



Your 2025 Prescription Drug List

Traditional 3-Tier

Effective May 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 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 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

Using lower-tier medications can help you pay your lowest 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 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 consult plan documents regarding benefit 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 solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
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	QL
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
ESGIC ORAL CAPSULE 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	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL	diclofenac sodium external gel 1 %	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac sodium oral	1	
OXYCONTIN	E	PA, QL	diclofenac-misoprostol	1	
oxymorphone hcl er	1	PA, QL	DICLOFONO	E	
PERCOCET	E	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
premium lidocaine	1	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
PROLATE ORAL TABLET	E	QL	ec-naproxen	1	
ROXICODONE	E	QL	etodolac	1	
TENCON	3	QL	etodolac er	1	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL	FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
tramadol hcl er	1	(generic for Ultram ER), QL	flurbiprofen oral	1	
tramadol hcl oral tablet 100 mg, 75 mg, 25 mg	E	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl oral tablet 50 mg	1	QL	indomethacin er	1	
tramadol-acetaminophen	1	QL	INDOMETHACIN ORAL CAPSULE 20 MG	E	
TREZIX	3	QL	indomethacin oral capsule 25 mg, 50 mg	1	
TRIDACAINE II	E	PA, QL	ketorolac tromethamine oral	1	
TRIDACAINE III	E	PA, QL	LODINE	E	
XTAMPZA ER	3	PA, QL	LOFENA	E	QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL	mefenamic acid oral	1	
ZTLIDO	3	PA, QL	meloxicam oral tablet	1	
Analgesics - Drugs for Pain and Inflammation			nabumetone oral	1	
ANAPROX DS	E		NAPROSYN ORAL TABLET	E	
ARTHROTEC	E		naproxen dr	1	
CATAFLAM ORAL TABLET 50 MG	E		naproxen oral tablet	1	
CELEBREX	E	QL	naproxen oral tablet delayed release	1	
celecoxib oral	1	QL	naproxen sodium oral tablet 275 mg, 550 mg	1	
DAYPRO	3		oxaprozin oral tablet	1	
diclofenac potassium oral tablet 25 mg	E	QL	piroxicam oral	1	
diclofenac potassium oral tablet 50 mg	1		RELAFEN DS	E	
diclofenac sodium er	1		RELAFEN ORAL TABLET 500 MG, 750 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	
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 polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H

Drug Name	Drug Tier	Requirements & Limits
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ES-600	E		doxycycline monohydrate oral suspension reconstituted	1	
AVIDOXY	3		doxycycline monohydrate oral tablet	1	
azithromycin oral packet 1 gm	1		E.E.S. GRANULES	3	
BACTRIM	3		ERYPED 200	3	
BACTRIM DS	3		ERYPED 400	3	
cefadroxil	1		ERY-TAB	3	
cefdinir	1		erythromycin base oral tablet	1	
cefixime	1		erythromycin base oral tablet delayed release	1	
cefpodoxime proxetil oral tablet	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefprozil	1		erythromycin oral	1	
cefuroxime axetil	1		FIRVANQ	3	
CENTANY EXTERNAL OINTMENT 2 %	3	QL	FLAGYL	3	
cephalexin	1		fosfomycin tromethamine	1	
CIPRO ORAL TABLET	3		gentamicin sulfate external	1	QL
ciprofloxacin hcl oral	1		HIPREX	3	
clarithromycin er	1		levofloxacin oral tablet	1	
clarithromycin oral	1		LIKMEZ	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		linezolid oral tablet	1	
CLEOCIN ORAL CAPSULE 75 MG	2		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		MACROBID	3	
CLEOCIN VAGINAL CREAM	3		MACRODANTIN	3	
clindamycin hcl oral	1		methenamine hippurate	1	
clindamycin palmitate hcl	1		metronidazole oral	1	
clindamycin phosphate vaginal	1		metronidazole vaginal	1	
CLINDESSE	2		minocycline hcl oral capsule	1	
dicloxacillin sodium	1		MONDOXYNE NL	3	
DIFICID ORAL TABLET	3	QL	MONUROL ORAL PACKET 3 GM	3	
doxycycline hyclate oral capsule	1		moxifloxacin hcl oral	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		mupirocin cream	1	QL
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		mupirocin ointment	1	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		neomycin sulfate oral	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		nitrofurantoin macrocrystal	1	
			nitrofurantoin monohydrate macrocrystals	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
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 ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL

