



Your 2026 Prescription Drug List

Traditional 3-Tier

Effective May 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, River Valley, Optimum Choice, Inc., Global Solutions, Student Resources, New Jersey Oxford and UnitedHealthOne medical plans when sold in your market with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 5 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in New Jersey – There may be over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered. ⁴
QL	Quantity limits ⁵ – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁵ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. ⁵

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Diabetic supplies and prescription medications may be subject to different cost-share amounts for New Jersey Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
Coverage is set by your prescription drug benefit plan.

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

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

5. Not applicable to certain New Jersey Oxford and Student Resources plans.



Reading your PDL (continued)

- **Infertility**

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

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	

Drug Name	Drug Tier	Requirements & Limits
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine	1	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nicotine step 1	1	H	cefpodoxime proxetil oral tablet	1	
nicotine step 2	1	H	cefprozil	1	
nicotine step 3	1	H	cefuroxime axetil	1	
nicotine transdermal patch 24 hour	1	H	cephalexin	1	
OPVEE	1	QL	CIPRO ORAL TABLET	3	
qc nicotine transdermal system	1	H	ciprofloxacin hcl oral	1	
ra mini nicotine	1	H	clarithromycin oral tablet	1	
ra nicotine mouth/throat gum 4 mg	1	H	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
ra nicotine polacrilex	1	H	CLEOCIN ORAL CAPSULE 75 MG	2	
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H	CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
REXTOVY	1	QL	CLEOCIN VAGINAL CREAM	3	
sm nicotine	1	H	clindamycin hcl oral	1	
sm nicotine polacrilex	1	H	clindamycin palmitate hcl	1	
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H	clindamycin phosphate vaginal	1	
THRIVE	3	H	CLINDESSE	2	
varenicline	1	H	dicloxacillin sodium	1	
ZIMHI	2	QL	doxycycline hyclate oral capsule	1	
ZUBSOLV	1	QL	doxycycline hyclate oral tablet 100 mg, 20 mg	1	
Antibacterials - Drugs for Infections			doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
amoxicillin	1		doxycycline monohydrate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate	1		doxycycline monohydrate oral tablet	1	
ampicillin	1		E.E.S. GRANULES	3	
AVIDOXY	3		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
azithromycin oral packet 1 gm	1		ERYPED 400	3	
BACTRIM	3		erythromycin base oral tablet	1	
BACTRIM DS	3		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefadroxil oral capsule	1		fidaxomicin oral tablet	1	QL
cefadroxil oral suspension reconstituted	1		fosfomicin tromethamine	1	
cefdinir	1		gentamicin sulfate external	1	QL
cefixime oral capsule	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin cream	1	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	

Drug Name	Drug Tier	Requirements & Limits
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XEPI	3	QL
XIFAXAN	3	PA, QL
ZITHROMAX	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
rivaroxaban	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	1	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA

Drug Name	Drug Tier	Requirements & Limits
oxcarbazepine	1	
perampanel	1	PA
phenobarbital oral tablet	1	
phenytekt	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
RALDESY	3	PA

Drug Name	Drug Tier	Requirements & Limits
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	

Drug Name	Drug Tier	Requirements & Limits
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	3	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	3	PA, QL, SP
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abirtega	1	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
GAVRETO	3	PA, QL, SP
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	PA, QL, SP
JAKAFI	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
LENVIMA	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	3	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
tiopronin	1	SP
tiopronin delayed release	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
STROMECTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
ziprasidone hcl	1	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL

Drug Name	Drug Tier	Requirements & Limits
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL ORAL CAPSULE 25 MG	3	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	1	
amiloride hcl oral	1	
amiodarone hcl oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate oral	1		digoxin oral tablet	1	
amlodipine besylate-benazepril hcl	1		diltiazem hcl er	1	
amlodipine besylate-valsartan	1		diltiazem hcl er beads	1	
ARB LI	3	PA	diltiazem hcl er coated beads	1	
atenolol oral	1		diltiazem hcl oral	1	
atenolol-chlorthalidone	1		dilt-xr	1	
ATORVALIQ	3	PA	dofetilide	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	doxazosin mesylate oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		EDARBI	E	
benazepril hcl oral	1		EDARBYCLOR	E	
benazepril-hydrochlorothiazide	1		enalapril maleate oral solution	1	PA
bisoprolol fumarate oral tablet	1		enalapril maleate oral tablet	1	
bisoprolol-hydrochlorothiazide	1		enalapril-hydrochlorothiazide	1	
bumetanide oral	1		eplerenone	1	
BUMEX	3		ezetimibe	1	
CAMZYOS	3	PA, QL, SP	ezetimibe-simvastatin	1	
candesartan cilexetil	1		felodipine er	1	
candesartan cilexetil-hctz	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
captopril oral	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
CARDURA	3		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
cartia xt	1		fenofibric acid oral capsule delayed release	1	
carvedilol	1		flecainide acetate	1	
chlorthalidone	1		fosinopril sodium	1	
cholestyramine light	1		FUROSCIX	3	PA, QL
cholestyramine oral	1		furosemide oral	1	
clonidine hcl oral	1		gemfibrozil oral	1	
clonidine patch	1		guanfacine hcl	1	
colesevelam hcl oral tablet	1		HEMANGEOL	3	
COLESTID ORAL TABLET	3		hydralazine hcl oral	1	
colestipol hcl oral tablet	1		hydrochlorothiazide oral	1	
CORGARD ORAL TABLET 20 MG, 40 MG	3		indapamide	1	
CORLANOR	3	PA, QL			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
INZIRQO	3	PA	midodrine hcl	1	
irbesartan	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
irbesartan-hydrochlorothiazide	1		minoxidil oral	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		MULTAQ	3	PA
isosorbide mononitrate er	1		nadolol oral	1	
ivabradine hcl	1	PA, QL	nebivolol hcl	1	
KAPSPARGO SPRINKLE	3		NEXLETOL	2	PA, ST, QL
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL	NEXLIZET	2	PA, ST, QL
labetalol hcl oral	1		niacin er (antihyperlipidemic)	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nifedipine er	1	
LANOXIN ORAL TABLET 62.5 MCG	3		nifedipine er osmotic release	1	
LASIX	3		nifedipine oral	1	
lisinopril oral	1		NITRO-BID	2	
lisinopril-hydrochlorothiazide	1		NITRO-DUR	3	
LODOCO	3	QL	nitroglycerin rectal	1	QL
LOPID	3		nitroglycerin sublingual	1	
LOPRESSOR ORAL SOLUTION	3	PA	nitroglycerin transdermal	1	
losartan potassium oral	1		NITROSTAT	3	
losartan potassium-hctz	1		NORLIQVA	3	PA
LOTENSIN	3		olmesartan medoxomil oral	1	
LOTENSIN HCT	3		olmesartan medoxomil-hctz	1	
lovastatin oral	1	H	omega-3-acid ethyl esters	1	
matzim la	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
MAXZIDE ORAL TABLET 75-50 MG	3		PACERONE ORAL TABLET 200 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		pentoxifylline er	1	
metolazone	1		pravastatin sodium	1	
metoprolol succinate er	1		prazosin hcl oral	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		prevalite	1	
metoprolol-hydrochlorothiazide	1		propafenone hcl	1	
mexiletine hcl oral	1		propafenone hcl er	1	
			propranolol hcl er	1	
			propranolol hcl oral	1	
			QUESTRAN	3	

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Drug Name	Drug Tier	Requirements & Limits
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TEZRULY	3	PA
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
torsemide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan oral solution	3	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	

Drug Name	Drug Tier	Requirements & Limits
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
clonidine hcl er	1	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
FOCALIN	3	
guanfacine hcl er	1	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral	1	
ONYDA XR	3	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA: SP
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
acutane	1	
acitretin	1	
adapalene-benzoyl peroxide external gel	1	QL
AKLIEF	3	PA, QL
alclometasone dipropionate	1	
amnestem	1	
AMZEEQ	3	QL
AVAR CLEANSER	3	
azelaic acid external	1	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	1	QL
calcipotriene external ointment	1	
calcipotriene external solution	1	QL
CALCITRENE	3	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	

Drug Name	Drug Tier	Requirements & Limits
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (once-daily) gel 1 % external	1	QL
clindamycin phos (twice-daily) gel 1 % external	1	QL
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base external cream 0.05 %	1	QL
clobetasol propionate e	1	QL
clobetasol propionate external cream 0.05 %	1	QL
clobetasol propionate external gel	1	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	1	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	1	QL
desonide external lotion	1	QL
desonide external ointment	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DESOWEN	3	QL	hydrocortisone valerate external cream	1	QL
desoximetasone external cream	1	QL	imiquimod external cream 5 %	1	
desoximetasone external ointment	1	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
diclofenac sodium external gel 3 %	1	PA, QL	KLARON	3	
DIPROLENE	3		KLISYRI	3	ST, QL
DRYSOL	3		METROCREAM	3	
DUPIXENT	2	PA, QL, SP	METROLOTION	3	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	metronidazole external cream	1	
EFUDEX EXTERNAL CREAM 5 %	3		metronidazole external gel 0.75 %	1	
ENSTILAR	3	QL	metronidazole external lotion	1	
ERYGEL	3		MIRVASO	2	PA, QL
erythromycin external	1		mometasone furoate external	1	
EUCRISA	3	ST, QL	NEMLUVIO	2	PA, QL, SP
FINACEA EXTERNAL FOAM	3		neuac	1	QL
fluocinolone acetonide body	1	QL	OPZELURA	3	PA, QL, SP
fluocinolone acetonide external	1	QL	OVACE PLUS WASH EXTERNAL LIQUID	3	
fluocinolone acetonide scalp	1		OVACE WASH	3	
fluocinonide external cream 0.05 %	1		PANRETIN	3	
fluocinonide external gel	1		pimecrolimus	1	QL
fluocinonide external ointment	1		podofilox external solution	1	
fluocinonide external solution	1		RHOFADE	3	PA, QL
fluorouracil external cream 5 %	1		SANTYL	3	QL
fluticasone propionate external cream	1		selenium sulfide external lotion	1	
fluticasone propionate external ointment	1		sodium sulfacetamide wash	1	
halobetasol propionate external cream	1	QL	SOOLANTRA	1	QL
halobetasol propionate external ointment	1	QL	sulfacetamide sodium (acne)	1	
hydrocortisone external cream 2.5 %	1		sulfacetamide sodium external	1	
hydrocortisone external ointment 1 %, 2.5 %	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
			sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
			TACLONEX EXTERNAL SUSPENSION	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tacrolimus external	1	QL
tazarotene external cream	1	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TOPICORT	3	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
tretinoin external cream	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40	3	
VTAMA	3	PA, QL
ZELSUVMI	3	PA, QL
zenatane	1	
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.15%, 0.3%	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EMBECTA INSULIN SYRINGE	2	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TWIST REFILL KIT	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
TWIST REFILL KIT/INFUSION SET	2	PA, QL
TWIST STARTER KIT	2	PA, QL
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BRENZAVVY	3	ST, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
BYETTA	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide	1	PA, QL
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
nateglinide	1	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTelet	3	PA, QL, SP
ELOCTATE	3	SP
eltrombopag powder	1	PA, QL: SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROMACTA POWDER	3	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	1	PA, QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
varденаfil hcl oral tablet	1	QL
VYLEESI	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE MINI	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	

