lotion	3	QL
desonide external ointment	3	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
diflorasone diacetate external cream	4	QL
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL

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Drug name	Tier	Coverage Requirements and Limits
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide external lotion	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
PANDEL ***(hydrocortisone probutate cream 0.1%)***	4	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisolone sodium phosphate oral tablet dispersible	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet therapy pack	2	
prednisone oral tablet	2	
TEXACORT ***(hydrocortisone - topical)***	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying *(pituitary)*		
Hormonal Agents, Stimulant/Replacement/Modifying *(pituitary)*		
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
FOLLISTIM AQ ***(follitropin beta inj)***	5	PA; SP

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Drug name	Tier	Coverage Requirements and Limits
INCRELEX ***(mecasermin inj 40 mg/4ml (10 mg/ml))***	5	PA; QL; SP
MENOPUR ***(menotropins for subcutaneous inj 75 unit)***	5	PA; SP
OMNITROPE ***(somatropin)***	4	PA; QL; SP
PREGNYL ***(chorionic gonadotropin for im inj)***	4	PA
Selective Estrogen Receptor Modifying Agents		
CLOMID ***(clomiphene)***	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying *(prostaglandins)*		
Hormonal Agents, Stimulant/Replacement/Modifying *(prostaglandins)*		
MIFEPREX ***(mifepristone tab)***	3	SM
mifepristone oral tablet 200 mg	2	SM
PREPIDIL ***(dinoprostone cervical gel 0.5 mg/3gm)***	4	
Hormonal Agents, Stimulant/Replacement/Modifying *(sex hormones/modifiers)*		
Androgens		
ANDRODERM ***(testosterone)***	3	PA; QL
danazol oral	3	
methyltestosterone oral	4	SM
testosterone cypionate intramuscular	2	PA;SM
testosterone enanthate intramuscular	2	PA;SM
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL; SM
Estrogens		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA ***(segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr)***	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BIJUVA ORAL CAPSULE 0.5-100 MG ***(estradiol-progesterone cap 0.5-100 mg)***	4	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	

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Drug name	Tier	Coverage Requirements and Limits
blisovi fe 1/20	1	
briellyn	1	
camrese lo	1	
camrese	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO ***(estradiol-levonorgestrel td patch)***	4	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	
dotti	3	QL; SM
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol oral	2	SM
estradiol transdermal patch twice weekly	3	QL; SM
estradiol transdermal patch weekly	2	QL; SM
estradiol vaginal cream	3	QL
estradiol vaginal tablet	3	QL; SM
estradiol valerate intramuscular	2	SM
estradiol-norethindrone acet	3	
ESTRING ***(estradiol vaginal ring 2 mg (7.5 mcg/24hrs))***	3	QL
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
falmina	1	
finzala	1	
fyavolv	3	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	

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Drug name	Tier	Coverage Requirements and Limits
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	3	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorg-eth estrad triphasic	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levora 0.15/30 (28)	1	
LO LOESTRIN FE ***(norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))***	1	
lo-zumandimine	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lutera	1	
lyllana	3	QL;SM

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Drug name	Tier	Coverage Requirements and Limits
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
mono-linyah	1	
NATAZIA ***(estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg)***	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS ***(drospirenone-estetrol tab 3-14.2 mg)***	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethin-eth estradiol-fe	1	
norethindron-ethinyl estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norgestimate-eth estradiol	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo oral tablet 0.25-35 mg-mcg	1	
ocella	1	
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN VAGINAL ***(estrogens, conjugated vaginal cream 0.625 mg/gm)***	4	
reclipsen	1	
rivelsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	

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Drug name	Tier	Coverage Requirements and Limits
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec	1	
tri-vylibra lo	1	
tri-vylibra	1	
trivora (28)	1	
turqoz	1	
TWIRLA ***(levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr)***	1	
TYBLUME ***(levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg)***	1	
tydemy	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104 ***(medroxyprogesterone acetate susp)***	1	QL; Available under pharmacy or medical benefit; SM
econtra one-step	1	

