



Your 2026 Prescription Drug List

Access 3-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, River Valley and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



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

Drug Name	Drug Tier	Requirements & Limits
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAIN II	E	PA, QL
TRIDACAIN III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements & Limits
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H

Drug Name	Drug Tier	Requirements & Limits
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefixime oral capsule	1		linezolid oral tablet	1	
cefpodoxime proxetil oral tablet	1		MACROBID	3	
cefprozil	1		MACRODANTIN	3	
cefuroxime axetil	1		methenamine hippurate	1	
cephalexin	1		metronidazole oral tablet 125 mg	E	
CIPRO ORAL TABLET	3		metronidazole oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral	1		metronidazole vaginal	1	
clarithromycin oral tablet	1		minocycline hcl oral capsule	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		MONDOXYNE NL	E	
CLEOCIN ORAL CAPSULE 75 MG	2		moxifloxacin hcl oral	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		mupirocin cream	1	
CLEOCIN VAGINAL CREAM	3		mupirocin ointment	1	
clindamycin hcl oral	1		neomycin sulfate oral	1	
clindamycin palmitate hcl	1		nitrofurantoin macrocrystal	1	
clindamycin phosphate vaginal	1		nitrofurantoin monohydrate macrocrystals	1	
CLINDESSE	2		NUVESSA	3	
dicloxacillin sodium	1		NUZYRA ORAL	3	
DIFICID ORAL TABLET	E	QL	penicillin v potassium	1	
doxycycline hyclate oral capsule	1		SEYSARA	E	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		SILVADENE	3	
doxycycline hyclate oral tablet 50 mg	E		silver sulfadiazine external	1	
doxycycline monohydrate oral	1		ssd	1	
E.E.S. GRANULES	3		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		sulfamethoxazole-trimethoprim oral tablet	1	
ERYPED 400	3		sulfatrim pediatric	1	
erythromycin base oral tablet	1		TARGADOX	E	
erythromycin ethylsuccinate oral suspension reconstituted	1		tetracycline hcl oral capsule	1	
fidaxomicin oral tablet	1	QL	tinidazole oral	1	
fosfomycin tromethamine	1		trimethoprim oral	1	
gentamicin sulfate external	1		VANCOCIN	3	
HIPREX	3		vancomycin hcl oral capsule	1	
levofloxacin oral tablet	1		VANDAZOLE	3	
LIKMEZ	3		VIBRAMYCIN ORAL CAPSULE 100 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3		DEPAKOTE SPRINKLES	3	
XACIATO	2		DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
XENLETA ORAL TABLET 600 MG	3		DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
XIFAXAN ORAL TABLET 200 MG	3		diazepam rectal	1	
XIFAXAN ORAL TABLET 550 MG	3	QL	DILANTIN	3	
ZITHROMAX ORAL	3		divalproex sodium er	1	
ZITHROMAX TRI-PAK	3		divalproex sodium oral	1	
ZITHROMAX Z-PAK	3		ELEPSIA XR	E	PA
ZYVOX ORAL TABLET	E		EPIDIOLEX	3	PA, SP
Anticoagulants - Drugs to Treat or Prevent Blood Clots			epitol	1	
dabigatran etexilate mesylate	1	QL	eslicarbazepine acetate	1	PA
ELIQUIS	2	QL	ethosuximide oral	1	
ELIQUIS DVT/PE STARTER PACK	2	QL	FYCOMPA ORAL SUSPENSION	3	PA
enoxaparin sodium injection solution prefilled syringe	1		FYCOMPA ORAL TABLET	3	PA
jantoven	1		gabapentin oral capsule	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E		gabapentin oral solution 250 mg/5ml	1	
PRADAXA ORAL CAPSULE	E	QL	GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
rivaroxaban	1	QL	gabapentin oral tablet 600 mg, 800 mg	1	
warfarin sodium oral	1		GABARONE	E	
XARELTO	2	QL	KEPPRA ORAL	3	
XARELTO STARTER PACK	2	QL	KEPPRA XR	3	
Anticonvulsants - Drugs for Seizures			lacosamide oral	1	
APTIOM	3	PA	LAMICTAL	3	
BRIVIACT ORAL TABLET	3	PA	LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
carbamazepine er	1		LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
carbamazepine oral tablet	1		lamotrigine er	1	
carbamazepine oral tablet chewable	1		lamotrigine oral tablet	1	
CARBATROL	3		lamotrigine oral tablet chewable	1	
clobazam oral suspension 2.5 mg/ml	1	PA	lamotrigine oral tablet dispersible	1	
clobazam oral tablet	1	PA	levetiracetam er	1	
DEPAKOTE	3		levetiracetam oral solution	1	
DEPAKOTE ER	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	3	
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	1	PA
phenobarbital oral tablet	1	
phenytek	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 er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
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 ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
escitalopram oxalate oral solution 5 mg/5ml	1		venlafaxine hcl er oral capsule extended release 24 hour	1	
escitalopram oxalate oral tablet	1		venlafaxine hcl er oral tablet extended release 24 hour	1	QL
FETZIMA	3	ST, QL	VIIBRYD	E	QL
fluoxetine hcl oral capsule	1		vilazodone hcl	1	QL
fluoxetine hcl oral solution	1		WAINUA	2	PA, QL, SP
fluoxetine hcl oral tablet 10 mg	1	QL	WELLBUTRIN SR	E	
fluoxetine hcl oral tablet 20 mg, 60 mg	1		WELLBUTRIN XL	E	
fluvoxamine maleate	1		ZOLOFT	E	
fluvoxamine maleate er	1	QL	ZURZUVAE	2	PA, QL, SP
FORFIVO XL	3	QL	Antiemetics - Drugs for Nausea and Vomiting		
imipramine hcl oral	1		ANTIVERT ORAL TABLET 50 MG	E	
LEXAPRO	E		aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
mirtazapine oral	1		DICLEGIS	E	
NORPRAMIN	3		doxylamine-pyridoxine	1	
nortriptyline hcl oral capsule	1		dronabinol	1	
PAMELOR	E		EMEND BIPACK	E	
paroxetine hcl er	1	QL	MARINOL	E	
paroxetine hcl oral tablet	1		meclizine hcl oral tablet	E	
PAXIL	E		metoclopramide hcl oral tablet	1	
PAXIL CR	E	QL	ondansetron hcl oral	1	
PRISTIQ	E	QL	ondansetron odt oral tablet dispersible 16 mg	E	
PROZAC	E		ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
RALDESY	3	PA	perphenazine oral	1	
REMERON	E		prochlorperazine maleate oral	1	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E		promethazine hcl oral solution	1	
SERTRALINE HCL ORAL CAPSULE	3	QL	promethazine hcl oral tablet	1	
sertraline hcl oral concentrate	1		promethazine hcl rectal	1	
sertraline hcl oral tablet	1		PROMETHEGAN	3	
SPRAVATO (56 MG DOSE)	3	PA, QL	REGLAN	3	
SPRAVATO (84 MG DOSE)	3	PA, QL	scopolamine	1	
trazodone hcl oral	1		TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
TRINTELLIX	3	ST, QL			
venlafaxine hcl	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
FROVA	E	
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	3	
UBRELVY	2	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP

Antimycobacterials - Drugs to Treat Infections

dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	

Drug Name	Drug Tier	Requirements & Limits
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	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
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	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 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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 ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
SPRYCEL	E	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
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL

Drug Name	Drug Tier	Requirements & Limits
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	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
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
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	

