



Your 2025 Prescription Drug List

Flex Base 3-Tier

Effective September 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Surest and Oxford 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 6 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

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

4. Not applicable to Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	3	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	3	QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet	1	QL
butalbital-apap-caff-cod	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	1	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	

Drug Name	Drug Tier	Requirements & Limits
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	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	3	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
oxymorphone hcl er	1	PA, QL
PERCOCET	E	QL
premium lidocaine	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROLATE ORAL TABLET	3	QL
ROXICODONE	E	QL
TENCON	3	QL
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 hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	
TRIDACAINE III	E	
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	

Analgesics - Drugs for Pain and Inflammation

ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	

Drug Name	Drug Tier	Requirements & Limits
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
mefenamic acid oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	3	
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	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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 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	
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

Drug Name	Drug Tier	Requirements & Limits
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		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefixime	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
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	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
FIRVANQ	3	
FLAGYL	3	
fosfomycin tromethamine	1	

Drug Name	Drug Tier	Requirements & Limits
gentamicin sulfate external	1	
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
LYMEPAK ORAL TABLET 100 MG	3	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral capsule	1	
metronidazole oral tablet 125 mg	E	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TARGADOX	3	
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	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	
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	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	E	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	

Anticonvulsants - Drugs for Seizures

APTOM	3	
BANZEL	3	
BRIVIACT ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam	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 INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	3	
EPIDIOLEX	3	SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	
FINTEPLA	3	PA
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	3	
KEPPRA XR	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lacosamide oral	1	
LAMICTAL	3	
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	3	
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	
oxcarbazepine er	1	
OXTELLAR XR	3	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
rufinamide	1	
subvenite	1	
SYMPAZAN	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	

Drug Name	Drug Tier	Requirements & Limits
topiramate er oral capsule extended release 24 hour	1	
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	
vigabatrin oral packet	1	PA, SP
VIGADRONE ORAL PACKET	1	PA, SP
vigpoder	1	PA, SP
VIMPAT ORAL	3	
XCOPRI	3	
ZARONTIN	3	
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AUVELITY	3	
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	
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral	1	
FETZIMA	3	
fluoxetine hcl oral	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA
SPRAVATO (84 MG DOSE)	3	PA
SYMBYAX	3	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
vilazodone hcl	1	
WAINUA	2	PA, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, SP

Antiemetics - Drugs for Nausea and Vomiting

ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
DICLEGIS	E	
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND ORAL CAPSULE	E	
granisetron hcl oral	1	
MARINOL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
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 oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	
JUBLIA	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL CREAM 0.77 %	E	

Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	3	
VFEND ORAL TABLET	3	
VIVJOA	3	
voriconazole oral tablet	1	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	
AJOVY	E	
almotriptan malate	1	
eletriptan hydrobromide	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EMGALITY	2	
FROVA	E	
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	
QULIPTA	2	
RELPAK	E	
REYVOW	3	ST
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous	1	
TOSYMRA	3	
UBRELVY	2	
ZAVZPRET	3	
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
ZILBRYSQ	3	PA, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
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	1	PA, SP
AFINITOR	E	PA, SP
ALECENSA	2	PA
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, SP
BRUKINSA	3	PA, ST, SP
CABOMETYX	2	PA, SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
CASODEX	E	
COTELLIC	2	PA, SP
cyclophosphamide oral capsule	1	
dasatinib	1	PA, ST, SP
ERIVEDGE	2	PA, SP
ERLEADA ORAL TABLET 240 MG	2	PA
ERLEADA ORAL TABLET 60 MG	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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FEMARA	E	
GAVRETO	3	PA, SP
GLEEVEC	E	PA, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, SP
IDHIFA	2	PA, SP
imatinib mesylate	1	PA, SP
IMBRUVICA ORAL CAPSULE	2	PA, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	3	PA, SP
IMBRUVICA ORAL TABLET 420 MG, 560 MG	2	PA, SP
INLYTA	3	PA, SP
JAKAFI	2	PA, SP
KISQALI (200 MG DOSE)	3	PA, ST, SP
KISQALI (400 MG DOSE)	3	PA, ST, SP
KISQALI (600 MG DOSE)	3	PA, ST, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, 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, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, SP
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
MEKINIST ORAL TABLET	3	PA, ST, SP
mercaptopurine oral	1	
NERLYNX	2	PA, SP
NINLARO	2	PA, SP
NUBEQA	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
pazopanib hcl	1	PA, SP
PIQRAY	2	PA, SP
POMALYST	3	PA, SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA, SP
REVLIMID	2	PA, SP
ROZLYTREK	2	PA, SP
SPRYCEL	E	PA, ST, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, SP
TAGRISSO	3	PA, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, SP
temozolomide	1	PA, SP
torpenz	1	PA, SP
TRUQAP ORAL TABLET	2	PA, SP
VENCLEXTA	2	PA, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XELODA	E	SP
XTANDI	2	PA, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, SP
ZYTIGA	3	PA, SP