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Drug name	Tier	Coverage Requirements and Limits
ELLA ***(ulipristal acetate tab 30 mg)***	1	QL
emzahh	1	
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	
KYLEENA ***(levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total))***	1	Available under pharmacy or medical benefit
levonorgestrel	1	
LILETTA ***(52 mg) (levonorgestrel iud 20.1 mcg/day (initial) (52 mg total))***	1	Available under pharmacy or medical benefit
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	Available under pharmacy or medical benefit; SM
medroxyprogesterone acetate intramuscular suspension	1	QL; Available under pharmacy or medical benefit; SM
medroxyprogesterone acetate oral	2	SM
megestrol acetate oral suspension 40 mg/ml	2	SM
megestrol acetate oral suspension 625 mg/5ml	4	SM
megestrol acetate oral tablet	2	SM
MIRENA ***(52 mg) (levonorgestrel iud 20 mcg/day (initial) (52 mg total))***	1	Available under pharmacy or medical benefit
my choice	1	
my way	1	
new day	1	
NEXPLANON ***(etonogestrel subdermal implant 68 mg)***	1	QL; Available under pharmacy or medical benefit
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL ***(norgestrel tab 0.075 mg)***	1	
option 2	1	
PLAN B ONE-STEP ***(levonorgestrel tab 1.5 mg)***	1	
progesterone intramuscular	2	SM
progesterone oral	2	SM
react	1	
sharobel	1	
SKYLA ***(levonorgestrel releasing iud 14 mcg/day (13.5 mg total))***	1	Available under pharmacy or medical benefit
take action	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ***(ospemifene tab 60 mg)***	4	PA; QL

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Drug name	Tier	Coverage Requirements and Limits
raloxifene hcl	2	QL; $0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal Agents, Stimulant/Replacement/Modifying *(thyroid)*		
Hormonal Agents, Stimulant/Replacement/Modifying *(thyroid)*		
ARMOUR THYROID ***(thyroid tab)***	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liothyronine sodium oral	2	
NIVA THYROID ***(thyroid tab)***	4	
np thyroid	4	
SYNTHROID ***(thyroid tab)***	3	
THYQUIDITY ***(levothyroxine sodium oral solution 100 mcg/5ml)***	4	PA
thyroid oral	4	
TIROSINT-SOL ***(levothyroxine sodium oral solution)***	4	PA
unithroid	2	
Hormonal Agents, Suppressant *(adrenal)*		
Hormonal Agents, Suppressant *(adrenal)*		
LYSODREN ***(mitotane tab 500 mg)***	4	
Hormonal Agents, Suppressant *(pituitary)*		
Hormonal Agents, Suppressant *(pituitary)*		
ELIGARD ***(leuprolide acetate for subcutaneous inj)***	5	PA; SP; SM
fyremadel	5	PA; SP
ganirelix acetate	5	PA; SP
leuprolide acetate injection	5	PA; SP; SM
octreotide acetate	4	PA; SP
ORILISSA ***(elagolix sodium tab)***	4	PA; QL
SIGNIFOR ***(pasireotide diaspartate inj)***	5	PA; QL; SP
SOMAVERT ***(pegvisomant for inj)***	5	PA; QL; SP
SYNAREL ***(nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq))***	3	SM
Hormonal Agents, Suppressant *(thyroid)*		
Antithyroid Agents		
methimazole oral	2	
propylthiouracil oral	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA ***(c1 esterase inhibitor (human) for subcutaneous inj)***	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
sajazir	4	PA; QL; SP
Immune Suppressants		
ADALIMUMAB-ADAZ ***(adalimumab-adaz soln)***	5	PA; QL; SP
ADALIMUMAB-ADBM ***(2 pen) (adalimumab-adbm (2 pen))***	5	PA; QL; SP
ADALIMUMAB-ADBM ***(2 syringe) (adalimumab-adbm (2 syringe))***	5	PA; QL; SP

