



# Your 2026 Prescription Drug List

## Flex Base 3-Tier

Effective May 1, 2026



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare medical plans when sold in your market with a pharmacy benefit subject to the Flex Base 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> 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.<sup>2</sup> In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## Who decides which medications are covered?

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

## About this PDL

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

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



# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

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

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

# Reading your PDL

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

## Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ <b>Lower-cost</b> 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	\$\$ <b>Mid-range cost</b> 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	\$\$\$ <b>Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## 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 (continued)

## Drug list information

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

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

## Coverage details

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

- **Central nervous system: sedatives/hypnotics**  
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**  
Coverage is set by your prescription drug benefit plan.
- **Diabetes: continuous glucose monitors, sensors**  
Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**  
Coverage is set by your prescription drug benefit plan.

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



# Reading your PDL (continued)

- **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 where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	3	
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet	1	
butalbital-apap-caff-cod	1	QL
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	
ESGIC ORAL TABLET 50-325-40 MG	3	
fentanyl	1	PA, QL
FIORICET	3	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL

Drug Name	Drug Tier	Requirements & Limits
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine	1	
PROLATE ORAL TABLET	3	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	
ZTLIDO	3	PA
<b>Analgesics - Drugs for Pain and Inflammation</b>		
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	

See page 5-7 for coverage details.



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

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
THRIVE	3	H
varenicline	1	H
ZIMHI	2	QL
ZUBSOLV	1	QL
<b>Antibacterials - Drugs for Infections</b>		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	

Drug Name	Drug Tier	Requirements & Limits
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
fidaxomicin oral tablet	1	
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SEYSARA	3	
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	3	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XEPI	3	
XIFAXAN	3	
ZITHROMAX	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate	1	
ELIQUIS TABLET	2	
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
rivaroxaban	1	

Drug Name	Drug Tier	Requirements & Limits
warfarin sodium oral	1	
XARELTO	2	
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	3	
EPIDIOLEX	3	SP
epitol	1	
eslicarbazepine acetate	1	
ethosuximide oral	1	
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	
oxcarbazepine er	1	
perampanel	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er oral capsule extended release 24 hour	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral capsule	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
AUVELITY	3	ST
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
SERTRALINE HCL ORAL CAPSULE	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA: SP
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
vilazodone hcl	1	
WAINUA	2	PA, SP
ZURZUVAE	2	PA, SP
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
doxylamine-pyridoxine	1	
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt	1	

Drug Name	Drug Tier	Requirements & Limits
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclofanol	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	
JUBLIA	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	
terbinafine hcl oral	1	
terconazole	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TOLSURA	3	
VFEND ORAL TABLET	3	
VIVJOA	3	PA
voriconazole oral tablet	1	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
naratriptan hcl	1	
NURTEC	2	PA, ST
QULIPTA	2	PA, ST
REYVOW	3	PA, ST
rizatriptan	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	3	
UBRELVY	2	PA, ST
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
pyridostigmine bromide oral tablet	1	
VYVGART HYTRULO	3	PA, SP
ZILBRYSQ	3	PA, SP
<b>Antimycobacterials - Drugs to Treat Infections</b>		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	1	SP
abirtega	1	SP
ALECENSA	2	PA, SP
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, SP
CABOMETYX	2	PA, SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
COTELLIC	2	PA, SP
dasatinib	1	PA, SP
ENSACOVE	2	PA, SP
ERIVEDGE	2	PA, SP
ERLEADA	2	PA, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
GAVRETO	3	PA, SP
hydroxyurea oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IBRANCE ORAL TABLET	3	PA, ST, SP
ICLUSIG	3	PA, SP
IDHIFA	2	PA, SP
imatinib mesylate oral	1	SP
IMBRUVICA ORAL CAPSULE	2	PA, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	3	PA, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, SP
IMKELDI	3	PA, SP
JAKAFI	2	PA, SP
KISQALI	2	PA, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, SP
LENVIMA	2	PA, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, SP
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
PIQRAY	2	PA, SP
POMALYST	3	PA, SP
RETEVMO	3	PA, SP
REVLIMID	2	PA, SP
ROZLYTREK	2	PA, SP
RYDAPT	2	PA, SP
SCEMBLIX	3	PA, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAGRISSO	3	PA, SP
tamoxifen citrate oral tablet 10 mg	1	