Drug Name	Drug Tier	Requirements & Limits
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sucralfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	

Drug Name	Drug Tier	Requirements & Limits
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	1	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
prucalopride succinate	1	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	1	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
mirabegron er	1	ST
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tropium chloride	1	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	

Drug Name	Drug Tier	Requirements & Limits
tamsulosin hcl	1	
terazosin hcl	1	

Hormonal Agents - Hormone Replacement and Birth Control

abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
camila	1	H	enpresse-28	1	H
camrese	1	H	enskyce	1	H
camrese lo	1	H	errin	1	H
charlotte 24 fe	1	H	est estrogens-methyltest	1	
chateal eq	1	H	est estrogens-methyltest ds	1	
CLIMARA PRO	3	QL	est estrogens-methyltest hs	1	
COMBIPATCH	3	QL	estarylla	1	H
conjugated estrogen oral	1		estradiol oral	1	
COVARYX	2		estradiol patch twice weekly	1	QL
COVARYX HS	3		estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
cryselle-28	1	H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
cyred eq	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
dasetta 1/35 (28)	1	H	estradiol vaginal	1	
dasetta 7/7/7	1	H	estradiol valerate intramuscular	1	
daysee	1	H	estradiol-norethindrone acet	1	
deblitane	1	H	estratest f.s.	1	
DELESTROGEN	3		ESTRATEST H.S.	3	
delyla	1	H	ESTRING	2	QL
DEPO-PROVERA	3	QL	ESTROGEL	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H	ethynodiol diac-eth estradiol	1	H
desogestrel-ethinyl estradiol	1	H	etonogestrel-ethinyl estradiol	1	H
DIVIGEL	3		EVAMIST	2	
dotti	1	QL	falmina	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	fayosim oral tablet 42-21-21-7 days	1	H
drospirenone-ethinyl estradiol	1	H	feirza 1.5/30	1	H
DUAVEE	3	QL	feirza 1/20	1	H
EEMT	2		FEMRING	3	QL
EEMT HS	3		finzala	1	H
ELESTRIN	3		fyavolv	1	
elinst	1	H	gallifrey	1	
ELLA	1	QL, H			
eluryng	1	H			
emzahn	1	H			
enilloring	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NATAZIA	1		progesterone intramuscular	1	
necon 0.5/35 (28)	1	H	progesterone oral	1	
nikki	1	H	PROVERA	3	
nora-be	1	H	reclipsen	1	H
norelgestromin-eth estradiol	1	H	rivelsa	1	H
norethin ace-eth estrad-fe oral tablet	1	H	rosyrah	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H	setlakin	1	H
norethindrone acetate oral	1		sharobel	1	H
norethindrone acet-ethinyl est	1	H	simliya	1	H
norethindrone oral	1	H	simpesse	1	H
norethindrone-eth estradiol	1		SLYND	3	PA, ST
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	sprintec 28	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	sronyx	1	H
norgestimate-ethinyl estradiol triphasic	1	H	syeda	1	H
norlyroc	1	H	tarina 24 fe	1	H
nortrel 0.5/35 (28)	1	H	tarina fe 1/20 eq	1	H
nortrel 1/35 (21)	1	H	tilia fe	1	H
nortrel 1/35 (28)	1	H	tri-estarylla	1	H
nortrel 7/7/7	1	H	tri-legest fe	1	H
nylia 1/35	1	H	tri-linyah	1	H
nylia 7/7/7	1	H	tri-lo-estarylla	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tri-lo-marzia	1	H
ocella	1	H	tri-lo-mili	1	H
philith	1	H	tri-lo-sprintec	1	H
pimtrea	1	H	tri-mili	1	H
portia-28	1	H	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
PREMARIN ORAL	3		tri-sprintec	1	H
PREMARIN VAGINAL	3		trivora (28)	1	H
PREMPHASE	3		tri-vylibra	1	H
PREMPRO	3		tri-vylibra lo	1	H
			turqoz	1	H
			TYBLUME	1	
			tydemy oral tablet 3-0.03-0.451 mg	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
dexamethasone intensol	1	
dexamethasone oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA: SP
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL (generic Androgel Pump)

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
HAEGARDA	2	PA, QL, SP
HUMIRA*	E	PA, QL, SP
HYFTOR	3	PA, QL
JYLAMVO	3	PA
KEVZARA	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



Drug Name	Drug Tier	Requirements & Limits
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP

Immunological Agents - Drugs for Vaccination

ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H

Drug Name	Drug Tier	Requirements & Limits
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

CETROTIDE	3	ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone suppository	1	
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	QL
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	

Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	1	QL
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	
risedronate sodium oral tablet 30 mg, 5 mg	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALtrol ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
ACULAR LS	3	
ALREX	3	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
POLYCIN	3	

Drug Name	Drug Tier	Requirements & Limits
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
XDEMZY	3	PA, QL
ZYLET	3	

Ophthalmic Agents - Drugs for Glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
ISTALOL	3	
latanoprost ophthalmic	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
travoprost (bak free)	1	QL
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	1	

Drug Name	Drug Tier	Requirements & Limits
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
NEFFY	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
ciproheptadine hcl oral	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen- dm	1	
PULMOSAL	2	
sodium chloride inhalation	1	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ACCOLATE	3	
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI- STATIC	2	

AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL, SP
FLEXICHAMBER	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROCHAMBER VHC	2	
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL

Drug Name	Drug Tier	Requirements & Limits
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
pirfenidone	1	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
bosentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
TANLOR	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
armodafinil	1	QL
BELSOMRA	3	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	3	
SODIUM OXYBATE	3	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 5-7 for coverage details.