Drug Name	Drug Tier	Requirements & Limits
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENICAR HCT	E		colestipol hcl oral tablet	1	
BETAPACE	E		COREG	E	
bisoprolol fumarate oral tablet	1		COREG CR	E	
bisoprolol-hydrochlorothiazide	1		CORGARD ORAL TABLET 20 MG, 40 MG	3	
bumetanide oral	1		CORLANOR	3	PA, QL
BUMEX	3		COZAAR	E	
BYSTOLIC	E		CRESTOR	E	
CAMZYOS	3	PA, QL, SP	digoxin oral tablet	1	
candesartan cilexetil	1		diltiazem hcl er	1	
candesartan cilexetil-hctz	1		diltiazem hcl er beads	1	
captopril oral	1		diltiazem hcl er coated beads	1	
CARDIZEM	E		diltiazem hcl oral	1	
CARDIZEM CD	E		dilt-xr	1	
CARDIZEM LA	E		DIOVAN	E	
CARDURA	3		DIOVAN HCT	E	
cartia xt	1		dofetilide	1	
carvedilol	1		doxazosin mesylate oral	1	
carvedilol phosphate er	1		EDARBI	3	
CATAPRES-TTS-1	E		EDARBYCLOR	3	
CATAPRES-TTS-2	E		enalapril maleate oral	1	
CATAPRES-TTS-3	E		enalapril-hydrochlorothiazide	1	
chlorthalidone	1		ENTRESTO ORAL TABLET	E	PA, QL
cholestyramine light	1		EPANED	3	
cholestyramine oral	1		eplerenone	1	
clonidine hcl oral	1		EXFORGE	E	
clonidine patch weekly 0.1 mg/24hr transdermal	1		ezetimibe	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)	ezetimibe-simvastatin	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1		felodipine er	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
colesevelam hcl oral tablet	1		fenofibrate oral tablet	1	
COLESTID ORAL TABLET	3		fenofibric acid oral capsule delayed release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		LIVALO	E	ST
flecainide acetate	1		LODOCO	3	QL
fosinopril sodium	1		LOPID	3	
FUROSCIX	3		LOPRESSOR ORAL TABLET	3	
furosemide oral	1		losartan potassium oral	1	
gemfibrozil oral	1		losartan potassium-hctz	1	
guanfacine hcl	1		LOTENSIN	3	
HEMANGEOL	3		LOTENSIN HCT	3	
HEMICLOR	E		LOTREL	E	
hydralazine hcl oral	1		lovastatin oral	1	H
hydrochlorothiazide oral	1		LOVAZA	E	
HYZAAR	E		matzim la	1	
icosapent ethyl	E	PA	MAXZIDE ORAL TABLET 75-50 MG	3	
indapamide	1		MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
INDERAL LA	E		metolazone	1	
INSPRA	E		metoprolol succinate er	1	
INZIRQO	3		metoprolol tartrate oral	1	
irbesartan	1		metoprolol-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1		mexiletine hcl oral	1	
ISORDIL TITRADOSE	E		MICARDIS	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		MICARDIS HCT	E	
isosorbide dinitrate oral tablet 40 mg	E		midodrine hcl	1	
isosorbide mononitrate er	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
ivabradine hcl	1	PA, QL	minoxidil oral	1	
KAPSPARGO SPRINKLE	3		MULTAQ	3	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL	nadolol oral	1	
labetalol hcl oral	1		nebivolol hcl	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		NEXLETOL	2	PA, ST, QL
LANOXIN ORAL TABLET 62.5 MCG	3		NEXLIZET	2	PA, ST, QL
LASIX	3		niacin er (antihyperlipidemic)	1	
LIPITOR	E		nifedipine er	1	
lisinopril oral	1		nifedipine er osmotic release	1	
lisinopril-hydrochlorothiazide	1		nifedipine oral	1	
			NITRO-BID	2	
			NITRO-DUR	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nitroglycerin rectal	1	QL	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nitroglycerin sublingual	1		simvastatin oral tablet 80 mg	1	
nitroglycerin transdermal	1		SOAANZ	3	QL
NITROSTAT	3		sotalol hcl oral	1	
NORLIQVA	3		spironolactone oral tablet	1	
NORVASC	E		spironolactone-hctz	1	
olmesartan medoxomil oral	1		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
olmesartan medoxomil-hctz	1		TEKTURNA	3	
olmesartan-amlodipine-hctz	1		TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
omega-3-acid ethyl esters	1		telmisartan	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3		telmisartan-hctz	1	
PACERONE ORAL TABLET 200 MG	3		TENORETIC 100	E	
pentoxifylline er	1		TENORETIC 50	E	
pitavastatin calcium	E		TENORMIN	E	
PRALUENT	E	PA, ST, QL	THALITONE	3	
pravastatin sodium	1		tiadylt er	1	
prazosin hcl oral	1		TIAZAC	3	
prevalite	1		TIKOSYN	3	
PROCARDIA XL	E		TOPROL XL	E	
propafenone hcl	1		torsemide	1	
propafenone hcl er	1		trandolapril	1	
propranolol hcl er	1		triamterene-hctz	1	
propranolol hcl oral	1		TRIBENZOR	E	
QUESTRAN	3		TRICOR	E	
QUESTRAN LIGHT	3		TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
ramipril	1		VALSARTAN ORAL SOLUTION	3	
ranolazine er	1		valsartan oral tablet	1	
RECTIV	3	QL	valsartan-hydrochlorothiazide	1	
REPATHA	2	QL	VASCEPA	E	PA
REPATHA PUSHTRONEX SYSTEM	2	QL	VASERETIC	E	
REPATHA SURECLICK	2	QL	VASOTEC	E	
rosuvastatin calcium oral	1		verapamil hcl er	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		verapamil hcl oral	1	
sacubitril-valsartan	1	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VERELAN	3		COTEMPLA XR-ODT	3	QL
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3		DEXEDRINE	E	QL
VERQUVO	3	PA, QL	dexmethylphenidate hcl	1	
VYNDAQEL	2	PA, QL, SP	dexmethylphenidate hcl er	1	QL
VYTORIN	E		dextroamphetamine sulfate er	1	QL
WELCHOL ORAL TABLET	E		dextroamphetamine sulfate oral tablet	1	
ZESTORETIC	E		DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	QL
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E		EVEKEO	3	
ZESTRIL TABLET 10 MG ORAL	3		FOCALIN	3	
ZESTRIL TABLET 10 MG ORAL	E		FOCALIN XR	E	QL
ZESTRIL TABLET 20 MG ORAL	3		guanfacine hcl er	1	
ZESTRIL TABLET 20 MG ORAL	E		INTUNIV	E	
ZESTRIL TABLET 5 MG ORAL	3		JORNAY PM	2	ST, QL
ZESTRIL TABLET 5 MG ORAL	E		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
ZETIA	E		lisdexamfetamine dimesylate	1	QL
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		METADATE CD	E	QL
ZIAC ORAL TABLET 5-6.25 MG	3		METHYLIN	3	
ZOCOR	E		methylphenidate hcl er (cd)	1	QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder			methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
ADDERALL	E		methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
ADDERALL XR	E	QL	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
ADZENYS XR-ODT	3	QL	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
amphetamine sulfate	1		methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
amphetamine- dextroamphetamine	1		methylphenidate hcl er (xr)	1	QL
amphetamine- dextroamphetamine er	1	QL	methylphenidate hcl er oral tablet extended release	1	QL
amphet-dextroamphet 3-bead er	1	QL			
APTENSIO XR	3	QL			
atomoxetine hcl	1	QL			
AZSTARYS	2	ST, QL			
clonidine hcl er	1				
CONCERTA	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methlyphenidate hcl er oral tablet extended release 24 hour	E	QL