Drug Name	Drug Tier	Requirements & Limits
fondaparinux sodium	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam	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 INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FINTEPLA	3	PA	primidone oral tablet 125 mg	1	PA
FYCOMPA ORAL SUSPENSION	3	PA	primidone oral tablet 250 mg, 50 mg	1	
FYCOMPA ORAL TABLET	3	PA	roweepra	1	
gabapentin oral capsule	1		rufinamide oral suspension	1	
gabapentin oral solution 250 mg/5ml	1		rufinamide oral tablet	1	PA
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	subvenite	1	
gabapentin oral tablet 600 mg, 800 mg	1		SYMPAZAN	3	PA
KEPPRA ORAL	3	PA	TEGRETOL ORAL TABLET	3	
KEPPRA XR	3	PA	TEGRETOL-XR	3	
lacosamide oral	1		TOPAMAX	3	PA
LAMICTAL	3	PA	TOPAMAX SPRINKLE	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	topiramate er oral capsule extended release 24 hour	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	topiramate oral	1	
lamotrigine er	1		TRILEPTAL	3	PA
lamotrigine oral tablet	1		TROKENDI XR	E	
lamotrigine oral tablet chewable	1		valproic acid oral capsule	1	
lamotrigine oral tablet dispersible	1	PA	valproic acid oral solution 250 mg/5ml	1	
levetiracetam er	1		VALTOCO	3	PA, QL
levetiracetam oral	1		vigabatrin oral packet	1	PA, QL, SP
LIBERVANT	3	PA, QL	vigadrone oral packet	1	PA, QL, SP
MOTPOLY XR	3	PA	vigpoder	1	PA, QL, SP
MYSOLINE	2	PA	VIMPAT ORAL	3	PA
NAYZILAM	3	PA, QL	XCOPRI	3	PA
NEURONTIN	3	PA	ZARONTIN	3	
ONFI	3	PA	ZONEGRAN	3	PA
oxcarbazepine	1		zonisamide oral	1	
oxcarbazepine er	E		Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
OXTELLAR XR	E		ARICEPT	E	
phenobarbital oral	1		donepezil hcl oral tablet	1	
phenytek	1		EXELON	E	
phenytoin infatabs	1		galantamine hydrobromide er	1	
phenytoin oral tablet chewable	1		memantine hcl er	1	
phenytoin sodium extended	1		memantine hcl oral tablet	1	
			NAMENDA ORAL TABLET 10 MG, 5 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NAMENDA TITRATION PAK	E		fluoxetine hcl oral capsule delayed release	1	QL
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral solution	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3		fluoxetine hcl oral tablet 10 mg	1	QL
rivastigmine	1		fluoxetine hcl oral tablet 20 mg, 60 mg	1	
rivastigmine tartrate	1		fluvoxamine maleate	1	
Antidepressants - Drugs for Depression			fluvoxamine maleate er	1	QL
amitriptyline hcl oral	1		FORFIVO XL	E	QL
ANAFRANIL	E		imipramine hcl oral	1	
AUVELITY	3	ST, QL	LEXAPRO	E	
bupropion hcl er (sr)	1		mirtazapine oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		NORPRAMIN	3	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	nortriptyline hcl oral capsule	1	
bupropion hcl oral	1		olanzapine-fluoxetine hcl	1	QL
CELEXA	E		PAMELOR	E	
citalopram hydrobromide oral solution	1		PARNATE	3	
citalopram hydrobromide oral tablet	1		paroxetine hcl er	1	QL
clomipramine hcl oral	1		paroxetine hcl oral tablet	1	
CYMBALTA	E		PAXIL CR	E	QL
desipramine hcl oral	1		PAXIL ORAL TABLET	E	
desvenlafaxine succinate er	1	QL	PRISTIQ	E	QL
doxepin hcl oral capsule	1		protriptyline hcl	1	
doxepin hcl oral concentrate	1		PROZAC	E	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		REMERON	E	
duloxetine hcl oral capsule delayed release particles 40 mg	E		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
EFFEXOR XR	E		SERTRALINE HCL ORAL CAPSULE	E	QL
escitalopram oxalate oral	1		sertraline hcl oral concentrate	1	
FETZIMA	3	ST, QL	sertraline hcl oral tablet	1	
fluoxetine hcl oral capsule	1		SPRAVATO (56 MG DOSE)	3	PA, QL
			SPRAVATO (84 MG DOSE)	3	PA, QL
			SYMBYAX	3	QL
			tranylcypromine sulfate	1	
			trazodone hcl oral	1	
			TRINTELLIX	3	ST, QL
			venlafaxine hcl	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
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	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	1	
MARINOL ORAL CAPSULE 10 MG, 5 MG	E	
MARINOL ORAL CAPSULE 2.5 MG	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
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	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	

Drug Name	Drug Tier	Requirements & Limits
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	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	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	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 CREAM 0.77 %	E	
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 ORAL CAPSULE	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
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
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	1	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
FROVA	E	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

Drug Name	Drug Tier	Requirements & Limits
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	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	E	QL

Antimychasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	

Antimycobacterials - Drugs to Treat Infections

dapsone oral	1	
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See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

abiraterone acetate oral tablet 250 mg	1	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	3	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	1	
dasatinib	1	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA

EXKIVITY ORAL CAPSULE 40 MG	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	3	PA, ST, QL, SP
KISQALI (400 MG DOSE)	3	PA, ST, QL, SP
KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, QL, SP
LUMAKRAS ORAL TABLET	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP
mercaptopurine oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	1	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, 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 ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	1	PA, QL
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	1	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
CREXONT	E	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ropinirole hcl	1	
RYTARY	E	
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	

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	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	1	QL

Drug Name	Drug Tier	Requirements & Limits
NUPLAZID ORAL CAPSULE	3	PA
olanzapine oral	1	
paliperidone er	1	QL
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	

Antivirals - Drugs for Viral Infections

abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	3	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
etravirine	1		valacyclovir hcl oral	1	QL
famciclovir oral	1		VALCYTE ORAL TABLET	E	
GENVOYA	3	QL	valganciclovir hcl oral tablet	1	
HARVONI ORAL TABLET	2	PA, ST, QL, SP	VALTREX	E	QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3		VEMLIDY	E	PA
INTELENCE ORAL TABLET 25 MG	2		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
ISENTRESS HD	2		VIREAD ORAL TABLET 300 MG	E	
ISENTRESS ORAL TABLET	2		VOSEVI	2	PA, QL, SP
JULUCA	2	QL	XOFLUZA (40 MG DOSE)	3	
LAGEVRIO	2	QL	XOFLUZA (80 MG DOSE)	3	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	ZIRGAN	3	
MAVYRET	2	PA, QL, SP	ZOVIRAX EXTERNAL OINTMENT	E	QL
ODEFSEY	3	QL	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
oseltamivir phosphate oral	1		Anxiolytics - Drugs for Anxiety		
PAXLOVID (150/100)	2	QL	alprazolam er	1	
PAXLOVID (300/100)	2	QL	alprazolam oral	1	
PIFELTRO	3		alprazolam xr	1	
PREVYMIS ORAL	2	PA	ATIVAN ORAL	E	
PREZCOBIX	2		buspirone hcl oral	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		chlordiazepoxide hcl	1	
ritonavir	1		clonazepam oral	1	
RUKOBIA	3	PA	clorazepate dipotassium	1	
SITAVIG	E	QL	diazepam oral solution	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	diazepam oral tablet	1	
STRIBILD	3	QL	HALCION	3	
SYMFI	2	QL	hydroxyzine hcl oral	1	
SYMFI LO	2	QL	hydroxyzine pamoate oral	1	
TAMIFLU	E		KLONOPIN	E	
tenofovir disoproxil fumarate	1	H-PA	lorazepam intensol	1	
TIVICAY	3		lorazepam oral concentrate 2 mg/ml	1	
TRIUMEQ	2	QL	lorazepam oral tablet	1	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL	oxazepam	1	
TRUVADA ORAL TABLET 200-300 MG	E	QL	TRANXENE-T ORAL TABLET 7.5 MG	3	
			triazolam	1	
			VALIUM	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
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	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	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	
AVALIDE	E	
AVAPRO	E	
AZOR	E	