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abigale lo.....	30	acyclovir oral tablet.....	16	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION....	40
abiraterone acetate oral tablet 250 mg.....	15	ADACEL.....	36	albuterol sulfate oral syrup 2 mg/5ml.....	40
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ACCU-CHEK FASTCLIX LANCET..	24	ADVATE.....	26	ALOGLIPTIN BENZOATE.....	25
ACCU-CHEK FASTCLIX LANCET DEVICE KIT.....	24	ADYNOVATE.....	26	ALORA.....	30
ACCU-CHEK GUIDE KIT W/ DEVICE.....	24	AEROCHAMBER HOLDING CHAMBER.....	40	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %.....	38
ACCU-CHEK GUIDE ME METER ...	24	AEROCHAMBER PLS FLOVU MTHPIECE.....	40	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	38
ACCU-CHEK GUIDE TEST STRIPS.....	24	AEROCHAMBER PLUS FLO-VU ...	40	ALPHANATE.....	26
ACCU-CHEK SOFTCLIX LANCET..	24	AEROCHAMBER PLUS FLO-VU INTERM.....	40	alprazolam er.....	17
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	24	AEROCHAMBER PLUS FLO-VU LARGE.....	40	alprazolam oral.....	17
accutane.....	22	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE.....	40	alprazolam xr.....	17
acebutolol hcl oral.....	17	AEROCHAMBER PLUS FLO-VU SMALL.....	40	ALPROLIX.....	26
acetaminophen-codeine oral tablet.....	8	AEROCHAMBER PLUS FLO-VU W/MASK.....	40	ALREX.....	37
acetazolamide er.....	17	AEROCHAMBER2GO ANTI- STATIC.....	40	altavera.....	30
acetazolamide oral.....	17	afirmelle.....	30	ALTUVIIIO.....	26
acetic acid otic.....	39	AFLURIA PRESERVATIVE FREE....	36	ALUNBRIG.....	15
acitretin.....	22	AFSTYLA.....	26	ALVAIZ.....	26
ACTEMRA ACTPEN.....	35	AIMOVIG.....	14	alyacen 1/35.....	30
ACTEMRA SUBCUTANEOUS.....	35	AIRSUPRA.....	40	alyacen 7/7/7.....	30
ACTIVELLA.....	30	AKLIEF.....	22	alyq.....	41
ACTOPLUS MET.....	25	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation.....	40	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	30
ACULAR.....	37			amantadine hcl oral capsule.....	16
ACULAR LS.....	37			amantadine hcl oral tablet.....	16
acyclovir external ointment.....	16				
acyclovir oral capsule.....	16				



amethia oral tablet 0.15-0.03 & 0.01 mg	30	aranelle	30	AVIDOXY	10
amiloride hcl oral.....	17	ARANESP (ALBUMIN FREE).....	26	AVONEX	21
amiodarone hcl oral.....	17	ARBLI	18	AYGESTIN ORAL TABLET 5 MG...	30
amitriptyline hcl oral.....	13	AREXVY.....	36	ayuna	30
AMJEVITA	35	aripiprazole oral.....	16	AZASAN.....	35
amlodipine besylate oral.....	18	armodafinil	42	AZASITE	38
amlodipine besylate-benazepril hcl.....	18	ARMOUR THYROID.....	35	azathioprine oral	35
amlodipine besylate-valsartan ...	18	ARNUITY ELLIPTA	40	azelaic acid external	22
amnestem.....	22	ascomp-codeine	8	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	39
amoxicillin	10	asenapine maleate.....	16	azelastine hcl ophthalmic.....	38
amoxicillin-potassium clavulanate	10	ashlyna.....	30	AZELEX.....	22
amphet-dextroamphet 3-bead er	20	atenolol oral	18	azithromycin oral packet 1 gm....	10
amphetamine sulfate	20	atenolol-chlorthalidone	18	AZSTARYS	20
amphetamine- dextroamphetamine.....	20	atomoxetine hcl.....	20	AZULFIDINE.....	37
amphetamine- dextroamphetamine er.....	20	ATORVALIQ.....	18	AZULFIDINE EN-TABS	37
ampicillin	10	atorvastatin calcium oral tablet 10 mg, 20 mg	18	azurette.....	30
AMZEEQ	22	atorvastatin calcium oral tablet 40 mg, 80 mg.....	18		
ANALPRAM HC.....	37	atovaquone.....	16	B	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %.....	37	atovaquone-proguanil hcl	16	bac (butalbital-acetamin-caff)....	8
ANALPRAM-HC EXTERNAL CREAM.....	37	atropine sulfate ophthalmic solution 1 %.....	39	bacitracin-polymyxin b	38
ANASPAZ	29	ATROVENT HFA.....	40	baclofen oral tablet 10 mg, 20 mg, 5 mg	41
anastrozole oral	15	ATTRUBY.....	29	BACTRIM	10
ANDEMBRY.....	35	aubra eq	30	BACTRIM DS.....	10
ANNOVERA.....	30	AUGTYRO.....	15	BAFIERTAM.....	21
ANORO ELLIPTA	40	aurovela 1/20.....	30	balsalazide disodium.....	37
ANUCORT-HC	37	aurovela 1.5/30.....	30	balziva	30
ANUSOL-HC EXTERNAL	37	aurovela 24 fe	30	BAQSIMI ONE PACK.....	26
apap-caff-dihydrocodeine	8	aurovela fe 1/20	30	BAQSIMI TWO PACK	26
aprepitant oral capsule 125 mg, 40 mg, 80 mg.....	13	aurovela fe 1.5/30	30	BD AUTOSHIELD DUO PEN NEEDLES	24
apri.....	30	AUSTEDO	21	BD ULTRA-FINE PEN NEEDLES....	24
APRISO	37	AUSTEDO XR	21	BD ULTRA-FINE U-500 INSULIN SYRINGES	24
ARAKODA.....	16	AUVELITY	13	BD VEO ULTRA-FINE INSULIN SYRINGES	24
		AUVI-Q	39	BD-ULTRA FINE INSULIN SYRINGES	24
		avanafil	27	BELBUCA	8
		AVAR CLEANSER	22		
		aviane.....	30		

