



Your 2026 Prescription Drug List

Traditional 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, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

Replace with:

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. ⁴
QL	Quantity limits ⁵ – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁶ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. ⁵

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

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

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources 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
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	E	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 transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	QL
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	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	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	QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	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	
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	
indomethacin er	1	

Drug Name	Drug Tier	Requirements & Limits
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	
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
ft nicotine	1	H
ft nicotine mini	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
gnp naloxone hcl	1	QL	qc nicotine transdermal system	1	H
gnp nicotine mini	1	H	ra mini nicotine	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H	ra nicotine polacrilex	1	H
gnp nicotine transdermal	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
goodsense nicotine	1	H	REXTOVY	1	QL
habitrol	1	H	sm nicotine	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	sm nicotine polacrilex	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H	SUBOXONE	E	QL
KLOXXADO	1	QL	THRIVE	3	H
kls quit2	1	H	varenicline	1	PA, H
kls quit4	1	H	ZIMHI	2	QL
naloxone hcl injection solution prefilled syringe	1	QL	ZUBSOLV	1	QL
naloxone hcl nasal	1	QL	Antibacterials - Drugs for Infections		
naltrexone hcl oral	1	QL	amoxicillin	1	
NARCAN	1	QL (includes Narcan OTC)	amoxicillin-potassium clavulanate	1	
NICODERM CQ	3	H	ampicillin	1	
NICORETTE MINI	2	H	AUGMENTIN	E	
NICORETTE MOUTH/THROAT GUM	3	H	AUGMENTIN ES-600	E	
NICORETTE MOUTH/THROAT LOZENGE	2	H	AVIDOXY	3	
NICORETTE STARTER KIT	3	H	azithromycin oral packet 1 gm	1	
nicotine mini	1	H	BACTRIM	3	
nicotine polacrilex mini	1	H	BACTRIM DS	3	
nicotine polacrilex mouth/throat	1	H	cefadroxil oral capsule	1	
nicotine step 1	1	H	cefadroxil oral suspension reconstituted	1	
nicotine step 2	1	H	cefdinir	1	
nicotine step 3	1	H	cefixime oral capsule	1	
nicotine transdermal patch 24 hour	1	H	cefpodoxime proxetil oral tablet	1	
OPVEE	1	QL	cefprozil	1	
			cefuroxime axetil	1	
			cephalexin	1	

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX	3	
ZYVOX ORAL TABLET	E	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	1	QL
warfarin sodium oral	1	
XARELTO	2	QL

Anticonvulsants - Drugs for Seizures

APTOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA

DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	1	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	PA
levetiracetam er	1	
levetiracetam oral solution	1	

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, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	
peramppanel	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	PA
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA

Drug Name	Drug Tier	Requirements & Limits
ZARONTIN	3	
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	E	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	QL
PRISTIQ	E	QL
PROZAC	E	
RALDESY	3	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
SPRAVATO	3	PA, QL
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
DICLEGIS	E	
doxylamine-pyridoxine	E	
dronabinol	1	
EMEND BIPACK	E	QL
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
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	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	

Drug Name	Drug Tier	Requirements & Limits
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
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	2	PA, ST, QL
AJOVY	E	ST, QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
ZOMIG ORAL TABLET 5 MG	E	QL

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, SP
ALUNBRIG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
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	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	QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	3	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
SPRYCEL	E	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	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	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP

Drug Name	Drug Tier	Requirements & Limits
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
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, ST, 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	

Drug Name	Drug Tier	Requirements & Limits
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
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	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
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	QL
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	

Drug Name	Drug Tier	Requirements & Limits
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
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	PA
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	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVALIDE	E		COREG CR	E	
AVAPRO	E		CORGARD ORAL TABLET 20 MG, 40 MG	3	
AZOR	E		CORLANOR	3	PA, QL
benazepril hcl oral	1		COZAAR	E	
benazepril-hydrochlorothiazide	1		CRESTOR	E	
BENICAR	E		digoxin oral tablet	1	
BENICAR HCT	E		diltiazem hcl er	1	
BETAPACE	E		diltiazem hcl er beads	1	
bisoprolol fumarate oral tablet	1		diltiazem hcl er coated beads	1	
bisoprolol-hydrochlorothiazide	1		diltiazem hcl oral	1	
bumetanide oral	1		dilt-xr	1	
BUMEX	3		DIOVAN	E	
BYSTOLIC	E		DIOVAN HCT	E	
CAMZYOS	3	PA, QL, SP	dofetilide	1	
candesartan cilexetil	1		doxazosin mesylate oral	1	
candesartan cilexetil-hctz	1		EDARBI	E	
captopril oral	1		EDARBYCLOR	E	
CARDIZEM	E		enalapril maleate oral solution	1	PA
CARDIZEM CD	E		enalapril maleate oral tablet	1	
CARDIZEM LA	E		enalapril-hydrochlorothiazide	1	
CARDURA	3		ENTRESTO ORAL TABLET	E	PA, QL
cartia xt	1		EPANED	3	PA
carvedilol	1		eplerenone	1	
carvedilol phosphate er	E		EXFORGE	E	
CATAPRES-TTS-1	E		ezetimibe	1	
CATAPRES-TTS-2	E		ezetimibe-simvastatin	1	
CATAPRES-TTS-3	E		felodipine er	1	
chlorthalidone	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
cholestyramine light	1		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	
cholestyramine oral	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
clonidine hcl oral	1		fenofibrate oral tablet 120 mg, 40 mg	E	
clonidine patch	1				
colesevelam hcl oral tablet	1				
COLESTID ORAL TABLET	3				
colestipol hcl oral tablet	1				
COREG	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		LASIX	3	
fenofibric acid oral capsule delayed release	1		LIPITOR	E	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril oral	1	
flecainide acetate	1		lisinopril-hydrochlorothiazide	1	
fosinopril sodium	1		LIVALO	E	ST
FUROSCIX	3	PA, QL	LODOCO	3	QL
furosemide oral	1		LOPID	3	
gemfibrozil oral	1		LOPRESSOR ORAL TABLET	3	
guanfacine hcl	1		losartan potassium oral	1	
HEMANGEOL	3		losartan potassium-hctz	1	
HEMICLOR	E		LOTENSIN	3	
hydralazine hcl oral	1		LOTENSIN HCT	3	
hydrochlorothiazide oral	1		LOTREL	E	
HYZAAR	E		lovastatin oral	1	H
icosapent ethyl	E	PA	LOVAZA	E	
indapamide	1		matzim la	1	
INDERAL LA	E		MAXZIDE ORAL TABLET 75-50 MG	3	
INSPIRA	E		MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
INZIRQO	3	PA	metolazone	1	
irbesartan	1		metoprolol succinate er	1	
irbesartan-hydrochlorothiazide	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 40 mg	E		mexiletine hcl oral	1	
isosorbide mononitrate er	1		MICARDIS	E	
ivabradine hcl	1	PA, QL	MICARDIS HCT	E	
KAPSPARGO SPRINKLE	3		midodrine hcl	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
labetalol hcl oral	1		minoxidil oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		MULTAQ	3	PA
LANOXIN ORAL TABLET 62.5 MCG	3		nadolol oral	1	
			nebivolol hcl	1	
			NEXLETOL	2	PA, ST, QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E	
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	3	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	1	