Drug Name	Drug Tier	Requirements & Limits
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)	felodipine er	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)	FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	E	
colesevelam hcl oral tablet	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
COLESTID ORAL TABLET	3		fenofibrate oral tablet 120 mg, 40 mg	E	
colestipol hcl oral tablet	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
COREG	E		fenofibric acid oral capsule delayed release	1	
COREG CR	E		FENOGLIDE	E	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3		flecainide acetate	1	
CORLANOR	3	PA, QL	fluvastatin sodium	1	
COZAAR	E		fosinopril sodium	1	
CRESTOR	E		fosinopril sodium-hctz	1	
digitek oral tablet 125 mcg, 250 mcg	1		FUROSCIX	3	PA, QL
digoxin oral tablet	1		furosemide oral	1	
diltiazem hcl er	1		gemfibrozil oral	1	
diltiazem hcl er beads	1		guanfacine hcl	1	
diltiazem hcl er coated beads	1		HEMANGEOL	3	
diltiazem hcl oral	1		hydralazine hcl oral	1	
dilt-xr	1		hydrochlorothiazide oral	1	
DIOVAN	E		HYZAAR	E	
DIOVAN HCT	E		icosapent ethyl	E	PA
dofetilide	1		indapamide	1	
doxazosin mesylate oral	1		INDERAL LA	E	
EDARBI	E		INSpra	E	
EDARBYCLOR	E		irbesartan	1	
enalapril maleate oral solution	1	PA	irbesartan-hydrochlorothiazide	1	
enalapril maleate oral tablet	1		ISORDIL TITRADOSE	E	
enalapril-hydrochlorothiazide	1		isosorb dinitrate-hydralazine	1	
ENTRESTO ORAL TABLET	3	PA, QL	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
EPANED	3	PA	isosorbide dinitrate oral tablet 40 mg	E	
eplerenone	1		isosorbide mononitrate	1	
EXFORGE	E				
ezetimibe	1				
ezetimibe-simvastatin	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
isosorbide mononitrate er	1		midodrine hcl	1	
ivabradine hcl	1	PA, QL	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
KAPSPARGO SPRINKLE	3		minoxidil oral	1	
KERENDIA	3	PA, QL	moexipril hcl	1	
labetalol hcl oral	1		MULTAQ	3	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nadolol oral	1	
LANOXIN ORAL TABLET 62.5 MCG	3		nebivolol hcl	1	
LASIX	3		NEXLETOL	2	PA, ST, QL
LIPITOR	E		NEXLIZET	2	PA, ST, QL
lisinopril oral	1		niacin er (antihyperlipidemic)	1	
lisinopril-hydrochlorothiazide	1		nifedipine er	1	
LIVALO	E	ST	nifedipine er osmotic release	1	
LODOCO	3	QL	nifedipine oral	1	
LOPID	3		nisoldipine er	1	
LOPRESSOR	3		NITRO-BID	2	
losartan potassium oral	1		NITRO-DUR	3	
losartan potassium-hctz	1		nitroglycerin rectal	1	QL
LOTENSIN	3		nitroglycerin sublingual	1	
LOTENSIN HCT	3		nitroglycerin transdermal	1	
LOTREL	E		NITROSTAT	3	
lovastatin oral	1	H	NORLIQVA	3	PA
LOVAZA	E		NORVASC	E	
matzim la	1		olmesartan medoxomil oral	1	
MAXZIDE ORAL TABLET 75-50 MG	3		olmesartan medoxomil-hctz	1	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E	
metolazone	1		olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
metoprolol succinate er	1		omega-3-acid ethyl esters	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		PACERONE ORAL TABLET 200 MG	3	
metoprolol-hydrochlorothiazide	1		pentoxifylline er	1	
mexiletine hcl oral	1		perindopril erbumine	1	
MICARDIS	E		pindolol	1	
MICARDIS HCT	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
pitavastatin calcium	E	ST	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
PRALUENT	E	PA, ST, QL	telmisartan	1	
pravastatin sodium	1		telmisartan-hctz	1	
prazosin hcl oral	1		TENORETIC 100	E	
prevalite	1		TENORETIC 50	E	
PROCARDIA XL	E		TENORMIN	E	
propafenone hcl	1		THALITONE	E	
propafenone hcl er	1		tiadylt er	1	
propranolol hcl er	1		TIAZAC	3	
propranolol hcl oral	1		TIKOSYN	3	
QUESTRAN	3		TOPROL XL	E	
QUESTRAN LIGHT	3		torsemide	1	
quinapril hcl	1		trandolapril	1	
ramipril	1		triamterene oral	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E		triamterene-hctz	1	
ranolazine er	1		TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E	
RECTIV	3	QL	TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL
REPATHA	2	PA, ST, QL	TRICOR	E	
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL	TRILIPIX	E	
REPATHA SURECLICK	2	PA, ST, QL	valsartan oral tablet	1	
rosuvastatin calcium oral	1		valsartan-hydrochlorothiazide	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		VASCEPA	E	PA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	VASERETIC	E	
simvastatin oral tablet 80 mg	1		VASOTEC	E	
SOAAZ	E	QL	verapamil hcl er	1	
sotalol hcl (af)	1		verapamil hcl oral	1	
sotalol hcl oral	1		VERELAN	3	
spironolactone oral tablet	1		VERELAN PM	3	
spironolactone-hctz	1		VERQUVO	3	PA, QL
SULAR	3		VYTORIN	E	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1		WELCHOL ORAL TABLET	E	
TEKTURNA	3		ZESTORETIC	E	
			ZESTRIL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
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