methlyphenidate hcl oral	1	
MYDAYIS	3	QL
ONYDA XR	3	QL
QELBREE	E	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ACANYA	3	
acutane	1	
acitretin	1	
ACZONE	E	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA
adapalene-benzoyl peroxide external gel	1	
ADEINZDE	E	
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnestem	1	
AMZEEQ	3	
ARAZLO	E	PA
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external	1		clindamycin phosphate external solution	1	
betamethasone valerate external cream	1		clindamycin phosphate external swab	1	
betamethasone valerate external lotion	1		clobetasol prop emollient base external cream 0.05 %	1	
betamethasone valerate external ointment	1		clobetasol propionate e	1	
BLANCHE	E		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
CABTREO	E		clobetasol propionate external cream 0.05 %	1	
calcipotriene external cream	1		clobetasol propionate external foam	1	
calcipotriene external ointment	1		clobetasol propionate external gel	1	
calcipotriene external solution	1		clobetasol propionate external liquid	1	
CALCITRENE	3		clobetasol propionate external ointment	1	
CARAC EXTERNAL CREAM 0.5 %	E		clobetasol propionate external shampoo	1	
CIBINQO	2	PA, QL, SP	clobetasol propionate external solution	1	
ciclopirox olamine external suspension	1		CLOBEX EXTERNAL SHAMPOO	E	
claravis	1		CLOBEX SPRAY	E	
CLEOCIN-T	3		clodan	1	
clindacin etz external swab	1		clotrimazole external cream	E	
clindacin-p	1		clotrimazole-betamethasone	1	
CLINDAGEL	3		dapsone external	1	
clindamycin phos (once-daily) gel 1 % external	1		DERMACINRX UREA	3	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)	DERMA-SMOOTH/FS BODY	3	
clindamycin phos (twice-daily) gel 1 % external	1		DERMA-SMOOTH/FS SCALP	3	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)	desonide external cream	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Clindagel)	desonide external lotion	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	desonide external ointment	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1		DESOWEN	3	
clindamycin phosphate external lotion	1		desoximetasone external cream	1	
			desoximetasone external ointment	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium external gel 3 %	1	PA	hydrocortisone external cream 1 %	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA	hydrocortisone external cream 2.5 %	1	
DIPROLENE	3		hydrocortisone external lotion 2 %, 2.5 %	1	
doxycycline	E		hydrocortisone external ointment 1 %, 2.5 %	1	
DRYSOL	2		hydrocortisone valerate external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydroquinone external	E	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	HYDROXYM EXTERNAL CREAM	E	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	imiquimod external cream 3.75 %	E	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	imiquimod external cream 5 %	1	
EFUDEX EXTERNAL CREAM 5 %	3		imiquimod pump	E	
ELIDEL	E		IMPOYZ	3	
ENSTILAR	3		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
EPIDUO	E		isotretinoin oral capsule 25 mg, 35 mg	E	
EPIDUO FORTE	E		ivermectin external cream	E	
ERYGEL	3		KLARON	3	
erythromycin external	1		KLISYRI (250 MG)	3	ST
EUCRISA	3	ST	KLISYRI (350 MG)	3	ST
FINACEA EXTERNAL FOAM	2		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
FINACEA EXTERNAL GEL	E		METROCREAM	3	
fluocinolone acetonide body	1		METROGEL	E	
fluocinolone acetonide external	1		METROLOTION	3	
fluocinolone acetonide scalp	1		metronidazole external	1	
fluocinonide external	1		MIRVASO	2	PA
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		mometasone furoate external	1	
fluorouracil external cream 5 %	1		NEMLUVIO	2	PA, QL, SP
fluticasone propionate external cream	1		neuac	1	QL
fluticasone propionate external ointment	1		NORITATE	E	
halobetasol propionate external cream	1		ONEXTON	3	
halobetasol propionate external ointment	1		OPZELURA	3	PA, QL, SP
			ORACEA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OVACE PLUS WASH EXTERNAL LIQUID	3		TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA, QL
OVACE WASH	3		TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA, QL
PANRETIN	3		tretinoin external cream	1	
pimecrolimus	1		tretinoin external gel 0.01 %, 0.025 %	1	
PLEXION CLEANSER	3		tretinoin external gel 0.05 %	1	PA
podofilox external solution	1		triamcinolone acetonide external cream	1	
RETIN-A	E	PA	triamcinolone acetonide external lotion	1	
RHOFADE	3	PA	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
SANTYL	3		triamcinolone acetonide external ointment 0.05 %	E	
selenium sulfide external lotion	1		triamcinolone in absorbase	E	
sodium sulfacetamide wash	1		TRIANEX EXTERNAL OINTMENT 0.05 %	E	
SOOLANTRA	1		triderm	1	
sulfacetamide sodium (acne)	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	
sulfacetamide sodium external	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1		urea external cream 20 %, 40 %, 41 %, 45 %	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E		urea external cream 39 %, 47 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		uredeb	E	
SUMADAN WASH	E		UREMEZ-40	3	
SYNALAR	3		URESOL	E	
SYNALAR EXTERNAL SOLUTION 0.01 %	3		VANOS	E	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E		VTAMA	3	PA
TACLONEX EXTERNAL SUSPENSION	1		WINLEVI	E	
tacrolimus external	1		xurea	E	
tazarotene external cream	1	PA	zenatane	1	
TAZORAC EXTERNAL CREAM	3	PA	ZILXI	3	PA, ST
TOLAK	3		ZORYVE EXTERNAL CREAM 0.15 %	3	PA
TOPICORT	3				
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3				
TREMFYA CROHNS INDUCTION	3	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2", 23G X 1", 25G X 5/8", 27G X 1/2"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL
IHEALTH GLUCO+ KIT 10	E	
IHEALTH GLUCO+ KIT 100	E	
INPEN	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE INTRO KIT	2	PA
OMNIPOD 5 LIBRE PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	QL
ONETOUCH ULTRA TEST STRIPS	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/ DEVICE	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
ONETOUCH VERIO TEST STRIPS	E	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA KIT W/DEVICE	E	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
PTS PANELS EGLU TEST	E	QL
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SIMPLERA SENSOR	E	PA
SIMPLERA SYNC SENSOR	E	PA
SIMPLERA SYSTEM	E	PA
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	

Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA, QL
UNISTRIPI1 GENERIC	E	QL
VERISAFE SAFETY STERILE NEEDLE	2	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST

Drug Name	Drug Tier	Requirements & Limits
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	(Fresenius)
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
liraglutide	1	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	QL
ONGLYZA	E	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	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

Drug Name	Drug Tier	Requirements & Limits
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
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTelet	3	PA, QL, SP
ELOCTATE	3	PA, 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
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, QL, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	QL
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
varденаfil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	QL

Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	
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	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3	
FLORIVA PLUS	3	
FLOTREX	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
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	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	
NEONATAL VITAMIN	E	
NIVA-PLUS	3	
ONE VITE WOMENS	E	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE MINI	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	

Drug Name	Drug Tier	Requirements & Limits
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	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	QL
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	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEXILANT	E	QL	BYLVAY (PELLETS)	3	PA, QL, SP
dexlansoprazole	E	QL	chlordiazepoxide-clidinium	1	
esomeprazole magnesium oral capsule delayed release	E	QL	CLENPIQ	2	
esomeprazole magnesium oral packet	1	QL	constulose	1	
famotidine oral suspension reconstituted	1		cromolyn sodium oral	1	
famotidine oral tablet 20 mg, 40 mg	E		dicyclomine hcl oral capsule	1	
lansoprazole oral capsule delayed release	E	QL	dicyclomine hcl oral tablet 20 mg	1	
lansoprazole oral tablet delayed release dispersible	1	QL	diphenoxylate-atropine oral tablet	1	
misoprostol oral	1		enulose	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL	GASTROCROM	E	
NEXIUM ORAL PACKET	3	QL	gavilyte-c	1	H
OMECLAMOX-PAK	3	QL	gavilyte-g	1	H
omeprazole oral capsule delayed release	1		gavilyte-n with flavor pack	1	H
pantoprazole sodium oral tablet delayed release	1		generlac	1	
PEPCID	E		GLYCATE	E	
PREVACID	E	QL	glycopyrrolate oral tablet 1 mg, 2 mg	1	
PREVACID SOLUTAB	E	QL	GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E		GOLYTELY	1	H
PYLERA	3	QL	hyoscyamine sulfate er	1	
rabeprazole sodium oral tablet delayed release	1	QL	hyoscyamine sulfate oral tablet	1	
sucralfate oral	1		hyoscyamine sulfate oral tablet dispersible	1	
VOQUEZNA	3	PA, QL	hyoscyamine sulfate sublingual	1	
VOQUEZNA DUAL PAK	3	ST, QL	IBSRELA	E	PA, ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL	IQIRVO	3	PA, ST, QL, SP
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			lactulose encephalopathy	1	
AMITIZA	3	PA, QL	lactulose oral solution	1	
ANASPAZ	2		LEVBIID	3	
BYLVAY	3	PA, QL, SP	LEVSIN	3	
			LEVSIN/SL	3	
			LIBRAX	E	
			LINZEES	2	PA, QL
			LIVDELZI	3	PA, ST, QL, SP
			LOMOTIL	3	

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Drug Name	Drug Tier	Requirements & Limits
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Requirements & Limits
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	3	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	3	PA, SP
VELPHORO	3	ST
VESICARE	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H

Drug Name	Drug Tier	Requirements & Limits
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
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	
COVARYX HS	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cryselle-28	1	H	ESTRACE	E	
cyred eq	1	H	estradiol oral	1	
dasetta 1/35 (28)	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
dasetta 7/7/7	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
daysee	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
deblitane	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
DELESTROGEN	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
delyla	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
DEPO-PROVERA	3	QL	estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
DEPO-SUBQ PROVERA 104	1	QL, H	estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
desogestrel-ethinyl estradiol	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3		estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2		estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
dotti	1	QL	estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1		estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
drospirenone-ethinyl estradiol	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
DUAVEE	3	QL	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
EEMT	2		estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
EEMT HS	3				
ELESTRIN	3				
elinest	1	H			
ELLA	1	QL, H			
eluryng	1	H			
emzahh	1	H			
enilloring	1	H			
enpresse-28	1	H			
enskyce	1	H			
errin	1	H			
est estrogens-methyltest	1				
est estrogens-methyltest ds	1				
est estrogens-methyltest hs	1				
estarylla	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	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

Drug Name	Drug Tier	Requirements & Limits
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est 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
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
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	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
MYFEMBREE	2	QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

Drug Name	Drug Tier	Requirements & Limits
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
PHEXXI	E	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H

Drug Name	Drug Tier	Requirements & Limits
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	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	QL
JATENZO	E	QL
KYZATREX	3	QL
NATESTO	E	QL
TESTIM	1	QL

Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	QL
testosterone gel 12.5 mg/act (1%) transdermal	E	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	E	QL
testosterone transdermal gel 1.62 %	1	QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	QL
TLANDO	E	QL
UNDECATREX	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	E	QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (manufactured by Sandoz), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ARAVA	E	
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AZASAN	3	
ADALIMUMAB-ADBIM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	azathioprine oral	1	
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	BIMZELX	3	PA, ST, QL, SP
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CELLCEPT ORAL CAPSULE	E	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	CELLCEPT ORAL TABLET	E	
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
AMJEVITA 40 MG/0.8ML	E	PA, QL, SP	CIMZIA-STARTER	2	PA, QL, SP
			CINRYZE	E	PA, QL, SP
			COSENTYX (300 MG DOSE)	2	PA, QL, SP
			COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
			COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
			COSENTYX SENSOREADY PEN	2	PA, QL, SP
			COSENTYX UNOREADY	2	PA, QL, SP
			cyclosporine modified oral capsule	1	
			CYLTEZO (2 PEN)	E	PA, QL, SP
			CYLTEZO (2 SYRINGE)	E	PA, QL, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
ENBREL	2	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
ENBREL MINI	2	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP
ENVARUSUS XR	E		HUMIRA-PSORIASIS/UEIT STARTER	E	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1		HYFTOR	3	PA, QL
gengraf oral capsule	1		HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HADLIMA	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HULIO (2 PEN)	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP
HULIO (2 SYRINGE)	E	PA, QL, SP			
HUMIRA (1 PEN)	E	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP			
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP			
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
HYRIMOZ-PLAQ PSOR/UVEIT START	E	PA, QL, SP	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	OTEZLA ORAL TABLET 20 MG	2	PA, QL
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
IMURAN	E		OTREXUP	E	QL
JYLAMVO	3	PA	PROGRAF ORAL CAPSULE	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
leflunomide oral	1		RASUVO	2	QL
LITFULO	3	PA, QL, SP	RINVOQ	2	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	RUCONEST	3	PA, QL, SP
methotrexate sodium (pf)	1		SIMLANDI (1 PEN)	E	PA, QL, SP
methotrexate sodium injection solution	1		SIMLANDI (1 SYRINGE)	E	PA, QL, SP
methotrexate sodium oral	1		SIMLANDI (2 PEN)	E	PA, QL, SP
mycophenolate mofetil oral capsule	1		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
mycophenolate mofetil oral tablet	1		SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
mycophenolate sodium	1		SIMPONI	2	PA, QL, SP
mycophenolic acid	1		sirolimus oral tablet	1	
MYFORTIC	E		SKYRIZI PEN	2	PA, QL, SP
MYHIBBIN	1		SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
			SOTYKTU	2	PA, QL, SP
			STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
			STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
			tacrolimus oral	1	
			TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA ONE-PRESS	2	PA, QL, SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
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