Drug Name	Drug Tier	Requirements & Limits
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
clonidine hcl er	1	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral	1	
MYDAYIS	E	QL
ONYDA XR	3	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	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	QL, SP
AUBAGIO	E	QL, SP
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	QL, SP
teriflunomide	1	PA, QL, SP
VUMERITY	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
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
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EVOXAC	E		ACZONE	E	QL
FLUORIDEX	3		ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
FLUORIDEX ENHANCED WHITENING	3		adapalene external gel	E	QL
FLUORIMAX 5000	3		adapalene-benzoyl peroxide external gel	1	QL
FRAICHE 5000 DENTAL	3		ADEINZDE	E	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3		AKLIEF	3	PA, QL
JUST RIGHT 5000 DENTAL PASTE	3		ALA SCALP	3	
KOURZEQ	2		ala-cort	E	
lidocaine hcl mouth/throat	1		alclometasone dipropionate	1	
lidocaine viscous hcl	1		ammonium lactate external	E	
ORALONE	2		amnestem	1	
PERIDEX	3		AMZEEQ	3	QL
periogard	1		ARAZLO	E	QL
pilocarpine hcl oral	1		ATRALIN	E	QL
PREVIDENT 5000 BOOSTER PLUS	3		AVAR CLEANSER	3	
PREVIDENT 5000 DRY MOUTH	3		AVAR LS CLEANSER	E	
PREVIDENT 5000 KIDS	3		AVITA EXTERNAL CREAM 0.025 %	E	QL
PREVIDENT 5000 ORTHO DEFENSE	3		azelaic acid external	1	
PREVIDENT 5000 PLUS	3		AZELEX	3	QL
PREVIDENT DENTAL	3		BENZAMYCIN	2	QL
SALAGEN	3		benzoyl peroxide-erythromycin	1	QL
sf 5000 plus	1		betamethasone dipropionate aug external cream	1	
sf gel 1.1%	1		betamethasone dipropionate aug external lotion	1	
sodium fluoride 5000 plus	1		betamethasone dipropionate aug external ointment	1	
sodium fluoride 5000 ppm	1		betamethasone dipropionate external	1	
sodium fluoride dental	1		betamethasone valerate external cream	1	
triamcinolone acetone mouth/throat	1		betamethasone valerate external lotion	1	
Dermatological Agents - Drugs for Skin Conditions			betamethasone valerate external ointment	1	
ABSORICA	E		BLANCHE	E	
ACANYA	E	QL			
accutane	1				
acitretin	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CABTREO	E	QL	clobetasol propionate external cream 0.05 %	1	QL
calcipotriene external cream	1	QL	clobetasol propionate external foam	E	QL
calcipotriene external ointment	1		clobetasol propionate external gel	1	QL
calcipotriene external solution	1	QL	clobetasol propionate external liquid	1	QL
CALCITRENE	3		clobetasol propionate external ointment	1	QL
CARAC EXTERNAL CREAM 0.5 %	E		clobetasol propionate external shampoo	E	QL
CIBINQO	2	PA, QL, SP	clobetasol propionate external solution	1	QL
ciclopirox olamine external suspension	1		CLOBEX EXTERNAL SHAMPOO	E	QL
claravis	1		CLOBEX SPRAY	E	QL
CLEOCIN-T	3		clodan	E	QL
clindacin etz external swab	1		clotrimazole external cream	E	
clindacin-p	1		clotrimazole-betamethasone	1	
CLINDAGEL	E	QL	dapsone external	1	QL
clindamycin phos (once-daily) gel 1 % external	1	QL	DERMACINRX UREA	E	
clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL	DERMA-SMOOTH/FS BODY	3	QL
clindamycin phos (twice-daily) gel 1 % external	1	QL	DERMA-SMOOTH/FS SCALP	3	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL	desonide external cream	1	QL
clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL	desonide external lotion	1	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	desonide external ointment	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	DESOWEN	3	QL
clindamycin phosphate external lotion	1		desoximetasone external cream	1	QL
clindamycin phosphate external solution	1		desoximetasone external ointment	1	QL
clindamycin phosphate external swab	1		diclofenac sodium external gel 3 %	1	PA, QL
clobetasol prop emollient base external cream 0.05 %	1	QL	DIFFERIN EXTERNAL GEL 0.3 %	E	QL
clobetasol propionate e	1	QL	DIPROLENE	3	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL	doxycycline	E	
			DRYSOL	3	
			DUPIXENT	2	PA, QL, SP
			EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EFUDEX EXTERNAL CREAM 5 %	3		hydroquinone external	E	
ENSTILAR	3	QL	HYDROXYM EXTERNAL CREAM	E	
EPIDUO	E	QL	imiquimod external cream 3.75 %	E	QL
EPIDUO FORTE	E	QL	imiquimod external cream 5 %	1	
ERYGEL	3		imiquimod pump	E	QL
erythromycin external	1		IMPOYZ	E	QL
EUCRISA	3	ST, QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
FINACEA EXTERNAL FOAM	3		isotretinoin oral capsule 25 mg, 35 mg	E	
FINACEA EXTERNAL GEL	E		ivermectin external cream	E	QL
fluocinolone acetonide body	1	QL	KLARON	3	
fluocinolone acetonide external	1	QL	KLISYRI	3	ST, QL
fluocinolone acetonide scalp	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external cream 0.05 %	1		METROCREAM	3	
fluocinonide external cream 0.1 %	E	QL	METROGEL	E	
fluocinonide external gel	1		METROLOTION	3	
fluocinonide external ointment	1		metronidazole external cream	1	
fluocinonide external solution	1		metronidazole external gel 0.75 %	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		metronidazole external gel 1 %	E	
fluorouracil external cream 5 %	1		metronidazole external lotion	1	
fluticasone propionate external cream	1		MIRVASO	2	PA, QL
fluticasone propionate external ointment	1		mometasone furoate external	1	
halobetasol propionate external cream	1	QL	NEMLUVIO	2	PA, QL, SP
halobetasol propionate external ointment	1	QL	neuac	1	QL
hydrocortisone external cream 1 %	E		NORITATE	E	
hydrocortisone external cream 2.5 %	1		ONEXTON	E	QL
hydrocortisone external lotion 2 %, 2.5 %	1		OPZELURA	3	PA, QL, SP
hydrocortisone external ointment 1 %, 2.5 %	1		ORACEA	E	
hydrocortisone valerate external cream	1	QL	OVACE PLUS WASH EXTERNAL LIQUID	3	
			OVACE WASH	3	
			PANRETIN	3	
			pimecrolimus	1	QL
			PLEXION CLEANSER	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
podofilox external solution	1		triamcinolone acetonide external lotion	1	
RETIN-A	E	QL	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
RHOFADE	3	PA, QL	triamcinolone acetonide external ointment 0.05 %	E	
SANTYL	3	QL	triamcinolone in absorbase	E	
selenium sulfide external lotion	1		TRIANEX EXTERNAL OINTMENT 0.05 %	E	
sodium sulfacetamide wash	1		triderm	1	QL
SOOLANTRA	1	QL	TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sulfacetamide sodium (acne)	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium external	1		urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		uredeb	E	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		UREMEZ-40	3	
SUMADAN WASH	E		URESOL	E	
SYNALAR	E	QL	VANOS	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL	VTAMA	3	PA, QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL	WINLEVI	E	QL
TACLONEX EXTERNAL SUSPENSION	1		xurea	E	
tacrolimus external	1	QL	zenatane	1	
tazarotene external cream	1	PA, QL	ZILXI	3	PA, ST, QL
TAZORAC EXTERNAL CREAM	3	PA, QL	ZORYVE EXTERNAL CREAM	3	PA, QL
TOLAK	E		ZORYVE EXTERNAL FOAM	3	PA, QL
TOPICORT	3	QL	ZYCLARA	E	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL	ZYCLARA PUMP	E	QL
tretinoin external cream	1	QL	Diabetes - Glucose Monitoring and Supplies		
tretinoin external gel	E	QL	ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		ACCU-CHEK FASTCLIX LANCET	1	
triamcinolone acetonide external cream 0.5 %	1	QL	ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE KIT W/ DEVICE	2		DEXCOM G7 SENSOR	3	PA, QL
ACCU-CHEK GUIDE ME METER	2		EASYGLUCO	E	
ACCU-CHEK GUIDE TEST STRIPS	2	QL	EASYMAX 15 TEST	E	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	EASYMAX NG BLOOD GLUCOSE KIT	E	
ACCU-CHEK SOFTCLIX LANCET	1		EMBECTA INSULIN SYRINGE	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		EMBRACE BLOOD GLUCOSE TEST	E	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
BD ULTRA-FINE PEN NEEDLES	2	QL	ENLITE GLUCOSE SENSOR	3	PA
BD ULTRA-FINE U-500 INSULIN SYRINGES	2		EQ BLOOD GLUCOSE TEST	E	QL
BD VEO ULTRA-FINE INSULIN SYRINGES	2		EVERSENSE 365 SENSOR/HOLDER	E	
BD-ULTRA FINE INSULIN SYRINGES	2		EVERSENSE 365 SMART TRANSMIT	E	
CEQUR SIMPLICITY 2U 8PK	3	ST	EVERSENSE E3 SENSOR/HOLDER	E	
CONTOUR MONITOR KIT W/ DEVICE	E		EVERSENSE E3 SMART TRANSMITTER	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1		EVERSENSE SENSOR/HOLDER	E	
CONTOUR NEXT GEN MONITOR KIT	1		EVERSENSE SMART TRANSMITTER	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E		FREESTYLE LIBRE 14 DAY READER	3	PA, QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
CONTOUR NEXT ONE KIT	1		FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
CONTOUR NEXT TEST STRIPS	1		FREESTYLE LIBRE 2 READER	3	PA, QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1		FREESTYLE LIBRE 2 SENSOR	3	PA, QL
CONTOUR PLUS TEST STRIP	1	QL	FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
CONTOUR TEST STRIPS	E	QL	FREESTYLE LIBRE 3 READER	3	PA
DEXCOM G6 RECEIVER	3	PA, QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE READER	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	FREESTYLE PRECISION NEO SYSTEM	E	
DEXCOM G7 RECEIVER	3	PA, QL	FREESTYLE PRECISION NEO TEST	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
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
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
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	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH VERIO TEST STRIPS	E	QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
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	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR TEMPO PEN	E	QL
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLIN R VIAL	E	ST, QL
HUMULIN 70/30 VIAL	1	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMULIN N KWIKPEN	2	QL	NOVOLOG FLEXPEN RELION	E	ST, QL
HUMULIN N VIAL	1	QL	NOVOLOG RELION	E	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL	NOVOLOG U-100 VIAL	E	ST, QL
HUMULIN R U-500 VIAL	1	QL	TOUJEO MAX SOLOSTAR	2	QL
HUMULIN R VIAL	1	QL	TOUJEO SOLOSTAR	2	QL
INSULIN ASPART	E	ST, QL	TRESIBA FLEXTOUCH	E	QL
INSULIN ASPART FLEXPEN	E	ST, QL	Diabetes - Non-Insulin Agents		
INSULIN DEGLUDEC FLEXTOUCH	E	QL	acarbose oral	1	
INSULIN GLARGINE	E	QL	ACTOPLUS MET	3	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL	ACTOS	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL	ALOGLIPTIN BENZOATE	2	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL	BAQSIMI ONE PACK	2	QL
INSULIN LISPRO KWIKPEN	2	QL	BAQSIMI TWO PACK	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL	BRENZAVVY	3	ST, QL
INSULIN LISPRO VIAL	1	QL	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
LANTUS SOLOSTAR	1	QL	DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
LANTUS U-100 VIAL	1	QL	DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
LYUMJEV KWIKPEN	2	QL	FARXIGA	E	ST, QL
LYUMJEV TEMPO PEN	E	QL	glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
LYUMJEV VIAL	1	QL	glimepiride oral tablet 3 mg	E	
NOVOLIN 70/30 FLEXPEN	E	ST, QL	glipizide er	1	
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	glipizide oral tablet 10 mg, 5 mg	1	
NOVOLIN 70/30 RELION	E	ST, QL	glipizide oral tablet 2.5 mg	E	
NOVOLIN 70/30 VIAL	E	ST, QL	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
NOVOLIN N FLEXPEN	E	ST, QL	glipizide-metformin hcl	1	
NOVOLIN N FLEXPEN RELION	E	ST, QL	glucagon emergency kit 1 mg injection	1	QL
NOVOLIN N RELION	E	ST, QL	GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
NOVOLIN N VIAL	E	ST, QL			
NOVOLIN R FLEXPEN	E	ST, QL			
NOVOLIN R FLEXPEN RELION	E	ST, QL			
NOVOLIN R RELION	E	ST, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	QL
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
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	E	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL

Drug Name	Drug Tier	Requirements & Limits
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	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	SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	
PROMACTA POWDER	3	PA, QL, SP
PROMACTA TABLET	E	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	1	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, 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	E	
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	E	
FLORIVA PLUS	E	
FLOTREX	E	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LOKELMA	3	PA, QL	prenatal oral tablet 27-0.8 mg	E	
M-NATAL PLUS	3		prenatal oral tablet 27-1 mg	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal plus	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus vitamin/mineral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		prenatal vitamins oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		PRENATE MINI	3	
multivitamin w/fluoride tablet chewable 1 mg oral	1		PRENATOL-M	E	
multivitamin w/fluoride tablet chewable 1 mg oral	E		PRENATRIX	E	
multi-vitamin/fluoride	1		PRENATRYL	E	
multivitamin/fluoride oral tablet chewable	1		PREVIDENT 5000 ENAMEL PROTECT	3	
MULTI-VIT-FLOR	E		PREVIDENT 5000 SENSITIVE	3	
NASCOBAL	3		QUFLORA PEDIATRIC	3	
NEONATAL COMPLETE	3		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
NEONATAL PLUS	3		sod fluoride-potassium nitrate	1	
NEONATAL PRENATAL	E		sodium fluoride 5000 enamel	1	
NEONATAL VITAMIN	E		sodium fluoride 5000 sensitive	1	
NIVA-PLUS	3		sodium fluoride oral solution	1	H
ONE VITE WOMENS	E		sodium fluoride oral tablet chewable	1	H
ONE VITE WOMENS PLUS	3		TRICARE ORAL TABLET	3	
ORACIT	2		TRINATAL RX 1	3	
ORAL CITRATE	2		TRINATE	3	
PHOSPHA 250 NEUTRAL	2		tri-vite/fluoride	1	
phosphorous	1		UROCIT-K 10	3	
phospho-trin 250 neutral	1		UROCIT-K 15	3	
pnv 27-ca/fe/fa	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
POKONZA	E		VELTASSA	3	PA, QL
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		VITAFOL FE+	3	
potassium chloride crys er	1		VITAFOL ULTRA	3	
potassium chloride er	1		VITAFOL-OB	3	
potassium chloride oral	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
potassium citrate er	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL

Drug Name	Drug Tier	Requirements & Limits
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTEGRITY	E	QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	

Drug Name	Drug Tier	Requirements & Limits
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK	E	QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	1	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	E	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
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	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
tropium chloride er	E	
VANRAFIA	3	SP
VELPHORO	3	ST
VESICARE	E	
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	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H

Drug Name	Drug Tier	Requirements & Limits
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly	1	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hailey fe 1/20	1	H	levonorg-eth estrad triphasic	1	H
haloette	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
iclevia	1	H	LOESTRIN 1.5/30 (21)	E	
incassia	1	H	LOESTRIN 1/20 (21)	E	
introvale	1	H	LOESTRIN FE 1.5/30	E	
isibloom	1	H	LOESTRIN FE 1/20	E	
jaimiess	1	H	lojaimiess	1	H
jasmiel	1	H	loryna	1	H
jencycla	1	H	low-ogestrel	1	H
jinteli	1		lo-zumandimine	1	H
jolessa	1	H	lutura	1	H
juleber	1	H	lyleq	1	H
junel 1.5/30	1	H	lyllana	1	QL
junel 1/20	1	H	lyza	1	H
junel fe 1.5/30	1	H	marlissa	1	H
junel fe 1/20	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
junel fe 24	1	H	medroxyprogesterone acetate oral	1	
kalliga	1	H	megestrol acetate oral tablet	1	
kariva	1	H	meleya	1	H
kelnor 1/35	1	H	MENOSTAR	3	QL
kelnor 1/50	1	H	mibelas 24 fe	1	H
kurvelo	1	H	microgestin 1.5/30	1	H
larin 1.5/30	1	H	microgestin 1/20	1	H
larin 1/20	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
larin 24 fe	1	H	microgestin fe 1.5/30	1	H
larin fe 1.5/30	1	H	microgestin fe 1/20	1	H
larin fe 1/20	1	H	mili	1	H
leena	1	H	mimvey	1	
lessina	1	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonest	1	H	MINIVELLE	E	QL
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgest-eth estrad 91-day	1	H	mono-lynyah	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	
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
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	3	

Drug Name	Drug Tier	Requirements & Limits
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
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	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST
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-lynyah	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
tri-sprintec	1	H	HEMADY	E	
trivora (28)	1	H	HIDEX 6-DAY	E	
tri-vylibra	1	H	hydrocortisone oral	1	
tri-vylibra lo	1	H	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
turqoz	1	H	MEDROL ORAL TABLET 2 MG	2	
TWIRLA	E		MEDROL ORAL TABLET THERAPY PACK	3	
TYBLUME	1		methylprednisolone oral	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H	PEDIAPRED	2	
VAGIFEM	E		prednisolone oral solution	1	
valtya 1/50	1	H	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
velivet	1	H	prednisolone sodium phosphate oral solution 15 mg/5ml	1	
vestura	1	H	prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
vienva	1	H	prednisone oral	1	
viorele	1	H	TAPERDEX 12-DAY	3	
VIVELLE-DOT	E	QL	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
volnea	1	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
vyfemla	1	H	TAPERDEX 7-DAY	3	
vylibra	1	H	Hormonal Agents - Other		
wera	1	H	cabergoline	1	
xarah fe	1	H	DDAVP ORAL	E	
xulane	1	H	desmopressin acetate oral	1	
YASMIN 28	3		desmopressin acetate spray	1	
YAZ	3		leuprolide acetate injection	1	PA
yuvaferm	1		megestrol acetate oral suspension 40 mg/ml	1	
zafemy	1	H	NGENLA	3	PA, QL, SP
zovia 1/35 (28)	1	H	NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
zumandimine	1	H	NORDITROPIN FLEXPRO	2	PA, QL, SP
Hormonal Agents - Oral Steroids			OMNITROPE	2	PA, QL, SP
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				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ORIAHNN	2	PA, QL
ORILISSA	2	PA, 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	PA, QL
NATESTO	E	QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL (generic Androgel Pump)
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 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

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
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	E	
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CELLCEPT ORAL TABLET	E		NEORAL ORAL CAPSULE	E	
CIMZIA	2	PA, QL, SP	OLUMIANT	3	PA, ST, QL, SP
CINRYZE	E	QL, SP	OMVOH SUBCUTANEOUS	2	PA, QL, SP
COSENTYX	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
cyclosporine modified oral capsule	1		ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
EMPAVELI	2	PA, QL, SP	OTEZLA	2	PA, QL, SP
ENBREL	2	PA, QL, SP	OTREXUP	E	QL
ENBREL MINI	2	PA, QL, SP	PROGRAF ORAL CAPSULE	3	
ENBREL SURECLICK	2	PA, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	RASUVO	2	QL
ENVARUSUS XR	E		RINVOQ	2	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1		RUCONEST	3	PA, QL, SP
engraft oral capsule	1		SIMPONI	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP	sirolimus oral tablet	1	
HUMIRA	E	PA, QL, SP	SKYRIZI	2	PA, QL, SP
HYFTOR	3	PA, QL	SOTYKTU	2	PA, QL, SP
IMURAN	E		STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	QL, SP
JYLAMVO	3	PA	STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
KEVZARA	3	PA, ST, QL, SP	tacrolimus oral	1	
leflunomide oral	1		TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
LITFULO	3	PA, QL, SP	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
LUPKYNIS	3	PA, QL, SP	TREMFYA	2	PA, QL, SP
methotrexate sodium (pf)	1		TREXALL	2	
methotrexate sodium injection solution	1		USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	QL, SP
methotrexate sodium oral	1		WEZLANA	2	PA, QL, SP
mycophenolate mofetil oral capsule	1		XELJANZ	2	PA, QL, SP
mycophenolate mofetil oral tablet	1		XELJANZ XR	2	PA, QL, SP
mycophenolate sodium	1		YESINTEK SUBCUTANEOUS	2	PA, QL, SP
mycophenolic acid	1		ZORTRESS	E	
MYFORTIC	E		Immunological Agents - Drugs for Vaccination		
MYHIBBIN	1		ABRYSVO	3	H
			ADACEL	3	H
			AFLURIA PRESERVATIVE FREE	3	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H