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ADALIMUMAB-ADBM***(cd/uc/hs strt) (adalimumab-adbm prefilled syringe kit)***	5	PA; SP
ADALIMUMAB-ADBM***(ps/uv starter) (adalimumab-adbm prefilled syringe kit)***	5	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ***(adalimumab-atto soln auto-injector)***	5	PA; QL; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ***(adalimumab-atto soln prefilled syringe)***	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML ***(amjevita-ped 15kg to <30kg subcutaneous solution prefilled syringe 20 mg/0.2ml)***	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA ***(2 syringe) (certolizumab pegol prefilled syringe kit 200 mg/ml)***	5	PA; QL; SP
CIMZIA ***(certolizumab pegol)***	5	PA; QL; SP
CIMZIA STARTER KIT ***(certolizumab pegol prefilled syringe kit 200 mg/ml)***	5	PA; QL; SP
cyclosporine modified	4	
cyclosporine oral	4	
gengraf	4	
HADLIMA ***(adalimumab-bwwd soln)***	5	PA; QL; SP
HADLIMA PUSHTOUCH ***(adalimumab-bwwd soln auto-injector)***	5	PA; QL; SP
HUMIRA ***(2 pen) (adalimumab auto-injector kit)***	5	PA; QL; SP
HUMIRA ***(2 syringe) (adalimumab prefilled syringe kit)***	5	PA; QL; SP
HUMIRA-CD/UC/HS STARTER ***(adalimumab auto-injector kit)***	5	PA; SP
HUMIRA-PSORIASIS/UVEIT STARTER ***(adalimumab auto-injector kit)***	5	PA; QL; SP
methotrexate sodium (pf)	2	SM
methotrexate sodium	2	SM
mycophenolate mofetil oral capsule	3	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	3	
mycophenolate sodium	4	
mycophenolic acid	4	
OLUMIANT ***(baricitinib tab)***	5	PA; QL; SP
SIMPONI ***(golimumab subcutaneous soln)***	5	PA; QL; SP
sirolimus oral solution	5	
sirolimus oral tablet	4	
SKYRIZI PEN ***(risankizumab-rzaa soln auto-injector)***	5	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ***(risankizumab-rzaa soln prefilled syringe)***	5	PA; QL; SP
tacrolimus oral	2	
XELJANZ ***(tofacitinib citrate tab)***	5	PA; QL; SP
XELJANZ XR ***(tofacitinib citrate tab)***	5	PA; QL; SP
Immunomodulators		
ACTEMRA ACTPEN ***(tocilizumab subcutaneous soln auto-injector)***	5	PA; QL; SP
ACTEMRA SUBCUTANEOUS ***(tocilizumab subcutaneous soln prefilled syringe)***	5	PA; QL; SP
ACTIMMUNE ***(interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml))***	5	PA; QL; SP

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BEYFORTUS ***(nirsevimab-alip im soln prefilled syringe)***	1	QL; $0 copay for members 19 months of age or younger.
leflunomide oral	2	
OTEZLA ***(apremilast tab)***	5	PA; QL; SP
RINVOQ ***(upadacitinib tab)***	5	PA; QL; SP
RINVOQ LQ ***(upadacitinib oral soln 1 mg/ml)***	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR ***(omalizumab subcutaneous soln auto-injector)***	5	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ***(omalizumab subcutaneous soln prefilled syringe)***	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ***(omalizumab subcutaneous soln prefilled syringe)***	5	PA; QL
Vaccines		
ABRYSVO INJ ***(rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml)***	1	QL
ACTHIB ***(haemophilus b polysaccharide conjugate vaccine for inj)***	1	QL
ADACEL ***(tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml)***	1	QL
AFLURIA ***(influenza virus vaccine split im susp)***	1	QL; $0 copay for members 6 months of age or older.
AFLURIA PRESERVATIVE FREE ***(influenza virus vaccine split im susp)***	1	QL; $0 copay for members 6 months of age or older.
AREXVY ***(rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml)***	1	QL; $0 Copay for members 60 years of age or older.
BEXSERO ***(meningococcal vac b (recomb omv adjuv) inj prefilled syringe)***	1	QL; $0 copay for members 10 years of age or older.
BOOSTRIX ***(tet tox-diph-acell pertuss ad inj)***	1	QL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 ***(tet tox-diph-acell pertuss ad inj)***	1	QL
CAPVAXIVE ***(pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml)***	1	QL; $0 copay for members 19 years of age or older.
COMIRNATY ***(covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)***	1	QL; $0 copay for members 12 years of age or older.
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML ***(covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml)***	1	QL; $0 copay for members 12 years of age or older.
DAPTACEL ***(diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml)***	1	QL
DENGVAXIA ***(dengue virus vaccine live tetravalent for subcutaneous susp)***	1	QL; $0 copay for members between ages of 9 to 16 years.
ENGERIX-B ***(hepatitis b vaccine (recombinant))***	1	QL
FLUAD ***(influenza vac type a&b surface ant adj susp pref syr 0.5 ml)***	1	QL; $0 copay for members 65 years of age or older.
FLUARIX ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ***(influenza virus vac tiss-cult subunit im susp)***	1	QL; $0 copay for members 6 months of age or older.
FLULAVAL ***(influenza virus vaccine)***	1	QL; $0 copay for members 6 months of age or older.
FLUMIST ***(influenza virus vaccine)***	1	QL; $0 copay for members between ages of 2 to 49 years.
FLUMIST QUADRIVALENT NASAL SUSPENSION ***(influenza virus vaccine)***	1	QL; $0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE ***(influenza virus vac split high-dose pf susp pref syr 0.5ml)***	1	QL; $0 copay for members 65 years of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ***(influenza virus vaccine)***	1	QL; $0 copay for members 6 months of age or older.