Drug Name	Drug Tier	Requirements & Limits
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
tiopronin	1	SP
tiopronin delayed release	1	SP
torpenz	1	PA, SP
TRUQAP ORAL TABLET	2	PA, SP
VENCLEXTA	2	PA, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XTANDI	2	PA, SP
ZEJULA	2	PA, SP
ZELBORAF	2	PA, SP
ZYTIGA	3	SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
SOVUNA	3	
STROMEKTOL	3	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DHIVY	3	
INBRIJA	3	PA, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	3	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	E	
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral	1	
asenapine maleate	1	
CAPLYTA	3	
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	1	
olanzapine oral	1	
paliperidone er	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	
risperidone	1	
VRAYLAR	3	
ziprasidone hcl	1	
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir external ointment	1	
acyclovir oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	H
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, SP
famciclovir oral	1	
GENVOYA	3	
HARVONI ORAL TABLET	2	PA, ST, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	
LAGEVRIO	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET ORAL PACKET	2	PA, SP
ODEFSEY	3	
oseltamivir phosphate oral	1	
PAXLOVID	2	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
SYMFI	2	
SYMFI LO ORAL TABLET 400-300-300 MG	2	
tenofovir disoproxil fumarate	1	H-PA

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
valacyclovir hcl oral	1	
valganciclovir hcl oral tablet	1	
VEMLIDY	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL ORAL CAPSULE 25 MG	3	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	

Drug Name	Drug Tier	Requirements & Limits
aliskiren fumarate	1	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ARBLI	3	PA
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	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	3	PA, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch	1	
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
colestipol hcl oral tablet	1	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORLANOR	3	PA
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	3	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
hydrochlorothiazide oral	1	
icosapent ethyl	1	
indapamide	1	
INZIRQO	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	
KAPSPARGO SPRINKLE	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	
labetalol hcl oral	1	
LANOXIN ORAL	3	
LASIX	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
LODOCO	3	
LOPID	3	
LOPRESSOR ORAL SOLUTION	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	H
matzim la	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST
NEXLIZET	2	PA, ST
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
pentoxifylline er	1	
pitavastatin calcium	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	1	

Drug Name	Drug Tier	Requirements & Limits
RECTIV	3	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TEZRULY	3	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
torseamide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan oral solution	3	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	3	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA
VYNDAQEL	2	PA, SP
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
AZSTARYS	2	ST
clonidine hcl er	1	
COTEMPLA XR-ODT	3	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	
EVEKEO	3	
FOCALIN	3	
guanfacine hcl er	1	
JORNAY PM	2	ST
lisdexamfetamine dimesylate	1	
METHYLIN	3	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl oral	1	
MYDAYIS	3	
ONYDA XR	3	
QELBREE	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
dalfampridine er	1	PA, SP
dimethyl fumarate oral	1	PA, SP
fingolimod hcl	1	PA, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT	3	PA, SP
PLEGRIDY	3	PA, SP
teriflunomide	1	PA, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, SP
AUSTEDO XR	2	PA, SP
INGREZZA	2	PA, SP
INGREZZA SPRINKLE	2	PA, SP
LYRICA ORAL CAPSULE	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NUEDEXTA	2	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP
SAVELLA	3	
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA: SP
VEOZAH	3	PA
ZEPOSIA	3	PA, ST, SP

#### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
perio gard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	

#### Dermatological Agents - Drugs for Skin Conditions

ABSORICA	3	
ACANYA	3	
accutane	1	
acitretin	1	
adapalene-benzoyl peroxide external gel	1	
AKLIEF	3	
alclometasone dipropionate	1	
amnesteem	1	
AMZEEQ	3	
ARAZLO	3	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
CABTREG	3	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	3	
CIBINQO	2	PA, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos (twice-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate-benzoyl peroxide	1	
clobetasol prop emollient base external cream 0.05 %	1	

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMACINRX UREA	3	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	
DIPROLENE	3	
doxycycline capsule delayed release 40 mg oral	1	
doxycycline capsule delayed release 40 mg oral	3	
DRYSOL	2	
DUPIXENT	2	PA, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
imiquimod external	1	
imiquimod pump	1	
IMPOYZ	3	
isotretinoin oral	1	
KLARON	3	
KLISYRI	3	ST
METROCREAM	3	
METROLOTION	3	
metronidazole external	1	
MIRVASO	2	PA