Drug Name	Drug Tier	Requirements & Limits
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
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOD	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
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
CLOMID	2		HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
clomiphene citrate oral	1		hydrocortisone (perianal) external cream 1 %	E	
ENDOMETRIN	2		hydrocortisone (perianal) external cream 2.5 %	1	
FOLLISTIM AQ	2	QL, SP	hydrocortisone ace-pramoxine external cream 1-1 %	1	
FYREMADEL	3	QL, SP	hydrocortisone acetate rectal	1	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP	hydrocort-pramoxine (perianal)	1	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP	LIALDA	E	
GONAL-F	3	ST, SP	mesalamine er oral capsule 0.375 gm	E	
GONAL-F RFF	3	ST, SP	mesalamine oral capsule delayed release 400 mg	1	
GONAL-F RFF REDIJECT	3	ST, SP	mesalamine oral tablet delayed release 1.2 gm	1	
MENOPUR	3	QL, SP	mesalamine oral tablet delayed release 800 mg	E	
NOVAREL	3	SP	mesalamine rectal enema	1	
OVIDREL	3	SP	mesalamine rectal suppository	1	QL
PREGNYL	3	SP	PROCORT	3	
Inflammatory Bowel Disease Agents			PROCTOCORT EXTERNAL	E	
ANALPRAM HC	3		PROCTOCORT RECTAL	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3		PROCTOFOAM HC	2	
ANALPRAM-HC EXTERNAL CREAM	3		procto-med hc	1	
ANUCORT-HC	2		PROCTOSOL HC	3	
ANUSOL-HC	3		PROCTOZONE-HC	3	
APRISO	1		SFROWASA	3	
AZULFIDINE	3		sulfasalazine oral	1	
AZULFIDINE EN-TABS	3		UCERIS ORAL	1	
balsalazide disodium	1		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
budesonide oral	1		ACTONEL	E	QL
CANASA	E		alendronate sodium oral tablet	1	
COLAZAL	E		BONSITY	3	PA, SP
CORTIFOAM	2		EVISTA	E	
DELZICOL	E				
DIPENTUM	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FORTEO	E	PA, SP	erythromycin ophthalmic	1	H-PA
FOSAMAX	3		EYSUVIS	2	
ibandronate sodium oral	1		FLAREX	2	
raloxifene hcl	1	H-PA	fluorometholone	1	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	FML FORTE	3	
risedronate sodium oral tablet 30 mg, 5 mg	1		FML LIQUIFILM	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP	gatifloxacin ophthalmic	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP	gentamicin sulfate ophthalmic	1	
TYMLOS	3	PA, SP	ILEVRO	3	
Metabolic Bone Disease Agents - Other			INVELTYS	3	
calcitriol oral capsule	1		ketorolac tromethamine ophthalmic	1	
cinacalcet hcl	1		KLARITY-A	E	
ROCALtrol ORAL CAPSULE	3		LOTEMAX OPHTHALMIC GEL	3	
SENSIPAR	E		LOTEMAX OPHTHALMIC OINTMENT	3	
YORVIPATH	3	PA, QL, SP	LOTEMAX OPHTHALMIC SUSPENSION	E	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			LOTEMAX SM	3	
ACULAR	3		loteprednol etabonate	1	
ACULAR LS	3		MAXITROL	3	
ACUVAIL	3		moxifloxacin hcl (2x day)	1	
ALREX	3		moxifloxacin hcl ophthalmic	1	
AZASITE	3		neomycin-polymyxin-dexameth	1	
azelastine hcl ophthalmic	1		NEVANAC	3	
bacitracin-polymyxin b	1		OCUFLOX	3	
BESIVANCE	3		ofloxacin ophthalmic	1	
bromfenac sodium (once-daily)	1		olopatadine hcl ophthalmic solution 0.1 %	1	
bromfenac sodium ophthalmic	1		olopatadine hcl ophthalmic solution 0.2 %	E	
BROMSITE	3		POLYCIN	3	
ciprofloxacin hcl ophthalmic	1		polymyxin b-trimethoprim	1	
dexamethasone sodium phosphate ophthalmic	1		PRED FORTE	E	
diclofenac sodium ophthalmic	1		PRED MILD	3	
epinastine hcl	1		prednisolone acetate ophthalmic	1	
			PREDNISOLONE ACETATE P-F	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	

Drug Name	Drug Tier	Requirements & Limits
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST
travoprost (bak free)	1	
VYZULTA	3	ST
XALATAN	E	
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KLARITY-C DROPS	E	
MIEBO	3	PA, QL
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	2	PA

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA
HYPERSAL	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ipratropium bromide nasal	1		AEROCHAMBER PLUS FLO-VU SMALL	2	
levocetirizine dihydrochloride oral	1		AEROCHAMBER PLUS FLO-VU W/MASK	2	
maxi-tuss ac	1		AEROCHAMBER2GO ANTI-STATIC	2	
mometasone furoate nasal	1		AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E		AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL
ODACTRA	3	PA, QL	AIRSUPRA	3	
olopatadine hcl nasal	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
PATANASE NASAL SOLUTION 0.6 %	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
promethazine-codeine	1	PA	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA)
promethazine-dm	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
pseudoephedrine-bromphen-dm	1		albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
PULMOSAL	2		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
RYALTRIS	3		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
ryvent	E		albuterol sulfate oral syrup 2 mg/5ml	1	
sodium chloride inhalation	1		ANORO ELLIPTA	3	QL
XHANCE	E	ST	ARNUITY ELLIPTA	1	QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3				
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD					
ACCOLATE	3				
ADVAIR DISKUS	E	QL			
ADVAIR HFA	2	QL, RS			
AEROCHAMBER HOLDING CHAMBER	2				
AEROCHAMBER PLS FLOVU MTHPIECE	2				
AEROCHAMBER PLUS FLO-VU	2				
AEROCHAMBER PLUS FLO-VU INTERM	2				
AEROCHAMBER PLUS FLO-VU LARGE	2				
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ASMANEX HFA	E	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ATROVENT HFA	2	QL	INSPIREASE	2	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	2		ipratropium-albuterol	1	
BREATHE COMFORT CHAMBER/CHILD	2		levalbuterol hcl inhalation	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS	MICROCHAMBER	2	
brey-na	E	QL, RS	montelukast sodium oral	1	
BREZTRI AEROSPHERE	3	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
budesonide inhalation	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
budesonide-formoterol fumarate	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
COMBIVENT RESPIMAT	2	QL	PERFOROMIST	3	QL
DALIRESP	E	QL	PROCHAMBER VHC	2	
DULERA	3	ST, QL	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
EASIVENT	2		PULMICORT SUSPENSION	E	QL
EASIVENT MASK LARGE	2		QVAR REDIBHALER	1	QL
EASIVENT MASK MEDIUM	2		roflumilast	1	QL
EASIVENT MASK SMALL	2		SEREVENT DISKUS	2	QL
FASENRA PEN	3	PA, QL	SINGULAIR ORAL PACKET	3	
FLEXICHAMBER	2		SINGULAIR ORAL TABLET	E	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
FLUTICASONE FUROATE-VILANTEROL	3	QL, RS	SPIRIVA HANDIHALER	1	QL
FLUTICASONE PROPIONATE HFA	3	QL	SPIRIVA RESPIMAT	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS	STIOLTO RESPIMAT	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	STRIVERDI RESPIMAT	2	QL
			SYMBICORT	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	
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
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	
YUPELRI	3	QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP

Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg	E	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	1	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	3	QL
SODIUM OXYBATE	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS ..	46
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS ..	47
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS.....	47
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS.....	47
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	47
ADALIMUMAB-ADB(CD/UC/ HS STRT)	47
ADALIMUMAB-ADB(PS/UV STARTER).....	47
ADALIMUMAB-FKJP (2 PEN).....	47
ADALIMUMAB-FKJP (2 SYRINGE)	47
adapalene external gel	26
adapalene-benzoyl peroxide external gel	26
ADBRY SOLUTION AUTO- INJECTOR.....	47
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	47
ADCIRCA.....	57
ADDERALL	24
ADDERALL XR	24
ADDYI	36
ADEINZDE	26