Drug Name	Drug Tier	Requirements & Limits
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 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
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
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AUBAGIO	E	PA, QL, SP	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
AVONEX PEN	2	PA, QL, SP	HORIZANT	E	QL
AVONEX PREFILLED	2	PA, QL, SP	INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP	INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
BETASERON	2	PA, QL, SP	INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
COPAXONE	E	PA, QL, SP	INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP	LYRICA ORAL CAPSULE	3	PA
dimethyl fumarate oral	1	PA, QL, SP	NUDEXTA	2	PA, QL
EXTAVIA	E	PA, ST, QL, SP	pregabalin oral capsule	1	
fingolimod hcl	1	PA, QL, SP	RADICAVA ORS	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP	RADICAVA ORS STARTER KIT	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP	RELYVRIO ORAL PACKET 3-1 GM	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP	riluzole	1	SP
glatopa	1	PA, QL, SP	SAVELLA	3	QL
KESIMPTA	2	PA, QL, SP	TEGLUTIK	3	PA
MAVENCLAD	3	PA, ST, QL, SP	TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP	VEOZAH	3	PA, QL
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP	ZEPOSIA	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP	ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP	Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP	cevimeline hcl	1	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP	chlorhexidine gluconate mouth/throat	1	
teriflunomide	1	PA, QL, SP	CLINPRO 5000	3	
Central Nervous System Agents - Miscellaneous			DENTA 5000 PLUS	3	
AUSTEDO	2	PA, QL, SP	DENTAGEL	3	
AUSTEDO XR	2	PA, QL, SP			
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EVOXAC	E		adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	QL
FLUORIDEX	3		adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
FLUORIDEX ENHANCED WHITENING	3		AKLIEF	3	PA, QL
FLUORIMAX 5000	3		ALA SCALP	3	
FRAICHE 5000 DENTAL	3		ala-cort	E	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3		alclometasone dipropionate	1	
JUST RIGHT 5000 DENTAL PASTE	3		amnestem	1	
kourzeq	3		AMZEEQ	3	QL
lidocaine hcl mouth/throat	1		ATRALIN	E	PA, QL
lidocaine viscous hcl	1		AVAR CLEANSER	3	
ORALONE DENTAL PASTE	3		AVAR LS CLEANSER	E	
PERIDEX	3		AVAR-E EMOLLIENT	3	
periogard	1		AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
pilocarpine hcl oral	1		AVAR-E LS EXTERNAL CREAM 10-2 %	3	
PREVIDENT 5000 BOOSTER PLUS	3		AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
PREVIDENT 5000 DRY MOUTH	3		AVITA EXTERNAL GEL 0.025 %	E	PA
PREVIDENT 5000 KIDS	3		azelaic acid external	1	
PREVIDENT 5000 ORTHO DEFENSE	3		AZELEX	3	QL
PREVIDENT 5000 PLUS	3		BENZAMYCIN	2	QL
PREVIDENT DENTAL	3		benzoyl peroxide-erythromycin	1	QL
SALAGEN	3		betamethasone dipropionate aug external cream	1	
sf 5000 plus	1		betamethasone dipropionate aug external lotion	1	
sf gel 1.1%	1		betamethasone dipropionate aug external ointment	1	
sodium fluoride 5000 plus	1		betamethasone dipropionate external	1	
sodium fluoride 5000 ppm	1		betamethasone valerate external cream	1	
sodium fluoride dental	1		betamethasone valerate external lotion	1	
triamcinolone acetonide mouth/throat	1		betamethasone valerate external ointment	1	
Dermatological Agents - Drugs for Skin Conditions			brimonidine tartrate external	1	PA, QL
ABSORICA	E	PA	calcipotriene external cream	1	QL
ACANYA	E	QL			
accutane	1				
acitretin	1				
ACZONE	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
calcipotriene external ointment	1		clobetasol propionate external liquid	1	QL
calcipotriene external solution	1	QL	clobetasol propionate external ointment	1	QL
CALCITRENE	3		clobetasol propionate external shampoo	E	QL
CARAC	E		clobetasol propionate external solution	1	QL
CIBINQO	2	PA, QL, SP	CLOBEX EXTERNAL SHAMPOO	E	QL
ciclopirox olamine external suspension	1		CLOBEX SPRAY	E	QL
claravis	1		clodan	E	QL
CLEOCIN-T	3		clotrimazole external cream	E	
clindacin	1		clotrimazole-betamethasone	1	
clindacin etz external swab	1		CORDRAN	3	QL
clindacin-p	1		dapsone external	1	QL
CLINDAGEL	E	QL	DERMACINRX UREA	E	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL	DERMA-SMOOTHIE/FS BODY	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	DERMA-SMOOTHIE/FS SCALP	3	
clindamycin phosphate external foam	1		desonide external cream	1	QL
clindamycin phosphate external lotion	1		desonide external lotion	1	QL
clindamycin phosphate external solution	1		desonide external ointment	1	QL
clindamycin phosphate external swab	1		DESOWEN	3	QL
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL	desoximetasone external cream	1	QL
clindamycin phosphate gel 1 % external	1	QL	desoximetasone external ointment	1	QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL	diclofenac sodium external gel 3 %	1	PA, QL
clobetasol prop emollient base external cream 0.05 %	1	QL	DIPROLENE	3	
clobetasol propionate e	1	QL	doxycycline	E	
clobetasol propionate external cream	1	QL	DRYSOL	3	
clobetasol propionate external foam	E	QL	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external gel	1	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
			DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
			EFUDEX	3	
			ELIDEL	E	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PANRETIN	3		tacrolimus external	1	QL
pimecrolimus	1	QL	tazarotene external cream 0.1 %	1	PA, QL
PLEXION CLEANSER	E		TAZORAC EXTERNAL CREAM	3	PA, QL
podofilox external solution	1		TOLAK	E	
PRAMOSONE EXTERNAL CREAM 1-1 %	2		TOPICORT EXTERNAL CREAM	3	QL
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		TOPICORT EXTERNAL OINTMENT	3	QL
RETIN-A	E	PA, QL	tretinoin external cream	1	QL
RHOFADE	3	PA, QL	tretinoin external gel 0.01 %, 0.025 %	E	QL
rosadan external cream 0.75 %	1		tretinoin external gel 0.05 %	E	PA, QL
rosadan external gel 0.75 %	1		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