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GARDASIL 9 ***(human papillomavirus (hpv) 9-valent recomb vac im susp)***	1	QL; $0 copay for members between ages of 9 to 45 years.
HAVRIX ***(hepatitis a vaccine inj susp)***	1	QL
HEPLISAV-B ***(hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml)***	1	QL; $0 copay for members 18 years of age or older.
HIBERIX ***(haemophilus b polysaccharide conjugate vac for inj 10 mcg)***	1	QL
INFANRIX ***(diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml)***	1	QL
IPOL ***(poliovirus vaccine, ipv injection)***	1	QL
M-M-R II ***(measles-mumps-rubella virus vaccines for inj soln)***	1	QL
MENQUADFI ***(meningococcal (a, c, y, and w-135) tetanus conjugate vaccine)***	1	QL
MENVEO ***(meningococcal (a, c, y, and w-135) oligo conj vac)***	1	QL
PEDIARIX ***(diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr)***	1	QL; $0 copay for members 6 years of age or younger.
PEDVAX HIB ***(haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml)***	1	QL
PENBRAYA ***(meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj)***	1	QL; $0 copay for members between ages of 10 to 25 years.
PENTACEL ***(diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp)***	1	QL; $0 copay for members 4 years of age or younger.
PFIZER COVID-19 VAC-TRIS 5-11Y ***(covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)***	1	QL; $0 copay for members between ages of 5 to 11 years.
PFIZER COVID-19 VAC-TRIS 6M-4Y ***(covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml)***	1	QL; $0 copay for members between ages of 6 months to 4 years.
PNEUMOVAX 23 ***(pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml)***	1	QL
PREHEVBRIO ***(hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml)***	1	QL; $0 copay for members 18 years of age or older.
PREVNAR 20 ***(pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)***	1	QL; $0 copay for members 1 month of age or older.
PRIORIX ***(measles-mumps-rubella virus vaccines for subcutaneous susp)***	1	QL
PROQUAD ***(measles-mumps-rubella-varicella virus vaccines for susp)***	1	QL; $0 copay for members between ages of 1 to 12 years.
QUADRACEL INTRAMUSCULAR SUSPENSION ***(diph-tetanus tox ad-acell pert & polio virus, ipv vac inj)***	1	QL
RECOMBIVAX HB ***(hepatitis b vaccine (recombinant))***	1	QL
ROTARIX ***(rotavirus vaccine, live oral susp)***	1	QL; $0 copay for members 8 months of age or younger.
ROTATEQ ***(rotavirus vaccine, live oral pentavalent soln)***	1	QL; $0 copay for members 8 months of age or younger.
SHINGRIX ***(zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml)***	1	QL; $0 Copay for members 19 years of age or older.
SPIKEVAX ***(covid-19 mrna vaccine-)***	1	QL; $0 copay for members 12 years of age or older.
TDVAX ***(tetanus-diphtheria toxoids (td) inj)***	1	QL
TENIVAC ***(tetanus-diphtheria toxoids (td) inj 5-2 lfu)***	1	QL
TETANUS-DIPHTHERIA TOXOIDS TD ***(tetanus-diphtheria toxoids (td) inj 5-2 lfu)***	1	QL
TRUMENBA ***(meningococcal group b vac (recomb) im susp prefilled syr)***	1	QL; $0 copay for members 10 years of age or older.
TWINRIX ***(hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml)***	1	QL
VAQTA ***(hepatitis a vaccine inj)***	1	QL
VARIVAX ***(varicella virus vac live for inj 1350 pfu/0.5ml)***	1	QL