Drug Name	Drug Tier	Requirements & Limits
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	QL
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	1	QL
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
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	QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	QL
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	QL
XIIDRA	3	PA, QL
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	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
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	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
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	E	
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	QL
hydrocod poli-chlorphe poli er	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER PLUS FLO-VU INTERM	2		COMBIVENT RESPIMAT	3	QL
AEROCHAMBER PLUS FLO-VU LARGE	2		DALIRESP	E	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		DULERA	E	ST, QL
AEROCHAMBER PLUS FLO-VU SMALL	2		EASIVENT	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2		EASIVENT MASK LARGE	2	
AEROCHAMBER2GO ANTI-STATIC	2		EASIVENT MASK MEDIUM	2	
AIRDUO RESPICLICK	E	QL	EASIVENT MASK SMALL	2	
AIRSUPRA	3	QL	FASENRA PEN	3	PA, QL, SP
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	FLEXICHAMBER	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
albuterol sulfate oral syrup 2 mg/5ml	1		FLUTICASONE PROPIONATE HFA	E	QL
ANORO ELLIPTA	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ARNUITY ELLIPTA	1	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
ASMANEX HFA	E	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ATROVENT HFA	3	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	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breynd	E	QL, RS	MICROCHAMBER	2	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral	1	
budesonide inhalation	1	QL	NUCALA	3	PA, QL, SP
budesonide-formoterol fumarate	E	QL, RS	PERFOROMIST	3	QL
			PROCHAMBER VHC	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIBALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIBALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL
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	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
pirfenidone	1	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
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	2	PA, QL, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
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BELSOMRA	3	QL
DAYVIGO	E	QL
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eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	QL
ramelteon	1	QL
RESTORIL	3	
ROZEREM	E	QL
SILENOR	E	QL
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SUNOSI	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
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XYWAV	3	PA, QL, SP
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dronabinol.....	15	EEMT.....	39	enpresse-28	39
drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	39	EEMT HS	39	enskyce.....	39
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	39	EFFEXOR XR.....	15	ENSTILAR	28
drosiprenone-ethinyl estradiol ...	39	EFFIENT	19	entecavir.....	19
DRYSOL.....	27	EFUDEX EXTERNAL CREAM 5 %..	28	ENTRESTO ORAL TABLET	21
DUAVEE.....	39	ELEPSIA XR.....	13	ENTYVIO PEN	44
DULERA.....	50	ELESTRIN.....	39	enulose	36
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.....	15	eletriptan hydrobromide.....	16	ENVARUS XR	44
duloxetine hcl oral capsule delayed release particles 40 mg...	15	ELIMITE	18	EPANED.....	21
DUPIXENT	27	elinest.....	39	EPCLUSA ORAL TABLET	19
DUREZOL	48	ELIQUIS TABLET	13	EPIDIOLEX	13
dutasteride oral	38	ELLA	39	EPIDUO.....	28
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	42	ELMIRON	38	EPIDUO FORTE.....	28
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	24	ELOCTATE	33	epinastine hcl	47
DYMISTA.....	49	eluryng	39	EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	49
E		EMBECTA INSULIN SYRINGE.....	30	epinephrine solution auto- injector	49
E.E.S. GRANULES.....	12	EMBRACE BLOOD GLUCOSE TEST	30	EPIPEN 2-PAK	49
EASIVENT	50	EMBRACE WAVE BLOOD GLUCOSE IN VITRO.....	30	EPIPEN JR 2-PAK.....	49
EASIVENT MASK LARGE.....	50	EMEND BIPACK.....	15	epitol.....	13
EASIVENT MASK MEDIUM.....	50	EMGALITY.....	16	eplerenone	21
EASIVENT MASK SMALL.....	50	EMPAVELI	44	EQ BLOOD GLUCOSE TEST.....	30
EASYGLUCO.....	30	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	19	eq nicotine	10
EASYMAX 15 TEST.....	30	emtricitabine-tenofovir df oral tablet 200-300 mg.....	19	eq nicotine mouth/throat gum 4 mg	10
EASYMAX NG BLOOD GLUCOSE KIT	30	emzahn	39	eq nicotine polacrilex.....	10
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	27	enalapril maleate oral solution ...	21	eq nicotine step 3	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	10	enalapril maleate oral tablet.....	21	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg.....	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	enalapril-hydrochlorothiazide	21	ergocalciferol oral capsule ...	34, 35
ec-naproxen.....	10	ENBREL.....	44	ERIVEDGE.....	17
econazole nitrate external.....	16	ENBREL MINI.....	44	ERLEADA	17
EDARBI	21	ENBREL SURECLICK.....	44	ERMEZA	43
		endocet.....	9	errin.....	39
		ENDOMETRIN.....	45	ERYGEL	28
		ENGERIX-B	45	ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML...	12
		enillorig.....	39		
		ENLITE GLUCOSE SENSOR.....	30		

ERYPED 400.....	12	ethosuximide oral.....	13	famotidine oral suspension reconstituted.....	36
erythromycin base oral tablet.....	12	ethynodiol diac-eth estradiol.....	39	famotidine oral tablet 20 mg, 40 mg.....	36
erythromycin ethylsuccinate oral suspension reconstituted.....	12	etodolac.....	10	FARXIGA.....	32
erythromycin external.....	28	etonogestrel-ethinyl estradiol....	39	FASENRA PEN.....	50
erythromycin ophthalmic.....	47	EUCRISA.....	28	fayosim oral tablet 42-21-21-7 days.....	39
escitalopram oxalate oral solution 5 mg/5ml.....	15	euthyrox.....	43	febuxostat.....	16
escitalopram oxalate oral tablet.....	15	EVAMIST.....	39	feirza 1/20.....	39
ESGIC ORAL CAPSULE 50-325-40 MG.....	9	EVEKEO.....	24	feirza 1.5/30.....	39
ESGIC ORAL TABLET 50-325-40 MG.....	9	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	44	FELDENE ORAL CAPSULE 20 MG.....	10
eslicarbazepine acetate.....	13	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg.....	17	felodipine er.....	21
esomeprazole magnesium oral capsule delayed release.....	36	EVERSENSE 365 SENSOR/HOLDER.....	30	FEMARA.....	17
esomeprazole magnesium oral packet.....	36	EVERSENSE 365 SMART TRANSMIT.....	30	FEMRING.....	39
est estrogens-methyltest.....	39	EVERSENSE E3 SENSOR/HOLDER.....	30	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	21
est estrogens-methyltest ds.....	39	EVERSENSE E3 SMART TRANSMITTER.....	30	FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG.....	21
est estrogens-methyltest hs.....	39	EVERSENSE SENSOR/HOLDER... ..	30	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	21
estarylla.....	39	EVERSENSE SMART TRANSMITTER.....	30	fenofibrate oral tablet 120 mg, 40 mg.....	21
ESTRACE.....	39	EVISTA.....	46	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	22
estradiol oral.....	39, 41	EVOXAC.....	26	fenofibric acid oral capsule delayed release.....	22
estradiol patch twice weekly.....	39	EVRYSDI ORAL SOLUTION RECONSTITUTED.....	37	FENOGLIDE ORAL TABLET 120 MG, 40 MG.....	22
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.....	39	EXELON.....	14	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr..	9
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	39	exemestane.....	17	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	9
estradiol transdermal patch weekly.....	39	EXFORGE.....	21	FETZIMA.....	15
estradiol vaginal.....	39	EXKIVITY ORAL CAPSULE 40 MG.....	17	FEXMID.....	51
estradiol valerate intramuscular..	39	EXTAVIA SUBCUTANEOUS KIT 0.3 MG.....	25	fidaxomicin oral tablet.....	12
estradiol-norethindrone acet.....	39	EYSUVIS.....	47	FINACEA EXTERNAL FOAM.....	28
estratest f.s.....	39	ezetimibe.....	21	FINACEA EXTERNAL GEL.....	28
ESTRATEST H.S.....	39	ezetimibe-simvastatin.....	21	finasteride oral tablet 5 mg.....	38
ESTRING.....	39			fingolimod hcl.....	25
ESTROGEL.....	39				
eszopiclone.....	52				
ethambutol hcl oral.....	17				