ADEMPAS	57	AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT.....	55	ALVAIZ	35
ADMELOG.....	33	AIRSUPRA.....	55	alyacen 1/35	40
ADMELOG SOLOSTAR.....	33	AJOVY.....	16	alyacen 7/7/7	40
ADTHYZA.....	45	AKLIEF	26	alyq	57
ADVAIR DISKUS.....	55	ALA SCALP.....	26	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	40
ADVAIR HFA.....	55	ala-cort.....	26	amantadine hcl oral capsule	18
ADVATE.....	35	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	55	amantadine hcl oral tablet	18
ADYNOVATE	35	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	55	AMBIEN	58
ADZENYS XR-ODT	24	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	55	AMBIEN CR.....	58
AEROCHAMBER HOLDING CHAMBER.....	55	albuterol sulfate oral syrup 2 mg/5ml	55	amethia oral tablet 0.15-0.03 & 0.01 mg	40
AEROCHAMBER PLS FLOVU MTHPIECE	55	alclometasone dipropionate.....	26	amiloride hcl oral	20
AEROCHAMBER PLUS FLO-VU....	55	ALDACTONE	20	amiodarone hcl oral	20
AEROCHAMBER PLUS FLO-VU INTERM	55	ALECENSA	17	AMITIZA	38
AEROCHAMBER PLUS FLO-VU LARGE.....	55	alendronate sodium oral tablet... 51		amitriptyline hcl oral	14
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	55	alfuzosin hcl er.....	40	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML.....	47
AEROCHAMBER PLUS FLO-VU SMALL.....	55	aliskiren fumarate	20	AMJEVITA 40 MG/0.8ML	47
AEROCHAMBER PLUS FLO-VU W/MASK.....	55	allopurinol oral.....	16	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 10MG/0.2ML	47
AEROCHAMBER2GO ANTI- STATIC	55	ALLZITAL	9	AMJEVITA-PED 15KG TO <30KG SOLUTION REFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	47
afirmelle.....	40	ALOGLIPTIN BENZOATE	34	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 20 MG/0.4ML.....	47
AFLURIA PRESERVATIVE FREE ...	50	ALORA.....	40	amlodipine besylate oral	20
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	35	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	53	amlodipine besylate-benazepril hcl	20
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	35	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	53	amlodipine besylate-valsartan....	20
AGAMATRIX PRESTO TEST.....	30	ALPHANATE.....	35	amlodipine-olmesartan	20
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	16	alprazolam er	20	ammonium lactate external	26
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT.....	55	alprazolam oral	20	amnestem	26
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	55	alprazolam xr	20	amoxicillin.....	11
		ALPROLIX.....	35	amoxicillin-potassium clavulanate.....	11
		ALREX.....	52	amphet-dextroamphet 3-bead er.....	24
		ALTACE.....	20	amphetamine sulfate.....	24
		altavera.....	40	amphetamine- dextroamphetamine	24
		ALTUVIIIO	35		
		ALUNBRIG	17		

amphetamine- dextroamphetamine er	24	ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	45	AUSTEDO XR	25
ampicillin	11	ARMOUR THYROID TABLET 15 MG ORAL	45	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	25
AMPYRA	25	ARNUITY ELLIPTA	55	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	25
AMZEEQ	26	AROMASIN	17	AUVELITY	14
ANAFRANIL	14	ARTHROTEC	10	AUVI-Q	54
ANALPRAM HC	51	ascomp-codeine	9	AVALIDE	20
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	51	asenapine maleate	19	avanafil	36
ANALPRAM-HC EXTERNAL CREAM	51	ashlyna	40	AVAPRO	20
ANAPROX DS	10	ASMANEX HFA	56	AVAR CLEANSER	26
ANASPAZ	38	ATACAND	20	AVAR LS CLEANSER	26
anastrozole oral	17	ATACAND HCT	20	aviane	40
ANDROGEL PUMP	45	atenolol oral	20	AVIDOXY	11
ANNOVERA	40	atenolol-chlorthalidone	20	AVITA EXTERNAL CREAM 0.025 %	26
ANORO ELLIPTA	55	ATIVAN ORAL	20	AVODART	40
ANTIVERT ORAL TABLET 50 MG ..	15	atomoxetine hcl	24	AVONEX PEN	25
ANUCORT-HC	51	ATORVALIQ	20	AVONEX PREFILLED	25
ANUSOL-HC	51	atorvastatin calcium oral tablet 10 mg, 20 mg	20	AYGESTIN ORAL TABLET 5 MG ...	40
apap-caff-dihydrocodeine	9	atorvastatin calcium oral tablet 40 mg, 80 mg	20	ayuna	40
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	10	atovaquone	18	AZASAN	47
aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	atovaquone-proguanil hcl	18	AZASITE	52
apri	40	ATORALIN	26	azathioprine oral	47
APRISO	51	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	53	azelaic acid external	26
APTENSIO XR	24	atropine sulfate ophthalmic solution 1 %	53	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	54
APTIOM	13	ATROVENT HFA	56	azelastine hcl nasal solution 0.15 %	54
AQ INSULIN SYRINGE	30	ATTRUBY	39	azelastine hcl ophthalmic	52
AQINJECT PEN NEEDLE	30	AUBAGIO	25	azelastine-fluticasone	54
ARAKODA	18	aubra eq	40	AZELEX	26
aranelle	40	AUGMENTIN	11	AZILECT	18
ARANESP (ALBUMIN FREE)	35	AUGMENTIN ES-600	11	azithromycin oral packet 1 gm ...	11
ARAVA	47	AUGTYRO	17	AZOPT	53
ARAZLO	26	aurovela 1/20	40	AZOR	20
AREXVY	50	aurovela 1.5/30	40	AZSTARYS	24
ARICEPT	14	aurovela 24 fe	40	AZULFIDINE	51
ARIMIDEX	17	aurovela 1/20	40	AZULFIDINE EN-TABS	51
aripiprazole oral solution	19	aurovela fe 1.5/30	40	azurette	40
aripiprazole oral tablet	19	AUSTEDO	25		
armodafinil	58				