SANTYL	3	QL	triamcinolone acetonide external cream 0.5 %	1	QL
selenium sulfide external lotion	1		triamcinolone acetonide external lotion	1	
sodium sulfacetamide wash	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
SOOLANTRA	1	QL	triamcinolone acetonide external ointment 0.05 %	E	
spinosad	1		triamcinolone in absorbase	E	
sss 10-5 external cream	1		TRIANEX EXTERNAL OINTMENT 0.05 %	E	
sulfacetamide sodium (acne)	1		triderm	1	QL
sulfacetamide sodium external	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	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 EXTERNAL OINTMENT	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	PA, QL
TACLONEX EXTERNAL SUSPENSION	1		xurea	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
zenatane	1		BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
ZILXI	3	PA, ST, QL	BD SHARPS COLLECTOR	3	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL	BD ULTRA-FINE INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	3	PA, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZYCLARA	E	QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZYCLARA PUMP	E	QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
Diabetes - Glucose Monitoring and Supplies			BIGFOOT UNITY PROGRAM	3	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BIOTEL CARE TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1		BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK GUIDE KIT W/ DEVICE	3		CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ACCU-CHEK GUIDE ME METER	3		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK GUIDE TEST	3	QL	CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK GUIDE TEST STRIPS	3		CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CARETOUCH TEST	E	QL
ACCU-CHEK SOFTCLIX LANCET	1		CEQUR SIMPLICITY 2U 10PK	3	ST
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR MONITOR KIT W/ DEVICE	E	
ACCUTREND GLUCOSE	E	QL	CONTOUR NEXT EZ KIT W/ DEVICE	2	
ALCOHOL PREP PADS PAD	3		CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
AQ INSULIN SYRINGE	2	QL	CONTOUR NEXT GEN TEST STRIPS	2	QL
AQINJECT PEN NEEDLE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	
BD AUTOSHIELD DUO PEN NEEDLES	2		CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
BD BLUNT FILL NEEDLE W/ FILTER	2		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2		CONTOUR NEXT ONE DEVICE	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2		CONTOUR NEXT ONE KIT	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2		CONTOUR NEXT TEST STRIPS	2	
BD ECLIPSE SHIELDED NEEDLE	2				
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CONTOUR PLUS BLUE	E		EVERSENSE 365 SMART TRANSMIT	E	PA
CONTOUR PLUS TEST	E	QL	EVERSENSE E3 SENSOR/HOLDER	E	PA
CONTOUR TEST STRIPS	E	QL	EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE SENSOR/HOLDER	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
CVS NEEDLE COLLECTION/DISPOSAL	3		FORA 6 CONNECT/GTEL TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL	FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
D-CARE GLUCOMETER	E		FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
DEXCOM G7 RECEIVER	3	PA, QL	FREESTYLE LIBRE 2 READER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	3		FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
DIABETES MONITOR DIGIT SOLN	3		FREESTYLE LIBRE 3 READER	3	PA
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
EASY COMFORT SHARPS CONTAINER	3		FREESTYLE LIBRE READER	3	PA, QL
EASY MAX BLOOD GLUCOSE TEST	E	QL	FREESTYLE PRECISION NEO SYSTEM	E	
EASY MAX T1 GLUCOSE SYSTEM	E		FREESTYLE PRECISION NEO TEST	E	QL
EASY TOUCH HEALTHPRO GLUCOSE	E		FREESTYLE TEST	E	QL
EASY TOUCH TEST	E	QL	GLUCOCARD EXPRESSION TEST	E	QL
EASYGLUCO	E		GLUCOCARD SHINE TEST	E	QL
EASYMAX 15 TEST	E	QL	GLUCOCARD VITAL TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E		GUARDIAN 4 GLUCOSE SENSOR	3	PA
EMBRACE BLOOD GLUCOSE TEST	E	QL	GUARDIAN 4 TRANSMITTER	3	PA
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
ENLITE GLUCOSE SENSOR	3	PA	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
EQ BLOOD GLUCOSE TEST	E	QL			
EVERSENSE 365 SENSOR/HOLDER	E	PA			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN REAL-TIME REPLACE PED	3	PA	LANCETS	1	
GUARDIAN SENSOR (3)	3	PA, QL	MICRODOT TEST	E	QL
GUARDIAN SENSOR 3	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
GVOKE HYPOPEN 1-PACK	2	QL	MINIMED 630G GUARDIAN PRESS	3	PA
GVOKE HYPOPEN 2-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM	E	
GVOKE KIT	2		MM BLOOD GLUCOSE SYSTEM REFILL	E	
GVOKE PFS	2		MM BLULINK GLUCOSE TEST	E	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E		MM EASY TOUCH GLUCOSE METER	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3		MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST	NEUTEK 2TEK TEST	E	QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3		NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST	NOVOFINE PEN NEEDLE	2	QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3		NOVOFINE PLUS PEN NEEDLE	2	QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST	NOVOPEN ECHO	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3		OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST	OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 LIBRE2 PLUS G6	2	PA
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL	ON CALL EXPRESS BLOOD GLUCOSE	E	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL	ON CALL EXPRESS MONITORING SYS	E	
			ONETOUCH DELICA LANCETS	1	QL
			ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
			ONETOUCH ULTRA BLUE TEST	1	QL
			ONETOUCH ULTRA TEST STRIPS	1	QL
			ONETOUCH ULTRASOFT LANCETS	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONETOUGH VERIO FLEX SYSTEM KIT	1	
ONETOUGH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUGH VERIO KIT W/ DEVICE	1	
ONETOUGH VERIO REFLECT KIT W/DEVICE	1	
ONETOUGH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	3	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL

Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUE TRACK TEST	E	QL
UNISTRIPI1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTouch	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, 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
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTouch	E	QL

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)
GLUCOTROL XL	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GLUMETZA	E	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	3	
GLYXAMBI	2	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	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 SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLQUA	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 INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	1	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
heparin sodium (porcine) pf	1		IMVEXXY STARTER PACK	2	QL
HUMATE-P	2	SP	INTRAROSA	3	PA, QL
IDELVION	3	SP	OSPHENA	3	PA, QL
KOATE	2	SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
KOATE-DVI	2	SP	STENDRA	3	PA, QL
KOGENATE FS	2	SP	tadalafil oral	1	QL
KOVALTRY	2	SP	varafenafil hcl oral tablet	1	QL
LYSTEDA ORAL TABLET 650 MG	3	QL	VIAGRA	E	QL
NEULASTA	2		VYLEESI	3	PA, QL
NIVESTYM	E		Electrolytes / Vitamins		
NOVOEIGHT	2	SP	ACCRUFER	E	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP	calcium acetate (phos binder) oral tablet	1	
NUWIQ INTRAVENOUS KIT 1500 UNIT	2		calcium acetate oral tablet 667 mg	1	
NYVEPRIA	E		CARNITOR ORAL SOLUTION	3	
PROMACTA ORAL TABLET	E	PA, SP	CARNITOR SF	3	
RECOMBINATE	2	SP	CITRANATAL 90 DHA	3	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP	CITRANATAL ASSURE	3	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2		CITRANATAL DHA ORAL 27-1 & 250 MG	3	
TAVALISSE	3	PA, QL, SP	COMPLETENATE	3	
tranexamic acid oral	1	QL	CO-NATAL FA	2	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		CONCEPT DHA	3	
VOYDEYA ORAL TABLET	2	PA, QL, SP	cyanocobalamin injection solution 1000 mcg/ml	1	
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
WILATE	2		cyanocobalamin nasal	1	
ZARXIO	2		DAVIMET-FLUORIDE	E	
Drugs for Sexual Dysfunction			deferasirox oral tablet	1	PA, SP
ADDYI	3	PA, QL	DENTA 5000 PLUS SENSITIVE	3	
avanafil	1	PA, QL	DODEX	3	
CIALIS	E	QL	DRISDOL	3	
IMVEXXY MAINTENANCE PACK	2	QL	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
			ELITE-OB	3	
			ergocalciferol oral capsule	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
FLORIVA PLUS	E				
FLUORIMAX 5000 SENSITIVE	3		multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
folic acid oral tablet 1 mg	1		MULTI-VIT-FLOR	E	
FRAICHE 5000 SENSITIVE	E		NAFRINSE CHW 1MG F	1	H
klor-con	1		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
klor-con 10	1		NASCOBAL	3	
klor-con m10	1		NATALVIT	2	
klor-con m15	1		NEONATAL COMPLETE	3	
klor-con m20	1		NEONATAL PLUS	3	
kosher prenatal plus iron	1		NIVA-PLUS	3	
K-PHOS-NEUTRAL	2		OB COMPLETE	3	
K-TAB	3		ONE VITE WOMENS PLUS	3	
levocarnitine oral solution	1		ORACIT	2	
levocarnitine sf	1		ORAL CITRATE	2	
LOKELMA	3	PA, QL	PHOSPHA 250 NEUTRAL	2	
M-NATAL PLUS	3		phosphorous	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		phospho-trin 250 neutral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		pnv-dha	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		POKONZA	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1		potassium chloride crys er	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E		potassium chloride er	1	
multi-vitamin/fluoride	1		potassium chloride oral	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1		potassium citrate er	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3		potassium citrate-citric acid	1	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1		PRENA1 PEARL	3	
			prenatal 19 oral tablet 29-1 mg	1	
			prenatal 19 oral tablet chewable	1	
			prenatal oral tablet 27-1 mg	1	
			prenatal plus	1	
			prenatal plus vitamin/mineral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
prenatal vitamin plus low iron oral tablet 27-1 mg	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
PRENATE DHA	3		VELTASSA ORAL PACKET 1 GM	3	PA
PRENATE ENHANCE	3		VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA, QL
PRENATE ESSENTIAL	3		virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
PRENATE MINI	3		VITAFOL FE+	3	
PRENATE PIXIE	3		VITAFOL GUMMIES	3	
PRENATE RESTORE	3		VITAFOL ULTRA	3	
PRENATOL-M	E		VITAFOL-OB	3	
PRENATRIX	E		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATRYL	E		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PREVIDENT 5000 ENAMEL PROTECT	3		VITAPEARL	3	
PREVIDENT 5000 SENSITIVE	3		VITATHELY WITH GINGER	3	
PREVIDENT MOUTH/THROAT	3		WESCAP-C DHA	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E		WESCAP-PN DHA	3	
QUFLORA PEDIATRIC	3		wes-phos 250 neutral	1	
SE-NATAL 19	3		WESTAB PLUS	E	
sod citrate-citric acid oral solution 500-334 mg/5ml	1		ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
sod fluoride-potassium nitrate	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
sodium fluoride 5000 enamel	1		ACIPHEX	E	QL
sodium fluoride 5000 sensitive	1		bis subcit-metronid-tetracyc	1	QL
sodium fluoride mouth/throat	1		bismuth/metronidaz/tetracyclin	1	QL
sodium fluoride oral solution	1	H	CARAFATE	E	
sodium fluoride oral tablet chewable	1	H	cimetidine oral	1	
SPS (SODIUM POLYSTYRENE SULF)	3		CYTOTEC	3	
TARON-C DHA	3		DEXILANT	E	QL
THRIVITE RX	3		dexlansoprazole	E	QL
TRICARE	3		esomeprazole magnesium oral capsule delayed release	E	QL
TRINATAL RX 1	3		esomeprazole magnesium oral packet	1	PA, ST, QL
TRINATE	3		famotidine oral suspension reconstituted	1	
tri-vite/fluoride	1				
UROCIT-K 10	3				
UROCIT-K 15	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
famotidine oral tablet 20 mg, 40 mg	E		diphenoxylate-atropine oral tablet	1	
lansoprazole oral capsule delayed release	E	QL	ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL	enulose	1	
misoprostol oral	1		GASTROCROM	E	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL	gavilyte-c	1	H
NEXIUM ORAL PACKET	3	PA, ST, QL	gavilyte-g	1	QL, H
OMECLAMOX-PAK	3	QL	gavilyte-n with flavor pack	1	QL, H
omeprazole oral capsule delayed release	1		generlac	1	
pantoprazole sodium oral tablet delayed release	1		GLYCATE	E	
PEPCID	E		glycopyrrolate oral solution	1	
PREVACID	E	QL	glycopyrrolate oral tablet 1 mg, 2 mg	1	
PREVACID SOLUTAB	E	PA, ST, QL	GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E		GOLYTELY	1	QL
PYLERA	3	QL	hyoscyamine sulfate er	1	
rabeprazole sodium oral tablet delayed release	1	QL	hyoscyamine sulfate oral tablet	1	
sucralfate oral	1		hyoscyamine sulfate oral tablet dispersible	1	
VOQUEZNA	3	PA, QL	hyoscyamine sulfate sublingual	1	
VOQUEZNA DUAL PAK	3	ST, QL	IBSRELA	E	PA, ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL	IQIRVO	3	PA, ST, QL, SP
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			KRISTALOSE	3	
alosetron hcl	1	PA, QL	lactulose encephalopathy	1	
AMITIZA	E	PA, QL	lactulose oral solution	1	
ANASPAZ	2		LEVBIID	3	
BYLVAY	3	PA, QL, SP	LEVSIN	3	
BYLVAY (PELLETS)	3	PA, QL, SP	LEVSIN/SL	3	
chlordiazepoxide-clidinium	1		LIBRAX	E	
CLENPIQ	3	QL	LINZESS	2	PA, QL
constulose	1		LOMOTIL	3	
cromolyn sodium oral	1		lubiprostone	1	PA, QL
CUVPOSA	3		methscopolamine bromide oral	1	
dicyclomine hcl oral	1		MOTEGRITY	3	PA, QL
			MOVIPREP	3	QL
			na sulfate-k sulfate-mg sulf	1	QL
			NULEV	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OICALIVA	3	PA, ST, QL, SP
opium	1	
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
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST

Drug Name	Drug Tier	Requirements & Limits
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	1	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
tropium chloride er	E	
UROGESIC-BLUE	2	
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	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVEVILLA	3	
afirmelle	1	H
aftera	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
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H

Drug Name	Drug Tier	Requirements & Limits
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
her style	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	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	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 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

Drug Name	Drug Tier	Requirements & Limits
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
opcicon one-step	1	H
option 2	1	H
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	3	
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	
react	1	H
reclipsen	1	H
rivelsa	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sprintec 28	1	H
sronyx	1	H
syeda	1	H
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tilia fe	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy	E	
VAGIFEM	E	
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H

Drug Name	Drug Tier	Requirements & Limits
wymzya fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	

Drug Name	Drug Tier	Requirements & Limits
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	3	PA, QL
NATESTO	E	PA, 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	1	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL
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	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
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	

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Drug Name	Drug Tier	Requirements & Limits
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (manufactured by Celltrion), SP

ADALIMUMAB-AATY (2 PEN)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADBIM (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADBIM(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	ENVARSUS XR	E	
BIMZELX	3	PA, ST, QL, SP	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
CELLCEPT ORAL CAPSULE	E		gengraf oral capsule	1	
CELLCEPT ORAL TABLET	E		GRASTEK	3	PA, QL
CIMZIA	E	PA	HADLIMA	E	PA, QL, SP
CIMZIA (2 SYRINGE)	2	PA, QL, SP	HADLIMA PUSHTOUCH	E	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP	HAEGARDA	2	PA, QL, SP
CINRYZE	E	PA, QL, SP	HULIO (2 PEN)	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN)	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 SYRINGE)	2	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
cyclosporine oral	1		HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HYFTOR	3	PA, QL
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
ENBREL	2	PA, QL, SP			
ENBREL MINI	2	PA, QL, SP			
ENBREL SURECLICK	2	PA, QL, SP			
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ-PED ≥40KG CROHN START	E	PA, QL, SP	PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UEVIT START	E	PA, QL, SP	PROGRAF ORAL CAPSULE	3	
IDACIO (2 PEN)	E	PA, QL, SP	RAPAMUNE ORAL SOLUTION	3	
IDACIO (2 SYRINGE)	E	PA, QL, SP	RAPAMUNE ORAL TABLET	E	
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	RASUVO	2	QL
IDACIO-PSORIASIS STARTER	E	PA, QL, SP	RINVOQ	2	PA, QL, SP
IMURAN	E		RUCONEST	3	PA, QL, SP
JYLAMVO	3	PA	SIMLANDI (1 PEN)	E	PA, QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	SIMLANDI (2 PEN)	E	PA, QL, SP
KINERET	3	PA, ST, QL, SP	SIMPONI	2	PA, QL, SP
leflunomide oral	1		sirolimus oral	1	
LITFULO	3	PA, QL, SP	SKYRIZI PEN	2	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
methotrexate sodium (pf)	1		SOTYKTU	2	PA, QL, SP
methotrexate sodium injection solution	1		STELARA SUBCUTANEOUS	2	PA, QL, SP
methotrexate sodium oral	1		tacrolimus oral	1	
mycophenolate mofetil oral	1		TAKHZYRO	2	PA, QL, SP
mycophenolate sodium	1		TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
mycophenolic acid	1		TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
MYFORTIC	E		TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
MYHIBBIN	1		TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
NEORAL ORAL CAPSULE	E		TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL	TREXALL	2	
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP	XELJANZ	2	PA, QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP			
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP			
OTEZLA ORAL TABLET 20 MG	2	PA, QL			
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP			
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP			
OTREXUP	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	

Immunological Agents - Drugs for Vaccination

ABRYSO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	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

PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

cetrorelix acetate	1	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	3	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
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	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	1	

Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon)	1	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
MIACALCIN	3	
raloxifene hcl	1	H
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
ZEMPLAR ORAL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
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	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
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	

Drug Name	Drug Tier	Requirements & Limits
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 ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XDEMVY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
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	3	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
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	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
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
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	

See page 6-8 for coverage details.



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

Otic Agents - Drugs for Ear Conditions

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

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	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	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cycloheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	1	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydrocodone bit-homatrop mbr oral solution	1	PA, QL	AEROCHAMBER PLUS FLO-VU LARGE	2	
hydromet	1	PA, QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
HYPERSAL	2		AEROCHAMBER PLUS FLO-VU SMALL	2	
ipratropium bromide nasal	1		AEROCHAMBER PLUS FLO-VU W/MASK	2	
levocetirizine dihydrochloride oral	1		AIRDUO RESPICLICK 113/14	E	QL
maxi-tuss ac	1		AIRDUO RESPICLICK 232/14	E	QL
mometasone furoate nasal	1	QL	AIRDUO RESPICLICK 55/14	E	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		AIRSUPRA	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
ODACTRA	3	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
olopatadine hcl nasal	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
PATANASE NASAL SOLUTION 0.6 %	E		ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
promethazine-codeine	1	PA, QL	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
promethazine-dm	1		albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
pseudoephedrine-bromphen-dm	1		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
PULMOSAL	2		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
RYALTRIS	E	QL	albuterol sulfate oral syrup	1	
ryvent	E		ANORO ELLIPTA	3	QL
sodium chloride inhalation	1		arformoterol tartrate	1	QL
XHANCE	E	ST, QL	ARNUITY ELLIPTA	1	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				
AEROCHAMBER PLUS FLO-VU INTERM	2				