F



finzala.....	39	FLUORIMAX 5000	26, 34	FORFIVO XL.....	15
FIORICET.....	9	FLUORIMAX 5000 SENSITIVE ...	34	FORTEO.....	46
FIORICET/CODEINE.....	9	fluorometholone.....	47	FORTESTA TRANSDERMAL GEL	
flac otic oil 0.01 %	48	FLUOROURACIL EXTERNAL		10 MG/ACT (2%).....	43
FLAREX.....	47	CREAM 0.5 %	28	FOSAMAX.....	46
flecainide acetate.....	22	fluorouracil external cream 5 % ..	28	fosfomycin tromethamine.....	12
FLEXICHAMBER.....	50	fluoxetine hcl oral capsule.....	15	fosinopril sodium.....	22
FLOMAX ORAL CAPSULE		fluoxetine hcl oral solution	15	FRAICHE 5000 DENTAL	26
0.4 MG	38	fluoxetine hcl oral tablet 10 mg ...	15	FRAICHE 5000 SENSITIVE	
FLORAFOL PEDIATRIC ORAL		fluoxetine hcl oral tablet 20 mg,		DENTAL GEL 1.1-4.5 %.....	34
SOLUTION 0.25 MG/ML	34	60 mg.....	15	FREESTYLE LIBRE 14 DAY	
FLORAFOL PEDIATRIC ORAL		FLUTICASONE FUROATE-		READER.....	30
TABLET CHEWABLE 0.5 MG,		VILANTEROL.....	50	FREESTYLE LIBRE 14 DAY	
1 MG.....	34	fluticasone propionate external		SENSOR.....	30
FLORIVA PLUS	34	cream.....	28	FREESTYLE LIBRE 2 PLUS	
FLOTREX	34	fluticasone propionate external		SENSOR.....	30
FLOVENT HFA INHALATION		ointment.....	28	FREESTYLE LIBRE 2 READER.....	30
AEROSOL 110 MCG/ACT, 220		FLUTICASONE PROPIONATE		FREESTYLE LIBRE 2 SENSOR.....	30
MCG/ACT, 44 MCG/ACT	50	HFA.....	50	FREESTYLE LIBRE 3 PLUS	
FLUAD	45	fluticasone propionate nasal	49	SENSOR.....	30
FLUARIX.....	45	FLUTICASONE-SALMETEROL		FREESTYLE LIBRE 3 READER.....	30
FLUCELVAX INTRAMUSCULAR		INHALATION AEROSOL	50	FREESTYLE LIBRE 3 SENSOR.....	30
SUSPENSION PREFILLED		fluticasone-salmeterol		FREESTYLE LIBRE READER.....	30
SYRINGE.....	45	inhalation aerosol powder		FREESTYLE PRECISION NEO	
fluconazole oral	16	breath activated 100-50 mcg/		SYSTEM.....	30
fludrocortisone acetate oral.....	42	act, 250-50 mcg/act,		FREESTYLE PRECISION NEO	
FLULAVAL	45	500-50 mcg/act	50	TEST	30
flunisolide nasal	49	FLUTICASONE-SALMETEROL		FREESTYLE TEST.....	31
fluocinolone acetonide body.....	28	INHALATION AEROSOL		frovatriptan succinate	16
fluocinolone acetonide external .	28	POWDER BREATH ACTIVATED		ft naloxone hcl	10
fluocinolone acetonide otic	48	113-14 MCG/ACT, 232-14 MCG/		ft nicotine	10
fluocinolone acetonide scalp.....	28	ACT, 55-14 MCG/ACT.....	50	ft nicotine mini	10
fluocinonide external cream		fluvoxamine maleate.....	15	FUROSCIX.....	22
0.05 %.....	28	fluvoxamine maleate er.....	15	furosemide oral	22
fluocinonide external cream		FLUZONE HIGH-DOSE.....	45	fyavolv	39
0.1 %.....	28	FLUZONE INTRAMUSCULAR		FYCOMPA ORAL SUSPENSION ...	13
fluocinonide external gel	28	SUSPENSION PREFILLED		FYCOMPA ORAL TABLET	13
fluocinonide external ointment ...	28	SYRINGE.....	45	FYREMADEL.....	45
fluocinonide external solution ...	28	FML FORTE.....	47		
FLUORIDEX	26	FML LIQUIFILM.....	47		
FLUORIDEX ENHANCED		FOCALIN	24		
WHITENING	26	FOCALIN XR.....	24		
		folic acid oral tablet 1 mg	34		
		FOLLISTIM AQ	45		