Antiparasitics - Drugs for Parasitic Infections

albendazole oral	1	
ARAKODA	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ivermectin oral	1	
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	1	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	3	
STROMEKTOL	3	
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	3	ST
DHIVY	3	
entacapone	1	
INBRIJA	3	PA, 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	
ropinirole hcl	1	
RYTARY	3	ST
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	

Drug Name	Drug Tier	Requirements & Limits
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	2	
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	
CAPLYTA	3	
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	
LATUDA	E	
loxapine succinate	1	
lurasidone hcl	1	
NUPLAZID ORAL CAPSULE	3	
olanzapine oral	1	
paliperidone er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	1	
acyclovir external ointment	1	
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CIMDUO	2	
COMPLERA	3	
darunavir	1	
DELSTRIGO	2	
DESCOVY	3	H
DOVATO	2	
efavirenz-emtricitab-tenofo df	1	
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
etravirine	1	
famciclovir oral	1	
GENVOYA	3	

Drug Name	Drug Tier	Requirements & Limits
HARVONI ORAL TABLET	2	PA, ST, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	
LAGEVRIO	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET	2	PA, SP
ODEFSEY	3	
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	
PAXLOVID (300/100)	2	
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	1	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
STRIBILD	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENICAR	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	
BENICAR HCT	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
BETAPACE	E		colesevelam hcl oral tablet	1	
BETAPACE AF	3		COLESTID ORAL TABLET	3	
betaxolol hcl oral	1		colestipol hcl oral tablet	1	
bisoprolol fumarate oral	1		COREG	E	
bisoprolol-hydrochlorothiazide	1		COREG CR	E	
bumetanide oral	1		CORGARD ORAL TABLET 20 MG, 40 MG	3	
BUMEX	3		CORLANOR	3	
BYSTOLIC	E		COZAAR	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	3		CRESTOR	E	
CAMZYOS	3	PA, SP	digitek oral tablet 250 mcg	1	
candesartan cilexetil	1		digoxin oral tablet	1	
candesartan cilexetil-hctz	1		diltiazem hcl er	1	
captopril oral	1		diltiazem hcl er beads	1	
CARDIZEM	E		diltiazem hcl er coated beads	1	
CARDIZEM CD	E		diltiazem hcl oral	1	
CARDIZEM LA	E		dilt-xr	1	
CARDURA	3		DIOVAN	E	
cartia xt	1		DIOVAN HCT	E	
carvedilol	1		dofetilide	1	
carvedilol phosphate er	1		doxazosin mesylate oral	1	
CATAPRES-TTS-1	E		EDARBI	3	
CATAPRES-TTS-2	E		EDARBYCLOR	3	
CATAPRES-TTS-3	E		enalapril maleate oral	1	
chlorthalidone	1		enalapril-hydrochlorothiazide	1	
cholestyramine light	1		ENTRESTO ORAL TABLET	3	
cholestyramine oral	1		EPANED	3	
clonidine hcl oral	1		eplerenone	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1		EXFORGE	E	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)	ezetimibe	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1		ezetimibe-simvastatin	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)	felodipine er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUOSCIX	3	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	
indapamide	1	
INDERAL LA	E	
INSPRA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	
KAPSPARGO SPRINKLE	3	
KERENDIA	3	