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VAXELIS ***(diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr)***	1	QL; $0 copay for members 4 years of age or younger.
VAXNEUVANCE ***(pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)***	1	QL; $0 copay for members 1 month of age or older.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
mesalamine er oral capsule 0.375 gm	3	QL
mesalamine oral tablet delayed release 1.2 gm	3	QL
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
Glucocorticoids		
budesonide oral	4	
budesonide rectal	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
Sulfonamides		
sulfasalazine oral	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution	3	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL
calcitonin (salmon) nasal	2	QL
calcitriol oral capsule	2	
calcitriol oral solution	3	
cinacalcet hcl	3	PA; QL
doxercalciferol oral	4	
ibandronate sodium oral	2	QL
paricalcitol oral	3	
risedronate sodium oral tablet	3	QL
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE ***(insulin pen needle)***	1	
AEROCHAMBER HOLDING CHAMBER ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE ***(mouthpiece)***	2	QL
AEROCHAMBER PLUS FLO-VU INTERM ***(aerochamber plus flo-vu interm)***	2	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE ***(aerochamber plus flo-vu large device)***	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE ***(aerochamber plus flo-vu medium device)***	2	QL

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AEROCHAMBER PLUS FLO-VU SMALL DEVICE ***(aerochamber plus flo-vu small device)***	2	QL
ALCOHOL PREP PADS ***(alcohol swabs)***	3	
AQ INSULIN SYRINGE ***(insulin syrg mis)***	1	
AQINJECT PEN NEEDLE ***(insulin pen needle)***	1	
ASSURE ID DUO PRO PEN NEEDLES ***(insulin pen needle)***	1	
ASSURE ID PRO PEN NEEDLES ***(insulin pen needle)***	1	
AUM ALCOHOL PREP PADS ***(alcohol swabs)***	3	
AUM INSULIN SAFETY PEN NEEDLE ***(insulin pen needle)***	1	
AUM MINI INSULIN PEN NEEDLE ***(insulin pen needle)***	1	
AUM PEN NEEDLE ***(insulin pen needle)***	1	
AUM READYGARD DUO PEN NEEDLE ***(insulin pen needle)***	1	
AUM SAFETY PEN NEEDLE ***(insulin pen needle)***	1	
BD AUTOSHIELD DUO PEN NEEDLES ***(insulin pen needle)***	1	
BD SHARPS COLLECTOR ***(sharps container - misc)***	3	
BD ULTRA-FINE INSULIN SYRINGES ***(insulin syringe/needle)***	1	
BD ULTRA-FINE PEN NEEDLES ***(insulin pen needle)***	1	
BREATHE COMFORT CHAMBER/ADULT ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
BREATHE COMFORT CHAMBER/CHILD ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
CAYA ***(diaphragm arc-spring*)***	1	
COMFORT EZ PRO PEN NEEDLES ***(insulin pen needle)***	1	
CONDOMS ***(condoms - male)***	1	QL
DROPSAFE ALCOHOL PREP ***(alcohol swabs)***	3	
DROPSAFE SAFETY SYRINGE/NEEDLE ***(insulin syringe/needle)***	1	
DUREX EXTRA SENSITIVE THIN ***(condoms - male)***	1	QL
DUREX TROPICAL ***(condoms - male)***	1	QL
EASIVENT ***(miscellaneous therapeutic agents)***	2	QL
EASY COMFORT SHARPS CONTAINER ***(sharps container - misc)***	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ***(insulin pen needle)***	1	
ergoloid mesylates oral	4	
FC2 FEMALE CONDOM ***(condoms - female)***	1	QL
FEMCAP ***(cervical cap)***	1	
FLEXICHAMBER ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
FLEXICHAMBER ADULT MASK/SMALL ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
FLEXICHAMBER CHILD MASK/LARGE ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
FLEXICHAMBER CHILD MASK/SMALL ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
INSPIREASE RESERVOIR BAGS ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM ***(insulin pen needle)***	1	