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	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 oral tablet 267 mg, 801 mg	1	PA, QL, SP
pirfenidone oral tablet 534 mg	1	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
ambrisentan	1	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REMODULIN	E	PA
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 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA
TYVASO STARTER KIT	2	PA
UPTRAVI ORAL	3	PA, QL

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	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	E	
metaxalone	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	1	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



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HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	37
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HULIO (2 SYRINGE).....	50	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	9	HYPERSAL	57
HUMALOG CARTRIDGE.....	35	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	50
HUMALOG INJECTION	35	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	9	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	50
HUMALOG KWIKPEN	35	hydrocodone-ibuprofen	9	HYRIMOZ-CROHNS/UC STARTER	50
HUMALOG MIX 50/50 KWIKPEN ..	35	hydrocort-pramoxine (perianal)...	53	HYRIMOZ-PED<40KG CROHN STARTER	50
HUMALOG MIX 50/50 VIAL	35	hydrocortisone (perianal) external cream 1 %	53	HYRIMOZ-PED>=40KG CROHN START	51
HUMALOG MIX 75/25 KWIKPEN ..	35	hydrocortisone (perianal) external cream 2.5 %	53	HYRIMOZ-PLAQ PSOR/UEIT START	51
HUMALOG MIX 75/25 VIAL.....	35	hydrocortisone ace-pramoxine external cream 1-1 %	53	HYZAAR.....	23
HUMALOG SUBCUTANEOUS	35	hydrocortisone ace-pramoxine external cream 2.5-1 %	30		
HUMALOG TEMPO PEN.....	35	hydrocortisone acetate rectal.....	53		
HUMALOG U-100 JUNIOR KWIKPEN	35	hydrocortisone butyrate external cream	30		
HUMATE-P.....	38	hydrocortisone external cream 1%.....	30		
HUMIRA (2 PEN).....	50	hydrocortisone external cream 2.5 %	30		
HUMIRA (2 SYRINGE).....	50	hydrocortisone external lotion 2 %, 2.5 %.....	30		
HUMIRA-CD/UC/HS STARTER....	50	hydrocortisone external ointment 1 %, 2.5 %	30		
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML....	50	hydrocortisone oral	47		
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	50	hydrocortisone rectal.....	53		
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	50	hydrocortisone valerate	30		
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	hydrocortisone-acetic acid.....	56		
HUMIRA-PSORIASIS/UEIT STARTER.....	50	hydromet	57		
HUMULIN 70/30 KWIKPEN.....	35	hydromorphone hcl oral tablet	9		
HUMULIN 70/30 VIAL	35	hydroxychloroquine sulfate oral...19			
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imiquimod external cream 5 % ...	30	INSULIN GLARGINE MAX		10 mg, 20 mg, 30 mg, 5 mg	23
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IMITREX ORAL	17	INSULIN LISPRO (1 UNIT DIAL)..	36	isosorbide mononitrate er	24
IMITREX STATDOSE SYSTEM	17	INSULIN LISPRO JUNIOR		isotretinoin oral capsule 10 mg,	
IMPOYZ.....	30	KWIKPEN	36	20 mg, 30 mg, 40 mg	30
IMURAN	51	INSULIN LISPRO PROT &		isotretinoin oral capsule 25 mg,	
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incassia	45	31G X 6 MM , 31G X 8 MM , 32G X		ivabradine hcl	24
indapamide.....	23	4 MM	34	ivermectin external cream	30
INDERAL LA	23	INSULIN SYRINGES 27G X 1/2"		ivermectin oral	19
indomethacin er.....	10	0.5 ML, 27G X 1/2" 1 ML, 28G X		IYUZEH	55
INDOMETHACIN ORAL		1/2" 0.5 ML, 28G X 1/2" 1 ML,			
CAPSULE 20 MG	10	29G X 1/2" 0.5 ML, 29G X 1/2" 1			
indomethacin oral capsule		ML, 30G X 1/2" 1 ML, 30G X 5/16"			
25 mg, 50 mg	10	0.5 ML, 31G X 5/16" 0.5 ML, 31G X			
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KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	26
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LIBRAX.....	41	LOPROX EXTERNAL SHAMPOO 1 %.....	16	lyllana.....	45
lidocaine external ointment 5 %.....	9	LOPROX EXTERNAL SUSPENSION 0.77 %.....	30	LYMEPAK ORAL TABLET 100 MG.....	12
lidocaine external patch 5 %.....	9	lorazepam intensol.....	21	LYNPARZA.....	18
lidocaine hcl mouth/throat.....	28	lorazepam oral concentrate 2 mg/ml.....	21	LYRICA ORAL CAPSULE.....	27
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medroxyprogesterone acetate oral.....	45	methimazole oral.....	49	metronidazole external cream ...	30
mefenamic acid oral	10	methocarbamol oral tablet 1000 mg	60	metronidazole external gel 0.75 %.....	30
mefloquine hcl	19	methocarbamol oral tablet 500 mg, 750 mg.....	60	metronidazole external gel 1 % ...	30
megestrol acetate oral suspension 40 mg/ml.....	48	methotrexate sodium (pf).....	51	metronidazole external lotion....	30
megestrol acetate oral tablet	45	methotrexate sodium injection solution	51	metronidazole oral	12
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MENQUADFI	52	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	26	MICROCHAMBER	58
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mesalamine er oral capsule 0.375 gm.....	53	methylphenidate hcl er (osm) oral tablet extended release 72 mg	26	microgestin 24 fe oral tablet 1-20 mg-mcg	46
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mesalamine oral tablet delayed release 800 mg.....	53	methylphenidate hcl er oral tablet extended release	26	microgestin fe 1.5/30	46
mesalamine rectal enema	53	methylphenidate hcl er oral tablet extended release 24 hour ..	26	midodrine hcl.....	24
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mirtazapine oral.....	15	multivitamin/fluoride tablet chewable 0.5 mg oral (rx).....	39	naproxen oral tablet.....	10
MIRVASO.....	30	multivitamin/fluoride tablet chewable 1 mg oral (rx).....	39	naproxen oral tablet delayed release.....	10
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ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សូមជំនួសភាសាដទៃយកគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតថ្លៃ ដល់មាន់នៃលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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