Drug Name	Drug Tier	Requirements & Limits
labetalol hcl oral	1	
LANOXIN ORAL	3	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	
LODOCO	3	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
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	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEXLETOL	2	
NEXLIZET	2	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
pentoxifylline er	1	
perindopril erbumine	1	
pindolol	1	
pitavastatin calcium	1	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	

Drug Name	Drug Tier	Requirements & Limits
ramipril	1	
ranolazine er	1	
RECTIV	3	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	3	
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 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
torse mide	1	
trandolapril	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	3	
VASCEPA ORAL CAPSULE 1 GM	E	
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 10 MG ORAL	E	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	E	
ZESTRIL TABLET 5 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS XR-ODT	3	

Drug Name	Drug Tier	Requirements & Limits
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
AZSTARYS	2	
clonidine hcl er	1	
CONCERTA	E	
COTEMPLA XR-ODT	3	
DEXEDRINE	E	
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	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	
METADATE CD	E	
METHYLIN	3	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	E	
methylphenidate hcl oral	1	
MYDAYIS	3	
ONYDA XR	3	
QELBREE	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
RELEXXII	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, SP
AUBAGIO	E	PA, SP
AVONEX PEN	2	PA, SP
AVONEX PREFILLED	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
dalfampridine er	1	PA, SP
dimethyl fumarate oral	1	PA, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, SP
ingolimod hcl	1	PA, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
GILENYA ORAL CAPSULE 0.5 MG	E	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT	3	PA, SP
MAYZENT STARTER PACK	3	PA, SP
PLEGRIDY INTRAMUSCULAR	3	PA
PLEGRIDY STARTER PACK	3	PA, SP
PLEGRIDY SUBCUTANEOUS	3	PA, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, SP
teriflunomide	1	PA, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP
AUSTEDO XR	2	PA, SP
AUSTEDO XR PATIENT TITRATION	2	PA, SP
HORIZANT	3	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, SP
LYRICA ORAL CAPSULE	3	
NUDEXTA	2	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP
RELYVRIO ORAL PACKET 3-1 GM	3	SP
riluzole	1	SP
SAVELLA	3	
TEGLUTIK	3	PA
TIGLUTIK	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VEOZAH	3	
ZEPOSIA	3	PA, ST, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, SP
ZEPOSIA STARTER KIT	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	
EVOXAC	E	
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	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	

Drug Name	Drug Tier	Requirements & Limits
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	
ACZONE	E	
adapalene-benzoyl peroxide external gel	1	
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
amnestem	1	
AMZEEQ	3	
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
AVITA EXTERNAL GEL 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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	1	
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	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
clindamycin phosphate gel 1 % external	1	(generic for Clindagel)
clindamycin phosphate-benzoyl peroxide	1	

Drug Name	Drug Tier	Requirements & Limits
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
clobetasol propionate external cream	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	
CLOBEX EXTERNAL SHAMPOO	E	
CLOBEX SPRAY	E	
clodan	1	
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
CORDRAN	3	
dapsone external	1	
DERMACINRX UREA	3	
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
doxycycline capsule delayed release 40 mg oral	3	
DRYSOL	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ELIDEL	E	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
EVOCLIN EXTERNAL FOAM 1 %	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
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	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external	1	
imiquimod pump	1	
IMPOYZ	3	
isotretinoin oral	1	
ivermectin external cream	E	
KLARON	3	
KLISYRI (250 MG)	3	
KLISYRI (350 MG)	3	
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	2	
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
neuac	1	
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	
ONEXTON	3	
OPZELURA	3	PA, SP
ORACEA	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
RETIN-A	E	PA
RHOFADE	3	
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
spinosad	1	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	3	
SYNALAR EXTERNAL SOLUTION 0.01 %	3	

Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	
tazarotene external cream 0.1 %	1	PA
TAZORAC EXTERNAL CREAM	3	PA
TOLAK	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL OINTMENT	3	
tretinoin external cream	1	
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	
urea external cream 39 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	
VTAMA	3	
WINLEVI	3	
xurea	E	