BELSOMRA.....	42	bisoprolol fumarate oral tablet....	18	buprenorphine hcl-naloxone hcl sublingual film.....	9
benazepril hcl oral.....	18	bisoprolol-hydrochlorothiazide ...	18	buprenorphine hcl-naloxone hcl sublingual tablet sublingual	9
benazepril-hydrochlorothiazide...	18	blisovi 24 fe.....	30	bupropion hcl er (smoking det)....	9
BENEFIX.....	26	blisovi fe 1/20.....	30	bupropion hcl er (sr)	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	35	blisovi fe 1.5/30.....	30	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	13
BENZAMYCIN	22	BONSITY	37	bupropion hcl oral.....	13
benzonatate oral capsule 100 mg, 200 mg	39	BOOSTRIX.....	36	buspirone hcl oral.....	17
benzoyl peroxide-erythromycin...	22	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	36	butalbital-acetaminophen oral tablet 50-325 mg.....	8
benztropine mesylate oral.....	16	bosentan	41	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg.....	8
BESIVANCE.....	38	BREATHE COMFORT CHAMBER/ ADULT	40	butalbital-apap-caffeine	8
BESREMI.....	15	BREATHE COMFORT CHAMBER/ CHILD.....	40	butalbital-asa-caff-codeine	8
betamethasone dipropionate aug external cream	22	BRENZAVVY	26	butalbital-aspirin-caffeine	8
betamethasone dipropionate aug external lotion	22	BREO ELLIPTA.....	40	butorphanol tartrate nasal	8
betamethasone dipropionate aug external ointment.....	22	briellyn.....	30	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	26
betamethasone dipropionate external.....	22	BRILINTA.....	16	BYETTA	26
betamethasone valerate external cream	22	brimonidine tartrate ophthalmic solution 0.15 %.....	38	BYLVAY.....	29
betamethasone valerate external lotion.....	22	brimonidine tartrate ophthalmic solution 0.2 %.....	38	BYLVAY (PELLETS)	29
betamethasone valerate external ointment.....	22	brinzolamide	38		
BETASERON	21	BRIVIACT ORAL TABLET	11		
bethanechol chloride oral	30	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML.....	39		
BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	38	bromfenac sodium (once-daily)...	38		
BETIMOL OPHTHALMIC SOLUTION 0.5 %	38	bromocriptine mesylate oral tablet	16		
BEVESPI AEROSPHERE	40	bromphen-pseudoeph-dm.....	39		
bicalutamide	15	BRONCHITOL	41		
BIJUVA	30	BRUKINSA.....	15		
BIKTARVY.....	16	budesonide inhalation	40		
bimatoprost ophthalmic.....	38	budesonide oral.....	37		
BIMZELX.....	35	bumetanide oral.....	18		
bis subcit-metronid-tetracyc.....	28	BUMEX.....	18		
bismuth/metronidaz/tetracyclin..	28	buprenorphine	8, 9		
		buprenorphine hcl sublingual	9		

C

cabergoline.....	34
CABOMETYX.....	15
calcipotriene external cream.....	22
calcipotriene external ointment..	22
calcipotriene external solution...	22
CALCITRENE	22
calcitriol oral capsule	37
calcium acetate (phos binder) oral capsule.....	30
CALQUENCE	15
camila.....	31
camrese	31
camrese lo.....	31