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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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML ***(insulin syringe/needle)***	1	
methergine	4	QL
methylergonovine maleate oral	4	QL
NOVOFINE PEN NEEDLE ***(insulin pen needle)***	1	
NOVOFINE PLUS PEN NEEDLE ***(insulin pen needle)***	1	
OMNIPOD 5 G6 INTRO ***(gen 5) (insulin infusion disposable pump reservoir)***	4	PA; QL
OMNIPOD 5 G6 PODS ***(gen 5) (insulin infusion disposable pump reservoir)***	4	PA; QL
PARAGARD INTRAUTERINE COPPER ***(copper iud)***	1	Available under pharmacy or medical benefit
PARI VORTEX ADULT MASK ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
PHEXXI ***(lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)***	1	QL
PURE COMFORT SAFETY PEN NEEDLE ***(insulin pen needle)***	1	
RADIOGARDASE ***(prussian blue insoluble cap 0.5 gm)***	5	
RAYA SURE PEN NEEDLE ***(insulin pen needle)***	1	
SAFETY PEN NEEDLES ***(insulin pen needle)***	1	
SHARPS COLLECTOR ***(sharps container - misc)***	3	
SHARPS CONTAINER ***(sharps container - misc)***	3	
TRUE COVER ***(miscellaneous therapeutic agents)***	1	QL
UNIFINE PROTECT PEN NEEDLE ***(insulin pen needle)***	1	
VERIFINE INSULIN PEN NEEDLE ***(insulin pen needle)***	1	
VERIFINE INSULIN SYRINGE ***(insulin syringe/needle)***	1	
VERIFINE PLUS PEN NEEDLE ***(insulin pen needle)***	1	
VERIFINE SHARPS CONTAINER ***(harps container - misc)***	3	
VORTEX VALVED HOLDING CHAMBER ***(spacer/aerosol-holding chamber supplies - masks)***	2	QL
WIDE-SEAL DIAPHRAGM 60 ***(diaphragm wide seal 60 mm)***	1	
WIDE-SEAL DIAPHRAGM 65 ***(diaphragm wide seal 65 mm)***	1	
WIDE-SEAL DIAPHRAGM 70 ***(diaphragm wide seal 70 mm)***	1	
WIDE-SEAL DIAPHRAGM 75 ***(diaphragm wide seal 75 mm)***	1	
WIDE-SEAL DIAPHRAGM 80 ***(diaphragm wide seal 80 mm)***	1	
WIDE-SEAL DIAPHRAGM 85 ***(diaphragm wide seal 85 mm)***	1	
WIDE-SEAL DIAPHRAGM 90 ***(diaphragm wide seal 90 mm)***	1	
WIDE-SEAL DIAPHRAGM 95 ***(diaphragm wide seal 95 mm)***	1	
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
TOBRADEX ***(tobramycin-dexamethasone ophth oint 0.3-0.1%)***	4	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	3	