G

g tussin ac	49
gabapentin oral capsule	13

HEMMOREX-HC RECTAL SUPPOSITORY 30 MG.....	46	10-325 mg/15ml, 7.5-325 mg/ 15ml.....	9	hyoscyamine sulfate sublingual ..	36
HEMOFIL M.....	33	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9	HYPERSAL	49
HEPLISAV-B	45	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	9	HYZAAR.....	22
HIDEX 6-DAY	42	hydrocort-pramoxine (perianal)..	46	I	
HIPREX	12	hydrocortisone (perianal) external cream 1 %	46	ibandronate sodium oral.....	46
hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg.....	11	hydrocortisone (perianal) external cream 2.5 %.....	46	IBRANCE ORAL TABLET	17
hm nicotine polacrilex mouth/ throat lozenge 2 mg.....	11	hydrocortisone ace-pramoxine external cream 1-1 %	46	IBSRELA	36
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr....	11	hydrocortisone acetate rectal....	46	ibuprofen oral suspension 100 mg/5ml	10
HUMALOG CARTRIDGE.....	31	hydrocortisone external cream 1 %.....	28	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10
HUMALOG KWIKPEN	31	hydrocortisone external cream 2.5 %	28	iclevia	40
HUMALOG MIX 50/50 KWIKPEN..	31	hydrocortisone external lotion 2 %, 2.5 %.....	28	ICLUSIG	17
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.....	31	hydrocortisone external ointment 1 %, 2.5 %.....	28	icosapent ethyl.....	22
HUMALOG MIX 75/25 KWIKPEN ..	31	hydrocortisone oral.....	42	IDELVION.....	34
HUMALOG MIX 75/25 VIAL.....	31	hydrocortisone valerate external cream.....	28	IDHIFA.....	17
HUMALOG TEMPO PEN.....	31	hydrocortisone-acetic acid.....	48	ILEVRO	47
HUMALOG U-100 JUNIOR KWIKPEN	31	hydromet	49	imatinib mesylate oral	17
HUMALOG VIAL.....	31	hydromorphone hcl oral tablet....	9	IMBRUVICA ORAL CAPSULE	17
HUMATE-P.....	33	hydroquinone external.....	28	IMBRUVICA ORAL TABLET 140 MG, 280 MG.....	17
HUMIRA	44	hydroxychloroquine sulfate oral...18		IMBRUVICA ORAL TABLET 420 MG	17
HUMULIN 70/30 KWIKPEN.....	32	HYDROXYM EXTERNAL CREAM...28		imipramine hcl oral.....	15
HUMULIN 70/30 VIAL	32	hydroxyurea oral	17	imiquimod external cream 3.75 %	28
HUMULIN N KWIKPEN	32	hydroxyzine hcl oral.....	20	imiquimod external cream 5 % ...	28
HUMULIN N VIAL	32	hydroxyzine pamoate oral	20	imiquimod pump.....	28
HUMULIN R U-500 KWIKPEN.....	32	HYFTOR.....	44	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	16
HUMULIN R U-500 VIAL.....	32	HYMPAVZI.....	33	IMITREX ORAL	16
HUMULIN R VIAL.....	32	hyoscyamine sulfate er	36	IMITREX STATDOSE SYSTEM.....	16
HYCODAN ORAL SOLUTION	49	hyoscyamine sulfate oral tablet ..	36	IMKELDI	17
hydralazine hcl oral.....	22	hyoscyamine sulfate oral tablet dispersible.....	36	IMPOYZ.....	28
HYDREA	17			IMURAN	44
hydrochlorothiazide oral.....	22			IMVEXXY MAINTENANCE PACK..	34
hydrocod poli-chlorphe poli er ...	49			IMVEXXY STARTER PACK	34
hydrocodone bit-homatrop mbr oral solution	49			INBRIJA	18
hydrocodone-acetaminophen oral solution 10-300 mg/15ml,				incassia	40
				indapamide.....	22
				INDERAL LA.....	22

indomethacin er.....	10	ISORDIL TITRADOSE	22	june fe 24.....	40
indomethacin oral capsule	10	isosorbide dinitrate oral tablet		JUST RIGHT 5000 DENTAL GEL	
INGREZZA.....	25	10 mg, 20 mg, 30 mg, 5 mg	22	1.1 %.....	26
INGREZZA SPRINKLE.....	25	isosorbide dinitrate oral tablet		JUST RIGHT 5000 DENTAL	
INPEN.....	31	40 mg.....	22	PASTE.....	26
INSPIREASE.....	50	isosorbide mononitrate er	22	JYLAMVO.....	44
INSPIRA	22	isotretinoin oral capsule 10 mg,		JYNARQUE ORAL TABLET	
INSULIN ASPART.....	32	20 mg, 30 mg, 40 mg.....	28	THERAPY PACK.....	37
INSULIN ASPART FLEXPEN.....	32	isotretinoin oral capsule 25 mg,			
INSULIN DEGLUDEC		35 mg	28	K	
FLEXTOUCH.....	32	ISTALOL	48	K-PHOS-NEUTRAL	34
INSULIN GLARGINE	32	itraconazole oral capsule	16	K-TAB ORAL TABLET EXTENDED	
INSULIN GLARGINE MAX		ivabradine hcl	22	RELEASE 10 MEQ, 20 MEQ.....	34
SOLOSTAR.....	32	ivermectin external cream	28	kalliga.....	40
INSULIN GLARGINE SOLOSTAR ..	32	ivermectin oral tablet 3 mg.....	18	KAPSPARGO SPRINKLE.....	22
INSULIN LISPRO JUNIOR		ivermectin oral tablet 6 mg.....	18	KAPVAY ORAL TABLET	
KWIKPEN	32	IYUZEH	48	EXTENDED RELEASE 12 HOUR	
INSULIN LISPRO KWIKPEN	32			0.1 MG	24
INSULIN LISPRO PROT &		J		kariva	40
LISPRO	32	jaimiess.....	40	kelnor 1/35	40
INSULIN LISPRO VIAL.....	32	JAKAFI.....	17	kelnor 1/50	40
INTRAROSA	34	jantoven	13	KEPPRA ORAL.....	13
introvale	40	JANUMET.....	33	KEPPRA XR	13
INTUNIV.....	24	JANUVIA	33	KERENDIA ORAL TABLET 10 MG,	
INVEGA.....	19	JARDIANCE	33	20 MG.....	22
INVELTYS.....	47	jasmiel	40	KESIMPTA	25
INVOKANA	33	JATENZO	43	ketoconazole external cream.....	16
INZIRQO.....	22	jencycla.....	40	ketoconazole external shampoo ..	16
IPOL	45	JENTADUETO	33	ketoconazole oral	16
ipratropium bromide inhalation ..	50	JENTADUETO XR.....	33	ketorolac tromethamine	
ipratropium bromide nasal	49	jinteli	40	ophthalmic	47
ipratropium-albuterol.....	50	jolessa	40	ketorolac tromethamine oral.....	10
IQIRVO.....	37	JORNAY PM.....	24	KEVZARA	44
irbesartan	22	JOURNAVX.....	9	KISQALI	17
irbesartan-hydrochlorothiazide ..	22	JUBLIA	16	KLARITY-A.....	47
ISENTRESS HD	19	juleber	40	KLARON	28
ISENTRESS ORAL TABLET	19	JULUCA.....	19	klayesta.....	16
isibloom	40	june fe 1/20	40	KLISYRI.....	28
isoniazid oral tablet	17	june fe 1.5/30.....	40	KLONOPIN	20
ISOPTO ATROPINE		june fe 1/20	40	klor-con.....	34
OPHTHALMIC SOLUTION 1 %	48	june fe 1.5/30	40	klor-con 10.....	34
				klor-con m10	34