CAMZYOS.....	18	chlordiazepoxide hcl.....	17	clindacin etz external swab.....	22
candesartan cilexetil.....	18	chlordiazepoxide-clidinium.....	29	clindacin-p.....	22
candesartan cilexetil-hctz.....	18	chlorhexidine gluconate mouth/ throat.....	21	clindamycin hcl oral.....	10
capecitabine.....	15	chlorpromazine hcl oral tablet.....	16	clindamycin palmitate hcl.....	10
CAPLYTA.....	16	chlorthalidone.....	18	clindamycin phos (once-daily) gel 1 % external.....	22
captopril oral.....	18	chlorzoxazone oral tablet 500 mg.....	41	clindamycin phos (twice-daily) gel 1 % external.....	22
CAPVAXIVE.....	36	cholestyramine light.....	18	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	22
carbamazepine er.....	11	cholestyramine oral.....	18	clindamycin phosphate external lotion.....	22
carbamazepine oral tablet.....	11	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	36	clindamycin phosphate external solution.....	22
carbamazepine oral tablet chewable.....	11	CIBINQO.....	22	clindamycin phosphate external swab.....	22
CARBATROL.....	11	ciclodan.....	13	clindamycin phosphate vaginal.....	10
carbidopa-levodopa er.....	16	ciclopirox external.....	13	CLINDESSE.....	10
carbidopa-levodopa oral tablet.....	16	ciclopirox olamine external cream.....	13	CLINPRO 5000.....	21
carbinoxamine maleate oral tablet 4 mg.....	39	ciclopirox olamine external suspension.....	22	clobazam oral suspension 2.5 mg/ml.....	11
CARDURA.....	18	cilostazol.....	16	clobazam oral tablet.....	11
carisoprodol oral tablet 350 mg.....	41	CIMDUO.....	16	clobetasol prop emollient base external cream 0.05 %.....	22
CARNITOR ORAL SOLUTION.....	27	cimetidine oral.....	28	clobetasol propionate e.....	22
CARNITOR ORAL TABLET.....	29	CIMZIA.....	35	clobetasol propionate external cream 0.05 %.....	22
CARNITOR SF.....	27	cinacalcet hcl.....	37	clobetasol propionate external gel.....	22
cartia xt.....	18	CIPRO ORAL TABLET.....	10	clobetasol propionate external liquid.....	22
carvedilol.....	18	ciprofloxacin hcl ophthalmic.....	38	clobetasol propionate external ointment.....	22
cefadroxil oral capsule.....	10	ciprofloxacin hcl oral.....	10	clobetasol propionate external solution.....	22
cefadroxil oral suspension reconstituted.....	10	ciprofloxacin-dexamethasone.....	39	CLOMID.....	36
cefdinir.....	10	citalopram hydrobromide oral tablet.....	13	clomiphene citrate oral.....	36
cefixime oral capsule.....	10	claravis.....	22	clomipramine hcl oral.....	13
cefpodoxime proxetil oral tablet.....	10	clarithromycin oral tablet.....	10	clonazepam oral.....	17
cefprozil.....	10	CLENPIQ.....	29	clonidine hcl er.....	20
cefuroxime axetil.....	10	CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	10	clonidine hcl oral.....	18
celecoxib oral.....	8	CLEOCIN ORAL CAPSULE 75 MG.....	10	clonidine patch.....	18
cephalexin.....	10	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	10		
CEQUR SIMPLICITY 2U 8PK.....	24	CLEOCIN VAGINAL CREAM.....	10		
CERDELGA.....	29	CLEOCIN-T.....	22		
CETROTIDE.....	36	CLIMARA PRO.....	31		
cevimeline hcl.....	21				
charlotte 24 fe.....	31				
chateal eq.....	31				

clopidogrel bisulfate oral	16	CRESEMBA ORAL	13	DEPAKOTE SPRINKLES	11
clorazepate dipotassium	17	CREXONT.....	16	DEPEN TITRATABS.....	29
clotrimazole mouth/throat.....	13	cromolyn sodium ophthalmic	39	DEPO-PROVERA	31
clotrimazole-betamethasone	22	cromolyn sodium oral.....	29	DEPO-SUBQ PROVERA 104.....	31
clozapine oral tablet	16	cryselle-28.....	31	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	34
CLOZARIL	16	cvs nicotine.....	9	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	34
CO-NATAL FA.....	27	cvs nicotine polacrilex	9	DERMA-SMOOTH/FS BODY.....	22
colchicine oral.....	14	cyanocobalamin injection solution 1000 mcg/ml	27	DERMA-SMOOTH/FS SCALP	22
colchicine-probenecid.....	14	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	27	DERMOTIC	39
colesevelam hcl oral tablet.....	18	cyanocobalamin nasal	27	DESCOVY ORAL TABLET 120-15 MG	17
COLESTID ORAL TABLET.....	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	41	DESCOVY ORAL TABLET 200-25 MG	17
colestipol hcl oral tablet.....	18	CYCLOGYL	39	desipramine hcl oral	13
COMBIGAN.....	38	cyclopentolate hcl ophthalmic ...	39	desmopressin acetate oral	34
COMBIPATCH	31	cyclosporine modified oral capsule	35	desmopressin acetate spray.....	34
COMBIVENT RESPIMAT	40	cyproheptadine hcl oral	39	desogestrel-ethinyl estradiol.....	31
COMIRNATY.....	36	cyred eq	31	desonide external cream	22
conjugated estrogen oral.....	31	CYTOTEC.....	28	desonide external lotion.....	22
constulose.....	29			desonide external ointment.....	22
CONTOUR NEXT EZ KIT W/ DEVICE.....	24			DESOWEN	23
CONTOUR NEXT GEN MONITOR KIT.....	24			desoximetasone external cream ..	23
CONTOUR NEXT MONITOR KIT W/DEVICE.....	24			desoximetasone external ointment.....	23
CONTOUR NEXT ONE KIT	24			desvenlafaxine succinate er.....	13
CONTOUR NEXT TEST STRIPS ...	24			dexamethasone intensol	34
CONTOUR PLUS BLUE KIT W/ DEVICE.....	24			dexamethasone oral	34
CONTOUR PLUS TEST STRIP	24			dexamethasone sodium phosphate ophthalmic.....	38
CORGARD ORAL TABLET 20 MG, 40 MG.....	18			DEXCOM G6 RECEIVER.....	24
CORLANOR.....	18			DEXCOM G6 SENSOR.....	24
CORTEF.....	34			DEXCOM G6 TRANSMITTER.....	24
CORTIFOAM.....	37			DEXCOM G7 RECEIVER.....	24
COSENTYX	35			DEXCOM G7 SENSOR.....	24
COSOPT	38			dexmethylphenidate hcl.....	20
COTELLIC	15			dexmethylphenidate hcl er.....	20
COVARYX.....	31			dextroamphetamine sulfate er...	20
COVARYX HS	31				
CREON.....	29				