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TOBREX ***(tobramycin ophth oint 0.3%)***	4	
Anti-cytomegalovirus *(cmv)* Agents		
ZIRGAN ***(ganciclovir ophth gel 0.15%)***	4	
Antibacterials, Other		
bacitra-neomycin-polymyxin-hc	3	
bacitracin ophthalmic	3	
bacitracin-polymyxin b	2	
BETADINE OPHTHALMIC PREP ***(povidone-iodine ophth soln)***	4	
neo-polycin hc	3	
neo-polycin	2	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic	3	
polycin	2	
polymyxin b-trimethoprim	2	
Antifungals		
NATACYN ***(natamycin ophth susp 5%)***	4	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE ***(azithromycin ophth soln 1%)***	4	
erythromycin ophthalmic	2	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic Agents, Other		
AKTEN ***(lidocaine hcl ophth gel)***	4	
ALTACAINE ***(tetracaine hcl ophth soln 0.5%)***	2	
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic	2	
cyclosporine ophthalmic	4	PA; QL
MITOSOL ***(mitomycin for ophth soln kit 0.2 mg)***	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET ***(loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)***	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL ***(nedocromil sodium ophth soln 2%)***	4	
ALOMIDE ***(lodoxamide tromethamine ophth soln 0.1%)***	4	
altafrin	2	
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL ***(cyclopentolate w/ phenylephrine ophth soln 0.2-1%)***	4	

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epinastine hcl	2	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	2	QL
phenylephrine hcl ophthalmic	2	
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
fluorometholone	2	
flurbiprofen sodium	2	
INVELTYS ***(loteprednol etabonate ophth susp 1%)***	4	QL
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT ***(loteprednol etabonate ophth oint 0.5%)***	4	
LOTEMAX SM ***(loteprednol etabonate ophth gel 0.38%)***	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
BETIMOL ***(timolol ophth soln)***	3	QL
BETOPTIC-S ***(betaxolol hcl ophth susp 0.25%)***	4	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	3	QL
brinzolamide	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal pf	3	QL
dorzolamide hcl-timolol mal	2	QL
IOPIDINE ***(apraclonidine hcl ophth soln 1% (base equivalent))***	4	
levobunolol hcl	2	
PHOSPHOLINE IODIDE ***(echothiophate iodide ophth for soln 0.125%)***	3	
pilocarpine hcl ophthalmic	2	
SIMBRINZA ***(brinzolamide-brimonidine tartrate ophth susp 1-0.2%)***	4	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost ophthalmic	2	
LUMIGAN ***(bimatoprost ophth soln 0.01%)***	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL

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XELPROS ***(latanoprost ophth emulsion 0.005%)***	4	QL
Quinolones		
BESIVANCE ***(besifloxacin hcl ophth susp 0.6% (base equiv))***	4	
CILOXAN ***(ciprofloxacin hcl ophth oint)***	4	
ciprofloxacin hcl ophthalmic	2	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
Otic Agents		
Otic Agents		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	4	ST
CIPROFLOXACIN-FLUOCINOLONE PF ***(ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%)***	4	
CORTISPORIN-TC ***(neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml)***	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
OTOVEL ***(ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%)***	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO ***(ciclesonide inhal aerosol)***	4	ST; QL
ARNUITY ELLIPTA ***(fluticasone furoate aerosol powder breath activ)***	3	QL
ASMANEX ***(120 metered doses) (mometasone furoate inhal)***	3	QL
ASMANEX ***(14 metered doses) (mometasone furoate inhal)***	3	QL
ASMANEX ***(30 metered doses) (mometasone furoate inhal)***	3	QL
ASMANEX ***(60 metered doses) (mometasone furoate inhal)***	3	QL
ASMANEX HFA ***(mometasone furoate inhal)***	3	QL
BEVESPI AEROSPHERE ***(glycopyrrolate-formoterol fumarate aerosol)***	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL;

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Drug name	Tier	Coverage Requirements and Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT ***(fluticasone-salmeterol aer powder)***	3	QL
QVAR REDIHALER ***(beclomethasone diprop hfa breath act inh aer)***	3	QL
wixela inhub	3	QL
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet	2	
cyproheptadine hcl oral	2	
desloratadine oral tablet	3	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	QL
olopatadine hcl nasal	3	QL
promethazine vc	2	
promethazine-phenylephrine	2	
Antileukotrienes		
montelukast sodium oral	2	QL
zafirlukast	3	QL
zileuton er	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA ***(ipratropium bromide hfa inhal aerosol 17 mcg/act)***	4	QL
INCRUSE ELLIPTA ***(umeclidinium br aero powd breath act 62.5 mcg/act (base eq))***	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA HANDIHALER ***(tiotropium bromide monohydrate inhal)***	3	QL
SPIRIVA RESPIMAT ***(tiotropium bromide monohydrate inhal)***	3	QL
tiotropium bromide monohydrate	3	QL
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 ***(90 base)*** MCG/ACT INHALATION ***(albuterol sulfate)***	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	QL
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT ***(olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv))***	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA ***(albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv))***	1	