Drug Name	Drug Tier	Requirements & Limits
mometasone furoate external	1	
NEMLUVIO	2	PA, SP
neuac	1	
ONEXTON	3	
OPZELURA	3	PA, SP
ORACEA	3	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox external solution	1	
RHOFADE	3	PA
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
SYNALAR	3	
SYNALAR EXTERNAL SOLUTION 0.01 %	3	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	
tazarotene external cream	1	PA
TAZORAC EXTERNAL CREAM	3	PA
TOLAK	3	
TOPICORT	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	
tretinoin external cream	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	3	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	1	
urea external cream 20 %, 40 %, 41 %, 45 %, 47 %	1	
UREMEZ-40	3	
VTAMA	3	PA
WINLEVI	3	
ZELSUVMI	3	
zenatane	1	
ZILXI	3	PA, ST
ZORYVE 0.15%, 0.3%	3	PA
ZYCLARA	3	
ZYCLARA PUMP	3	
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	

Drug Name	Drug Tier	Requirements & Limits
BD ULTRA-FINE PEN NEEDLES	2	
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	
DEXCOM G6 RECEIVER	3	PA
DEXCOM G6 SENSOR	3	PA
DEXCOM G6 TRANSMITTER	3	PA
DEXCOM G7 RECEIVER	3	PA
DEXCOM G7 SENSOR	3	PA
EMBECTA INSULIN SYRINGE	2	
ENLITE GLUCOSE SENSOR	3	
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA
GUARDIAN 4 GLUCOSE SENSOR	3	
GUARDIAN 4 TRANSMITTER	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GUARDIAN CONNECT TRANSMITTER	3	
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE INTRO KIT	2	PA
OMNIPOD 5 LIBRE PODS	2	PA
TECHLITE INSULIN SYRINGES (Arkray)	2	
TECHLITE PEN NEEDLES (Arkray)	2	
TECHLITE PLUS PEN NEEDLES (Arkray)	2	
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA
<b>Diabetes - Insulin</b>		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	

Drug Name	Drug Tier	Requirements & Limits
HUMALOG TEMPO PEN	3	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
<b>Diabetes - Non-Insulin Agents</b>		
acarbose oral	1	
ACTOPLUS MET	3	
ALOGLIPTIN BENZOATE	2	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BREZAVVY	3	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA
BYETTA	2	PA
glimepiride	1	
glipizide er	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
liraglutide	1	PA
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral tablet 1000 mg, 500 mg, 625 mg, 850 mg	1	
MOUNJARO	2	PA
nateglinide	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	
OZEMPIC	2	PA
pioglitazone hcl	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	

Drug Name	Drug Tier	Requirements & Limits
RYBELSUS	2	PA
saxagliptin hcl	1	
saxagliptin-metformin er	1	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	SP
BENEFIX	2	SP
DOPTELET	3	PA, SP
ELOCTATE	3	SP
eltrombopag powder	1	PA, SP
FABHALTA	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROMACTA POWDER	3	PA, SP
RECOMBINATE	2	SP
RETACRIT	2	SP
TAVALISSE	3	PA, SP
tranexamic acid oral	1	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, SP
WILATE	2	SP
ZARXIO	2	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	
avanafil	1	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
INTRAROSA	3	PA
OSPHENA	2	PA
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
varденаfil hcl oral tablet	1	QL
VYLEESI	3	
<b>Electrolytes / Vitamins</b>		
ACCRUFER	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	

Drug Name	Drug Tier	Requirements & Limits
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3	
FLORIVA PLUS	3	
FLOTREX	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POKONZA	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE MINI	3	
PRENATOL-M	3	
PRENATRIX	3	
PRENATRYL	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	3	
ANASPAZ	2	
BYLVAY	3	PA, SP
BYLVAY (PELLETS)	3	PA, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	1	H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	3	PA, ST
IQIRVO	3	PA, ST, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	

Drug Name	Drug Tier	Requirements & Limits
LINZESS	2	PA
LIVDELZI	3	PA, ST, SP
LOMOTIL	3	
lubiprostone	1	
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA
RELTONE	3	
REZDIFFRA	3	PA
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
TRULANCE	3	PA, ST
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
ATTRUBY	2	PA, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, SP
tolvaptan oral tablet therapy pack	1	PA, SP
VYNDAMAX	2	PA, SP
VYNDAQEL	2	PA, SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	
GEMTESA	3	
mirabegron er	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	3	SP
VELPHORO	3	
VESICARE	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	2	
COMBIPATCH	2	
conjugated estrogen oral	1	
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	1	H
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/ 0.5GM, 1 MG/GM, 1.25 MG/ 1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H