B

bac (butalbital-acetamin-caff)	9	benazepril hcl oral	20	bisoprolol-hydrochlorothiazide ...	21
bacitracin-polymyxin b.	52	benazepril-hydrochlorothiazide ..	20	BLANCHE	27
baclofen oral tablet.	57	BENICAR	20, 21	blisovi 24 fe	40
BACTRIM.	11	BENICAR HCT	21	blisovi fe 1/20	40
BACTRIM DS	11	BENLYSTA SUBCUTANEOUS		blisovi fe 1.5/30	40
BAFIERTAM	25	SOLUTION AUTO-INJECTOR	47	BLOOD GLUCOSE TEST STRIPS ..	30
balsalazide disodium	51	BENZAMYCIN	26	BLOOD GLUCOSE TEST STRIPS	
balziva	40	benzonatate	54	333	30
BAQSIMI ONE PACK	34	benzoyl peroxide-erythromycin ..	26	BONSITY	51
BAQSIMI TWO PACK	34	benztropine mesylate oral	18	BOOSTRIX	50
BARACLUDE ORAL TABLET	19	BESIVANCE	52	BOOSTRIX INTRAMUSCULAR	
BASAGLAR KWIKPEN	33	BESREMI	17	SUSPENSION 5-2.5-18.5 LF-	
BASAGLAR TEMPO PEN	33	betamethasone dipropionate		MCG/0.5	50
BD AUTOSHIELD DUO PEN		aug external cream	26	BREATHE COMFORT CHAMBER/	
NEEDLES	30	betamethasone dipropionate		ADULT	56
BD BLUNT FILL NEEDLE W/		aug external lotion	26	BREATHE COMFORT CHAMBER/	
FILTER	30	betamethasone dipropionate		CHILD	56
BD ECLIPSE NEEDLE 18G X		aug external ointment	26	BREO ELLIPTA INHALATION	
1-1/2", 23G X 1", 25G X 5/8",		betamethasone dipropionate		AEROSOL POWDER BREATH	
27G X 1/2"	30	external	27	ACTIVATED 100-25 MCG/ACT	56
BD ECLIPSE SHIELDED NEEDLE ..	30	betamethasone valerate		BREO ELLIPTA INHALATION	
BD PEN NEEDLE MICRO		external cream	27	AEROSOL POWDER BREATH	
ULTRAFINE	30	betamethasone valerate		ACTIVATED 200-25 MCG/ACT,	
BD PEN NEEDLE MINI		external lotion	27	50-25 MCG/INH	56
ULTRAFINE	30	betamethasone valerate		breyna	56
BD PEN NEEDLE NANO		external ointment	27	BREZTRI AEROSPHERE	56
ULTRAFINE	30	BETAPACE	21	briellyn	40
BD PEN NEEDLE ORIG		BETASERON	25	BRILINTA	18
ULTRAFINE	30	bethanechol chloride oral	39	brimonidine tartrate ophthalmic	
BD PEN NEEDLE SHORT		BETIMOL OPHTHALMIC		solution 0.1 %	53
ULTRAFINE	30	SOLUTION 0.25 %	53	brimonidine tartrate ophthalmic	
BD SAFETYGLIDE NEEDLE		BETIMOL OPHTHALMIC		solution 0.15 %, 0.2 %	53
23G X 1-1/2"	30	SOLUTION 0.5 %	53	brimonidine tartrate-timolol	53
BD SAFETYGLIDE SHIELDED		BEVESPI AEROSPHERE	56	brinzolamide	53
NEEDLE 21G X 1-1/2"	30	BEYAZ	40	BRIVIACT ORAL TABLET	13
BD ULTRA-FINE PEN NEEDLES ...	30	bicalutamide	17	BROMFED DM ORAL SYRUP	
BD ULTRA-FINE U-500 INSULIN		BIGFOOT UNITY PROGRAM	30	2-30-10 MG/5ML	54
SYRINGES	30	BIJUVA	40	bromfenac sodium (once-daily) ..	52
BD VEO ULTRA-FINE INSULIN		BIKTARVY	19	bromfenac sodium ophthalmic ...	52
SYRINGES	30	bimatoprost ophthalmic	53	bromocriptine mesylate oral	
BD-ULTRA FINE INSULIN		BIMZELX	47	tablet	18
SYRINGES	30	BIOTEL CARE TEST STRIPS	30	bromphen-pseudoeph-dm	54
BELBUCA	9	bis subcit-metronid-tetracyc ...	37	BROMSITE	52
BELSOMRA	58	bismuth/metronidaz/tetracyclin .	37	BRONCHITOL	57
		bisoprolol fumarate oral tablet ...	21	BRONCHITOL TOLERANCE TEST.	57



BRUKINSA.....	17	CABTREO.....	27	CARESENS N PLUS BT	30
budesonide inhalation.....	56	calcipotriene external cream	27	CARETOUCH MONITOR SYSTEM .	30
budesonide oral	51	calcipotriene external ointment ..	27	CARETOUCH TEST.....	30
budesonide-formoterol		calcipotriene external solution ...	27	carisoprodol oral.....	57
fumarate	56	CALCITRENE.....	27	CARNITOR ORAL SOLUTION	36
bumetanide oral	21	calcitriol oral capsule.....	52	CARNITOR ORAL TABLET	39
BUMEX	21	calcium acetate (phos binder)		CARNITOR SF	36
BUPAP ORAL TABLET 50-300 MG .	9	oral capsule	39	cartia xt	21
buprenorphine.....	9,10	CALQUENCE.....	17	carvedilol.....	21
buprenorphine hcl sublingual	10	camila	40	carvedilol phosphate er	21
buprenorphine hcl-naloxone hcl		camrese.....	40	CASODEX	17
sublingual film	10	camrese lo	40	CATAPRES-TTS-1.....	21
buprenorphine hcl-naloxone hcl		CAMZYOS.....	21	CATAPRES-TTS-2	21
sublingual tablet sublingual.....	10	CANASA.....	51	CATAPRES-TTS-3	21
bupropion hcl er (smoking det) ...	10	candesartan cilexetil	21	cefadroxil oral capsule	11
bupropion hcl er (sr)	14	candesartan cilexetil-hctz	21	cefadroxil oral suspension	
bupropion hcl er (xl) oral tablet		capecitabine.....	17	reconstituted	11
extended release 24 hour		CAPLYTA	19	cefdinir.....	11
150 mg, 300 mg	14	captopril oral.....	21	cefixime oral capsule.....	12
BUPROPION HCL ER (XL) ORAL		CAPVAXIVE.....	50	cefpodoxime proxetil oral tablet .	12
TABLET EXTENDED RELEASE 24		CARAC EXTERNAL CREAM 0.5 % .	27	cefprozil.....	12
HOUR 450 MG	14	CARAFATE.....	37	cefuroxime axetil	12
bupropion hcl oral	14	carbamazepine er	13	CELEBREX	10
buspirone hcl oral.....	20	carbamazepine oral tablet	13	celecoxib oral.....	10
butalbital-acetaminophen oral		carbamazepine oral tablet		CELEXA	14
tablet 50-300 mg.....	9	chewable.....	13	CELLCEPT ORAL CAPSULE	47
butalbital-acetaminophen oral		CARBATROL.....	13	CELLCEPT ORAL TABLET	47
tablet 50-325 mg	9	carbidopa-levodopa er	18	cephalexin	12
butalbital-apap-caff-cod	9	carbidopa-levodopa oral tablet...	18	CEQUA	53
butalbital-apap-caffeine.....	9	carbinoxamine maleate oral		CEQUR SIMPLICITY 2U 8PK.....	30
butalbital-asa-caff-codeine.....	9	tablet 4 mg.....	54	CERDELGA.....	39
butalbital-aspirin-caffeine	9	carbinoxamine maleate oral		cetirizine hcl oral solution	54
butorphanol tartrate nasal	9	tablet 6 mg.....	54	CETROTIDE.....	50
BUTRANS	9	CARDIZEM	21	cevimeline hcl	26
BYDUREON BCISE		CARDIZEM CD	21	charlotte 24 fe	40
AUTOINJECTOR		CARDIZEM LA	21	chateal eq.....	40
SUBCUTANEOUS AUTO-		CARDURA.....	21	chlordiazepoxide hcl	20
INJECTOR 2 MG/0.85ML.....	34	CAREPOINT POLY HUB NEEDLE		chlordiazepoxide-clidinium	38
BYLVAY	38	18G X 1", 21G X 1", 22G X 1",		chlorhexidine gluconate mouth/	
BYLVAY (PELLETS).....	38	23G X 1", 25G X 1", 25G X 5/8".....	30	throat.....	26
BYSTOLIC.....	21	CAREPOINT POLY HUB NEEDLE		chlorpromazine hcl oral tablet....	19
		22G X 1-1/2"	30	chlorthalidone	21
		CAREPOINT SAFETY 1ST			
		NEEDLE	30		