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Drug name	Tier	Coverage Requirements and Limits
Cystic Fibrosis Agents		
ORKAMBI ***(lumacaftor-ivacaftor)***	5	PA; QL; SP
PULMOZYME ***(dornase alfa inhal soln)***	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION ***('tobramycin nebu soln)***	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
Mast Cell Stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	3	
roflumilast	4	PA; QL
THEO-24 ***(theophylline cap er 24hr)***	4	
theophylline er	2	
theophylline oral	3	
Pulmonary Antihypertensives		
ADEMPAS ***(riociguat tab)***	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
OPSUMIT ***(macitentan tab 10 mg)***	5	PA; QL; SP
ORENITRAM ***(treprostinil diolamine)***	5	PA; QL; SP
ORENITRAM MONTH 1 ***(treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg)***	5	PA; QL; SP
ORENITRAM MONTH 2 ***(treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg)***	5	PA; QL; SP
ORENITRAM MONTH 3 ***(treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg)***	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO ***(treprostinil inhalation solution 0.6 mg/ml)***	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT ***(treprostinil inhalation solution)***	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT ***(treprostinil inhalation solution)***	5	PA; QL; SP
TYVASO DPI TITRATION KIT ***(treprostinil inhalation solution)***	5	PA; QL; SP
TYVASO REFILL KIT ***(treprostinil inhalation solution 0.6 mg/ml)***	5	PA; QL; SP
TYVASO STARTER KIT ***(treprostinil inhalation solution 0.6 mg/ml)***	5	PA; QL; SP
UPTRAVI ORAL ***(selexipag tab)***	5	PA; QL; SP
UPTRAVI TITRATION ***(selexipag tab)***	5	PA; QL; SP
VENTAVIS ***(iloprost inhalation solution)***	5	PA; QL; SP
Pulmonary Fibrosis Agents		
OFEV ***(nintedanib esylate cap)***	5	PA; QL; SP
pirfenidone	4	PA; QL; SP
Respiratory Tract Agents, Other		
acetylcysteine inhalation	2	
benzonatate oral capsule 100 mg, 200 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
BREZTRI AEROSPHERE ***(budesonide-glycopyrrolate-formoterol aers)***	3	QL
guaifenesin-codeine	2	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL ***(sodium chloride soln nebu)***	3	
ipratropium-albuterol	2	SM
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
NEBUSAL ***(sodium chloride soln nebu)***	3	
promethazine-codeine oral solution	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
PULMOSAL ***(sodium chloride soln nebu)***	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT ***(tiotropium br-olodaterol inhal aero soln)***	3	QL
TRELEGY ELLIPTA ***(fluticasone-umeclidinium-vilanterol aepb)***	3	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL
Sleep Disorders, Other		
BELSOMRA ***(suvorexant tab)***	4	ST; QL
doxepin hcl oral tablet	2	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness Promoting Agents		

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Drug name	Tier	Coverage Requirements and Limits
armodafinil	3	PA; QL
modafinil oral	2	PA; QL
SODIUM OXYBATE ***(sodium oxybate oral solution)***	5	PA; QL; SP
SUNOSI ***(solriamfetol hcl tab)***	4	PA; QL

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Language Assistance Services

1-877-265-9199, TTY 711

English: Translation services and interpreters are available at no cost to you. If you need help, please call the number above or the Member Services number on your health plan ID card.

Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمترجمون الفوريون لك مجانًا. إذا كنت بحاجة إلى المساعدة، فيُرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyong ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.

German: Übersetzungsdienste und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے ہیلتھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

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Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: अनुवाद सेवाएँ और दुभाषिए आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.

Pennsylvania Dutch: Wann du Deitsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

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200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

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