D



dextroamphetamine sulfate oral tablet 10 mg, 5 mg	20
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	11
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	11
diazepam oral solution	17
diazepam oral tablet	17
diazepam rectal	11
diclofenac potassium oral tablet 50 mg	8
diclofenac sodium er	8
diclofenac sodium external gel 3 %	23
diclofenac sodium ophthalmic ...	38
diclofenac sodium oral	8
diclofenac-misoprostol	8
dicloxacin sodium	10
dicyclomine hcl oral capsule	29
dicyclomine hcl oral tablet 10mg, 20 mg	29
difluprednate	39
digoxin oral tablet	18
DILANTIN	11
dilt-xr	18
diltiazem hcl er	18
diltiazem hcl er beads	18
diltiazem hcl er coated beads ...	18
diltiazem hcl oral	18
dimethyl fumarate oral	21
DIPENTUM	37
diphenoxylate-atropine oral tablet	29
DIPROLENE	23
disulfiram oral	9
divalproex sodium er	12
divalproex sodium oral	12
DIVIGEL	31
DODAX INJECTION SOLUTION 1000 MCG/ML	27
dofetilide	18

donepezil hcl oral tablet	12
DOPTOLET	26
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	38
dorzolamide hcl-timolol mal.	38
dotti	31
DOVATO	17
doxazosin mesylate oral	18
doxepin hcl oral capsule	13
doxepin hcl oral concentrate	13
doxycycline hyclate oral capsule ..	10
doxycycline hyclate oral tablet 100 mg, 20 mg	10
doxycycline monohydrate oral capsule 100 mg, 50 mg	10
doxycycline monohydrate oral suspension reconstituted	10
doxycycline monohydrate oral tablet	10
DRISDOL	27
dronabinol	13
drospirene-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	31
drospirenone-ethinyl estradiol ...	31
DRYSOL	23
DUAVEE	31
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13
DUPIXENT	23
dutasteride oral	30

E

E.E.S. GRANULES	10
EASIVENT	40
EASIVENT MASK LARGE	40
EASIVENT MASK MEDIUM	40
EASIVENT MASK SMALL	40
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	23

EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	8
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	8
ec-naproxen	9
econazole nitrate external	13
EDARBI	18
EDARBYCLOR	18
EEMT	31
EEMT HS	31
EFUDEX EXTERNAL CREAM 5 %	23
ELESTRIN	31
eletriptan hydrobromide	14
ELIMITE	16
elinest	31
ELIQUIS TABLET	11
ELLA	31
ELMIRON	30
ELOCTATE	26
eltrombopag powder	26
eluryng	31
EMBECTA INSULIN SYRINGE	24
EMGALITY	14
EMPAVELI	35
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	17
emtricitabine-tenofovir df oral tablet 200-300 mg	17
emzahn	31
enalapril maleate oral solution ...	18
enalapril maleate oral tablet	18
enalapril-hydrochlorothiazide ...	18
ENBREL	35
ENBREL MINI	35
ENBREL SURECLICK	35
endocet	8
ENDOMETRIN	36
ENERGIX-B	36
enilloring	31