klor-con m15	34	LANTUS SOLOSTAR.....	32	levora 0.15/30 (28).....	40
klor-con m20	34	LANTUS U-100 VIAL	32	LEVOTHYROXINE SODIUM	
KLOXXADO.....	11	larin 1/20.....	40	ORAL CAPSULE	43
kls quit2.....	11	larin 1.5/30.....	40	levothyroxine sodium oral tablet .	43
kls quit4.....	11	larin 24 fe	40	levoxyl	43
KOATE	34	larin fe 1/20.....	40	LEVSIN	37
KOATE-DVI	34	larin fe 1.5/30.....	40	LEVSIN/SL.....	37
KOGENATE FS.....	34	LASIX.....	22	LEXAPRO	15
KOMBIGLYZE XR ORAL TABLET		latanoprost ophthalmic.....	48	LIALDA	46
EXTENDED RELEASE 24 HOUR		LATUDA.....	19	LIBERVANT BUCCAL FILM	
2.5-1000 MG, 5-1000 MG,		LEDIPASVIR-SOFOSBUVIR.....	19	10 MG, 12.5 MG, 15 MG, 5 MG,	
5-500 MG.....	33	leena.....	40	7.5 MG.....	14
KOSELUGO	17	leflunomide oral.....	44	LIBRAX	37
KOURZEQ.....	26	lenalidomide	18	lidocaine external ointment 5 %....	9
KOVALTRY	34	lessina	40	lidocaine external patch 5 %.....	9
KRINTAFEL	18	letrozole oral	18	lidocaine hcl mouth/throat.....	26
kurvelo.....	40	leucovorin calcium oral	18	lidocaine viscous hcl	26
KYZATREX.....	43	leuprolide acetate injection	42	lidocaine-prilocaine external	
L		levabuterol hcl inhalation	50	cream.....	9
labetalol hcl oral.....	22	LEVALBUTEROL HFA		LIDODERM	9
lacosamide oral	13	INHALATION AEROSOL		LIKMEZ	12
lactulose encephalopathy	37	45 MCG/ACT	50	linezolid oral tablet.....	12
lactulose oral solution	37	LEVBID	37	LINZESS	37
LAGEVRIO.....	19	levetiracetam er.....	13	liothyronine sodium oral.....	43
LAMICTAL	13	levetiracetam oral solution	13	LIPITOR	22
LAMICTAL ODT ORAL TABLET		levetiracetam oral tablet	14	liraglutide.....	33
DISPERSIBLE.....	13	levo-t.....	43	lisdexamfetamine dimesylate	24
LAMICTAL XR ORAL TABLET		levocarnitine oral solution	34	lisinopril oral.....	22
EXTENDED RELEASE 24 HOUR....	13	levocarnitine oral tablet	37	lisinopril-hydrochlorothiazide	22
lamotrigine er	13	levocarnitine sf.....	34	LITFULO.....	44
lamotrigine oral tablet.....	13	levocetirizine dihydrochloride		lithium carbonate er	20
lamotrigine oral tablet chewable..	13	oral.....	49	lithium carbonate oral	20
lamotrigine oral tablet		levofloxacin oral tablet	12	LITHOBID	20
dispersible.....	13	levonest	40	LIVALO	22
LANOXIN ORAL TABLET		levonorg-eth estrad triphasic	40	LIVDELZI.....	37
125 MCG, 250 MCG.....	22	levonorgest-eth est & eth est		LO LOESTRIN FE	40
LANOXIN ORAL TABLET		oral tablet 42-21-21-7 days.....	40	lo-zumandimine.....	40
62.5 MCG	22	levonorgest-eth estrad 91-day ...	40	LODINE.....	10
lansoprazole oral capsule		levonorgestrel-ethinyl estrad		LODOCO.....	22
delayed release.....	36	oral tablet 0.1-20 mg-mcg,		LOESTRIN 1/20 (21).....	40
lansoprazole oral tablet delayed		0.15-30 mg-mcg	40	LOESTRIN 1.5/30 (21).....	40
release dispersible	36				

LOESTRIN FE 1/20	40	lurasidone hcl	19	mefloquine hcl	18	
LOESTRIN FE 1.5/30	40	lutera	40	megestrol acetate oral suspension 40 mg/ml	42	
LOFENA	10	lyleq	40	megestrol acetate oral tablet	40	
lojaimiess	40	lyllana	40	meleya	40	
LOKELMA	35	LYNPARZA	18	meloxicam oral tablet	10	
LOMOTIL	37	LYRICA ORAL CAPSULE	25	memantine hcl er	14	
loperamide hcl oral capsule	37	LYUMJEV KWIKPEN	32	memantine hcl oral tablet	14	
LOPID	22	LYUMJEV TEMPO PEN	32	MENOPUR	45	
LOPRESSOR ORAL TABLET	22	LYUMJEV VIAL	32	MENOSTAR	40	
LOPROX EXTERNAL SHAMPOO 1 %	16	lyza	40	MENQUADFI	45	
LOPROX EXTERNAL SUSPENSION 0.77 %	28	M			MENVEO	45
lorazepam oral tablet	20	M-M-R II	45	MEPRON	18	
loryna	40	M-NATAL PLUS	35	mercaptapurine oral tablet	18	
losartan potassium oral	22	MACROBID	12	mesalamine er oral capsule 0.375 gm	46	
losartan potassium-hctz	22	MACRODANTIN	12	mesalamine oral capsule delayed release 400 mg	46	
LOTEMAX OPHTHALMIC GEL	47	MALARONE	18	mesalamine oral tablet delayed release 1.2 gm	46	
LOTEMAX OPHTHALMIC OINTMENT	47	MARINOL	15	mesalamine oral tablet delayed release 800 mg	46	
LOTEMAX OPHTHALMIC SUSPENSION	47	marlissa	40	mesalamine rectal enema	46	
LOTEMAX SM	47	matzim la	22	mesalamine rectal suppository	46	
LOTENSIN	22	MAVENCLAD	25	MESTINON ORAL TABLET	17	
LOTENSIN HCT	22	MAVYRET ORAL PACKET	19	METADATE CD	24	
loteprednol etabonate ophthalmic gel	47	MAXALT	16	metaxalone oral tablet 400 mg, 800 mg	52	
loteprednol etabonate ophthalmic suspension	47	MAXALT-MLT	16	metaxalone oral tablet 640 mg	52	
LOTREL	22	maxi-tuss ac	49	metformin hcl er	33	
lovastatin oral	22	MAXITROL	47	metformin hcl er (mod)	33	
LOVAZA	22	MAXZIDE ORAL TABLET 75-50 MG	22	metformin hcl er (osm)	33	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	13	MAXZIDE-25 ORAL TABLET 37.5-25 MG	22	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	33	
low-ogestrel	40	MAYZENT	25	metformin hcl oral tablet 625 mg, 750 mg	33	
lubiprostone	37	meclizine hcl oral tablet	15	methadone hcl oral tablet	9	
LUMAKRAS	18	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	42	methenamine hippurate	12	
LUMIGAN	48	MEDROL ORAL TABLET 2 MG	42	methimazole oral	43	
LUMRYZ	52	MEDROL ORAL TABLET THERAPY PACK	42	methocarbamol oral tablet 1000 mg	52	
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LUPKYNIS	44	medroxyprogesterone acetate oral	40			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ਪਿਆਨ 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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