Drug Name	Drug Tier	Requirements & Limits
DUAVEE	3	
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	1	
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	
ESTROGEL	3	
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luteru	1	H
lyleq	1	H
lyllana	1	
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-linyah	1	H
MYFEMBREE	2	
NATAZIA	1	
necon 0.5/35 (28)	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
PHEXXI	3	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	3	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
fludrocortisone acetate oral	1	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA: SP
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA
NORDITROPIN FLEXPRO	2	PA, SP
OMNITROPE	2	PA, SP
ORIAHNN	2	
ORILISSA	2	
SKYTROFA	3	PA, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
DEPO-TESTOSTERONE	3	
KYZATREX	3	
TESTIM	1	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 25 mg/2.5gm (1%) transdermal	1	
testosterone transdermal gel 1.62 %	1	(generic Androgel Pump)
TLANDO	3	
UNDECATREX	3	
XYOSTED	3	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-ADAZ	2	PA, SP
ADBRY	2	PA, SP
AMJEVITA	2	PA, SP
ANDEMBRY	2	PA, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
BIMZELX	3	PA, ST, SP
CIMZIA	2	PA, SP
CINRYZE	3	PA, SP
COSENTYX	2	PA, SP

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

See page 5-7 for coverage details.

\* Members currently on therapy may be allowed to continue.



Drug Name	Drug Tier	Requirements & Limits
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMPONI	2	PA, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, SP
SOTYKTU	2	PA, SP
STEQEYMA SUBCUTANEOUS	2	PA, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, SP
TREMFYA	2	PA, SP
TREXALL	2	
WEZLANA	2	PA, SP
XELJANZ	2	PA, SP
XELJANZ XR	2	PA, SP
YESINTEK SUBCUTANEOUS	2	PA, SP
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSCO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H

Drug Name	Drug Tier	Requirements & Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
<b>Infertility Agents</b>		
CETROTIDE	3	PA, ST, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
FYREMADEL	3	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GONAL-F	3	ST, SP
MENOPUR	3	SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone suppository	1	
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
PROCORT	3	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	

Drug Name	Drug Tier	Requirements & Limits
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
YORVIPATH	3	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX	3	

Drug Name	Drug Tier	Requirements & Limits
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
XDEMVEY	3	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
travoprost (bak free)	1	
VYZULTA	3	
ZIOPTAN	3	ST

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	3	
RESTASIS	1	
RESTASIS MULTIDOSE	3	
TRYPTYR	3	PA
TYRVAYA	3	
VERKAZIA	3	PA
XIIDRA	2	

#### Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	
NEFFY	3	

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet	1	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
olopatadine hcl nasal	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	3	
ryvent	1	
sodium chloride inhalation	1	
XHANCE	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ACCOLATE	3	
ADVAIR HFA	2	RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	
ARNUITY ELLIPTA	1	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
COMBIVENT RESPIMAT	2	
DULERA	3	ST
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, SP
FLEXICHAMBER	2	
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	3	PA, SP
PERFOROMIST	3	
PROCHAMBER VHC	2	
QVAR REDIHALER	1	
roflumilast	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
TRELEGY ELLIPTA	3	RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methocarbamol oral	1	
orphenadrine citrate er	1	
TANLOR	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
<b>Sleep Disorder Agents</b>		
armodafinil	1	
BELSOMRA	3	
doxepin hcl oral tablet	1	
eszopiclone	1	
LUMRYZ	3	PA, SP
modafinil oral	1	
ramelteon	1	
RESTORIL	3	
SILENOR	3	
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prenatal plus vitamin/mineral....	28	promethazine hcl oral solution....	13	rabeprazole sodium oral tablet delayed release .....	28
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REVLIMID	15	SCEMBLIX	15	sod citrate-citric acid oral solution 500-334 mg/5ml	28
REXTOVY	10	scopolamine	13	sod fluoride-potassium nitrate	28
REXULTI	16	selenium sulfide external lotion	23	sodium chloride inhalation	40
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unithroid .....	35	venlafaxine hcl er .....	13			



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**ໝາຍເຫດ:** ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

**โปรดทราบ** หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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