FINACEA EXTERNAL FOAM	23	fluoxetine hcl oral tablet 20 mg, 60 mg	13	FREESTYLE LIBRE 3 SENSOR.....	25
finasteride oral tablet 5 mg.....	30	fluticasone propionate external cream	23	FREESTYLE LIBRE READER.....	25
fingolimod hcl.....	21	fluticasone propionate external ointment.....	23	frovatriptan succinate	14
finzala.....	31	fluticasone propionate nasal	39	ft naloxone hcl	9
FIORICET.....	8	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	40	ft nicotine	9
flac otic oil 0.01 %	39	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	41	ft nicotine mini.....	9
FLAREX.....	38	fluvoxamine maleate.....	13	FUROSCIX.....	18
flecainide acetate.....	18	fluvoxamine maleate er.....	13	furosemide oral	18
FLEXICHAMBER.....	40	FLUZONE HIGH-DOSE.....	36	fyavolv	31
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	27	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	FYCOMPA.....	12
FLUAD	36	FML FORTE.....	38	FYREMADEL.....	36
FLUARIX.....	36	FML LIQUIFILM.....	38		
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	FOCALIN	20	G	
fluconazole oral	14	folic acid oral tablet 1 mg	27	g tussin ac	39
fludrocortisone acetate oral.....	34	FOLLISTIM AQ	36	gabapentin oral capsule	12
FLULAVAL	36	FOSAMAX.....	37	gabapentin oral solution 250 mg/5ml	12
flunisolide nasal	39	fosfomycin tromethamine.....	10	gabapentin oral tablet 600 mg, 800 mg	12
fluocinolone acetonide body.....	23	fosinopril sodium.....	18	gallifrey	31
fluocinolone acetonide external ..	23	FRAICHE 5000 DENTAL	21	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	37
fluocinolone acetonide otic	39	FREESTYLE LIBRE 14 DAY READER.....	24	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36
fluocinolone acetonide scalp.....	23	FREESTYLE LIBRE 14 DAY SENSOR.....	24	gatifloxacin ophthalmic	38
fluocinonide external cream 0.05 %.....	23	FREESTYLE LIBRE 2 PLUS SENSOR.....	25	gavilyte-c.....	29
fluocinonide external gel	23	FREESTYLE LIBRE 2 READER.....	25	gavilyte-g.....	29
fluocinonide external ointment ..	23	FREESTYLE LIBRE 2 SENSOR.....	25	gavilyte-n with flavor pack.....	29
fluocinonide external solution ..	23	FREESTYLE LIBRE 3 PLUS SENSOR.....	25	GAVRETO.....	15
FLUORIDEX	21	FREESTYLE LIBRE 3 READER.....	25	gemfibrozil oral	18
FLUORIDEX ENHANCED WHITENING.....	21			generlac	29
FLUORIMAX 5000	21, 27			gengraf oral capsule	35
FLUORIMAX 5000 SENSITIVE ...	27			gentamicin sulfate external	10
fluorometholone.....	38			gentamicin sulfate ophthalmic....	38
fluorouracil external cream 5 % ..	23			GENVOYA.....	17
fluoxetine hcl oral capsule.....	13			GILENYA ORAL CAPSULE 0.25 MG.....	21
fluoxetine hcl oral solution	13			glatiramer acetate	21
fluoxetine hcl oral tablet 10 mg ...	13			glatopa	21

glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	26	GUARDIAN REAL-TIME REPLACE PED	25	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr.....	9
glipizide er.....	26	GUARDIAN SENSOR 3.....	25	HUMALOG CARTRIDGE.....	25
glipizide oral tablet 10 mg, 5 mg..	26	GVOKE HYPOPEN 1-PACK	26	HUMALOG KWIKPEN	25
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	26	GVOKE HYPOPEN 2-PACK	26	HUMALOG MIX 50/50 KWIKPEN ..	25
glipizide-metformin hcl.....	26	GVOKE KIT	26	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.....	25
glucagon emergency kit 1 mg injection	26	GVOKE PFS.....	26	HUMALOG MIX 75/25 KWIKPEN ..	25
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius).....	26	GYNAZOLE-1	14	HUMALOG MIX 75/25 VIAL.....	25
GLUCOTROL XL.....	26	H			
glyburide oral.....	26	habitrol	9	HUMALOG U-100 JUNIOR KWIKPEN	25
glyburide-metformin	26	HAEGARDA	35	HUMATE-P.....	27
glycopyrrolate oral tablet 1 mg, 2 mg.....	29	hailey 1.5/30.....	32	HUMIRA	35
GLYXAMBI.....	26	hailey 24 fe.....	32	HUMULIN 70/30 KWIKPEN	25
gnp naloxone hcl	9	hailey fe 1/20	32	HUMULIN 70/30 VIAL	25
gnp nicotine mini.....	9	hailey fe 1.5/30	32	HUMULIN N KWIKPEN	25
gnp nicotine polacrilex mouth/ throat gum 2 mg	9	HALCION	17	HUMULIN N VIAL	25
gnp nicotine polacrilex mouth/ throat lozenge.....	9	halobetasol propionate external cream.....	23	HUMULIN R U-500 KWIKPEN.....	25
gnp nicotine transdermal.....	9	halobetasol propionate external ointment.....	23	HUMULIN R U-500 VIAL.....	25
GOLYTELY.....	29	haloette.....	32	HUMULIN R VIAL.....	25
GONAL-F	37	haloperidol oral	16	hydralazine hcl oral.....	18
goodsense nicotine	9	HARVONI ORAL TABLET	17	hydrochlorothiazide oral.....	18
griseofulvin microsize oral suspension	14	HAVRIX	36	hydrocod poli-chlorphe poli er ...	39
guaifenesin ac oral syrup 100-10 mg/5ml.....	39	heather	32	hydrocodone bit-homatrop mbr oral solution	39
guaifenesin-codeine.....	39	HEMANGEOL.....	18	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	8
guanfacine hcl.....	18, 20	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	26	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg .	8
guanfacine hcl er.....	20	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	37	hydrocort-pramoxine (perianal)...	37
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GUARDIAN CONNECT TRANSMITTER	25	HIPREX	11	hydrocortisone acetate rectal....	37
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		hm nicotine polacrilex mouth/ throat lozenge 2 mg.....	9		

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hydrocortisone valerate external cream	23
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ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	39
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	19
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ketoconazole external shampoo..	14	lamotrigine oral tablet.....	12	levocarnitine sf.....	27
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KLOXXADO.....	9	latanoprost ophthalmic.....	38	lidocaine external ointment 5 %....	8
kls quit2.....	9	LEDIPASVIR-SOFOSBUVIR.....	17	lidocaine external patch 5 %.....	8
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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

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

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថ្លៃ និងការទំនាក់ទំនងគតិកថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខគតិកថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說中文 (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

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

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

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

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

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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