C

cabergoline	45
CABOMETYX.....	17



chlorzoxazone oral tablet 250 mg.....	57	clindacin etz external swab	27	CLOBEX SPRAY	27
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg.....	57	clindacin-p.....	27	clodan.....	27
cholestyramine light	21	CLINDAGEL.....	27	CLOMID.....	51
cholestyramine oral	21	clindamycin hcl oral	12	clomiphene citrate oral	51
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	51	clindamycin palmitate hcl.....	12	clomipramine hcl oral	14
CIALIS	36	clindamycin phos (once-daily) gel 1 % external	27	clonazepam oral	20
CIBINQO.....	27	clindamycin phos (twice-daily) gel 1 % external	27	clonidine hcl er.....	24
ciclodan	16	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	27	clonidine hcl oral.....	21
ciclopirox external.....	16	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	27	clonidine patch weekly 0.1 mg/24hr transdermal.....	21
ciclopirox olamine external cream	16	clindamycin phosphate external lotion.....	27	clonidine patch weekly 0.2 mg/24hr transdermal	21
ciclopirox olamine external suspension.....	27	clindamycin phosphate external solution	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
cilostazol.....	18	clindamycin phosphate external swab.....	27	clopidogrel bisulfate oral.....	19
CIMDUO	19	clindamycin phosphate vaginal ...	12	clorazepate dipotassium	20
cimetidine oral.....	37	CLINDESSE.....	12	clotrimazole external cream	27
CIMZIA (2 SYRINGE)	47	CLINPRO 5000	26	clotrimazole mouth/throat	16
CIMZIA-STARTER.....	47	clobazam oral suspension 2.5 mg/ml	13	clotrimazole-betamethasone.....	27
cinacalcet hcl	52	clobazam oral tablet.....	13	clozapine oral tablet.....	19
CINRYZE	47	clobetasol prop emollient base external cream 0.05 %.....	27	CLOZARIL.....	19
CIPRO ORAL TABLET.....	12	clobetasol propionate e.....	27	CO-NATAL FA	36
CIPRODEX OTIC SUSPENSION 0.3-0.1 %.....	54	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	27	COLAZAL	51
ciprofloxacin hcl ophthalmic.....	52	clobetasol propionate external cream 0.05 %.....	27	colchicine oral	16
ciprofloxacin hcl oral	12	clobetasol propionate external foam.....	27	colchicine-probenecid	16
ciprofloxacin-dexamethasone....	54	clobetasol propionate external gel	27	COLCRYS ORAL TABLET 0.6 MG..	16
citalopram hydrobromide oral tablet.....	14	clobetasol propionate external liquid	27	colesevelam hcl oral tablet.....	21
claravis.....	27	clobetasol propionate external ointment.....	27	COLESTID ORAL TABLET	21
CLARINEX	54	clobetasol propionate external shampoo.....	27	colestipol hcl oral tablet.....	21
clarithromycin oral tablet	12	clobetasol propionate external solution	27	COMBIGAN	53
CLENPIQ.....	38	CLOBEX EXTERNAL SHAMPOO... 27		COMBIPATCH.....	40
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12			COMBIVENT RESPIMAT	56
CLEOCIN ORAL CAPSULE 75 MG.	12			COMIRNATY	50
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12			CONCERTA.....	24
CLEOCIN VAGINAL CREAM.....	12			constulose	38
CLEOCIN-T.....	27			CONTOUR MONITOR KIT W/ DEVICE.....	30
CLIMARA.....	40, 42			CONTOUR NEXT EZ KIT W/ DEVICE.....	30
CLIMARA PRO	40			CONTOUR NEXT GEN MONITOR KIT.....	30
				CONTOUR NEXT GEN TEST STRIPS	30

CONTOUR NEXT LINK KIT W/ DEVICE.....	30	cvs prenatal.....	36	DAPAGLIFLOZIN PRO- METFORMIN ER.....	34
CONTOUR NEXT MONITOR KIT W/DEVICE	31	CVS TRUE METRIX GLUCOSE TEST.....	31	DAPAGLIFLOZIN PROPANEDIOL .	34
CONTOUR NEXT ONE KIT.....	31	cyanocobalamin injection solution 1000 mcg/ml.....	36	dapsone external	27
CONTOUR NEXT TEST STRIPS....	31	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	36	dapsone oral	17
CONTOUR PLUS BLUE KIT W/ DEVICE.....	31	cyanocobalamin nasal.....	36	dasatinib	17
CONTOUR PLUS TEST STRIP.....	31	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	57	dasetta 1/35 (28)	41
CONTOUR TEST STRIPS.....	31	cyclobenzaprine hcl oral tablet 7.5 mg	57	dasetta 7/7/7	41
COPAXONE	25	CYCLOGYL.....	53	DAVIMET-FLUORIDE.....	36
COREG	21	cyclopentolate hcl ophthalmic ...	53	DAYPRO	10
COREG CR	21	cyclosporine modified oral capsule.....	47	daysee.....	41
CORGARD ORAL TABLET 20 MG, 40 MG	21	cyclosporine ophthalmic.....	53	DAYVIGO.....	58
CORLANOR	21	CYLTEZO (2 PEN)	47	DDAVP ORAL.....	45
CORTEF	44	CYLTEZO (2 SYRINGE)	47	deblitane.....	41
CORTIFOAM	51	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	47	DELESTROGEN	41
COSENTYX (300 MG DOSE)	47	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	47	delyla	41
COSENTYX 150 MG/ML SUBCUTANEOUS.....	47	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	48	DELZICOL	51
COSENTYX SENSOREADY (300 MG).....	47	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	48	DENTA 5000 PLUS.....	26, 36
COSENTYX SENSOREADY PEN ...	47	CYMBALTA	14	DENTA 5000 PLUS SENSITIVE....	36
COSENTYX UNOREADY	47	cyproheptadine hcl oral.....	54	DENTAGEL	26
COSOPT.....	53	cyred eq.....	41	DEPAKOTE	13
COSOPT PF	53	CYTOMEL	45	DEPAKOTE ER.....	13
COTELLIC.....	17	CYTOTEC.....	37	DEPAKOTE SPRINKLES.....	13
COTEMPLA XR-ODT	24	D			39
COVARYX	40	D-CARE BLOOD GLUCOSE.....	31	DEPO-PROVERA	41
COVARYX HS.....	40	D-CARE GLUCOMETER	31	DEPO-SUBQ PROVERA 104	41
COZAAR.....	21	dabigatran etexilate mesylate ...	13	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	45
CREON	39	dalfampridine er	25	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	45
CRESEMBA ORAL.....	16	DALIRESP	56	DERMA-SMOOTH/FS BODY	27
CRESTOR.....	21			DERMA-SMOOTH/FS SCALP	27
CREXONT	18			DERMACINRX UREA.....	27
cromolyn sodium ophthalmic....	53			DERMOTIC.....	54
cromolyn sodium oral	38			DESCOVY ORAL TABLET 120-15 MG.....	19
cryselle-28	41			DESCOVY ORAL TABLET 200-25 MG.....	19
CVS ADVANCED GLUCOSE TEST .	31			desipramine hcl oral.....	14
CVS GLUCOSE METER TEST STRIPS	31			desloratadine oral tablet	54
cvs nicotine	10			desmopressin acetate oral.....	45
cvs nicotine polacrilex.....	10			desmopressin acetate spray	45

desogestrel-ethinyl estradiol	41	DICLEGIS	15	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/ 0.5GM, 1 MG/GM, 1.25 MG/ 1.25GM	41
desonide external cream	27	diclofenac potassium oral tablet 25 mg	10	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	41
desonide external lotion	27	diclofenac potassium oral tablet 50 mg	10	DODEX INJECTION SOLUTION 1000 MCG/ML	36
desonide external ointment	27	diclofenac sodium er	10	dofetilide	21
DESOWEN	27	diclofenac sodium external gel 1 %	10	donepezil hcl oral tablet	14
desoximetasone external ointment	27	diclofenac sodium external gel 3 %	28	DOPTelet	35
desvenlafaxine succinate er	14	diclofenac sodium ophthalmic	52	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	53
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dexamethasone sodium phosphate ophthalmic	52	dicyclomine hcl oral tablet 20 mg	38	doxepin hcl oral capsule	14
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ZYVOX ORAL TABLET	13

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) សេវាជំនួយភាសាភាគតិចផ្លែ និងការទំនាក់ទំនងភាគតិចផ្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចផ្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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 عضویت‌تان تماس بگیرید.

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

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

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

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

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

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

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

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

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

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

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