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CONTOUR PLUS BLUE KIT W/ DEVICE	E	
CONTOUR PLUS TEST STRIP	E	
CONTOUR TEST STRIPS	E	
CVS ADVANCED GLUCOSE TEST	E	
CVS GLUCOSE METER TEST STRIPS	E	
CVS NEEDLE COLLECTION/ DISPOSAL	3	
CVS TRUE METRIX GLUCOSE TEST	E	
D-CARE BLOOD GLUCOSE	E	
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR	3	
DEXCOM G6 TRANSMITTER	3	
DEXCOM G7 RECEIVER	3	
DEXCOM G7 SENSOR	3	
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX BLOOD GLUCOSE TEST	E	
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	
EASYGLUCO	E	
EASYMAX 15 TEST	E	
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GLUCOCARD VITAL TEST	E		LANCETS	1	
GUARDIAN 4 GLUCOSE SENSOR	3		MICRODOT TEST	E	
GUARDIAN 4 TRANSMITTER	3		MINILINK REAL-TIME TRANSMITTER	3	
GUARDIAN CONNECT TRANSMITTER	3		MINIMED 630G GUARDIAN PRESS	3	
GUARDIAN LINK 3 TRANSMITTER	3		MM BLOOD GLUCOSE SYSTEM	E	
GUARDIAN REAL-TIME REPLACE PED	3		MM BLOOD GLUCOSE SYSTEM REFILL	E	
GUARDIAN SENSOR 3	3		MM BLULINK GLUCOSE TEST	E	
GVOKE HYPOPEN 1-PACK	2		MM EASY TOUCH GLUCOSE METER	E	
GVOKE HYPOPEN 2-PACK	2		MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
GVOKE KIT	2		NEUTEK 2TEK TEST	E	
GVOKE PFS	2		NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E		NOVOFINE PEN NEEDLE	2	
IHEALTH BLOOD GLUCOSE TEST STR	E		NOVOFINE PLUS PEN NEEDLE	2	
IHEALTH GLUCO+ KIT 10	E		NOVOPEN ECHO	3	
IHEALTH GLUCO+ KIT 100	E		OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
INPEN 100-BLUE-LILLY-HUMALOG	3		OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
INPEN 100-BLUE-NOVOLOG-FIASP	3		OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
INPEN 100-GREY-LILLY-HUMALOG	3		OMNIPOD 5 G7 PODS (GEN 5)	2	
INPEN 100-GREY-NOVOLOG-FIASP	3		OMNIPOD 5 LIBRE2 PLUS G6	2	
INPEN 100-PINK-LILLY-HUMALOG	3		OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
INPEN 100-PINK-NOVOLOG-FIASP	3		ON CALL EXPRESS BLOOD GLUCOSE	E	
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		ON CALL EXPRESS MONITORING SYS	E	
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		ONETOUCH DELICA LANCETS	1	QL
			ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
			ONETOUCH ULTRA BLUE TEST	1	
			ONETOUCH ULTRA TEST STRIPS	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONETOUCH ULTRASOFT LANCETS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	
OPTIUMEZ TEST	E	
PARADIGM REAL-TIME TRANSMITTER	3	
PIP BLOOD GLUCOSE TEST STRIP	E	
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	
PREMIUM BLOOD GLUCOSE TEST	E	
PTS PANELS EGLU TEST	E	
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	
QUINTET AC BLOOD GLUCOSE TEST	E	
QUINTET BLOOD GLUCOSE TEST	E	
RELION GLUCOSE TEST STRIPS	E	
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	
RIGHTTEST GT333 GLUCOSE TEST	E	
SHARPS COLLECTOR	3	

Drug Name	Drug Tier	Requirements & Limits
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	
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	
UNISTRIPI1 GENERIC	E	
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	
ACTOS	E	
ALOGLIPTIN BENZOATE	2	
ALOGLIPTIN-METFORMIN HCL	2	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA
BYETTA 10 MCG PEN	2	PA
BYETTA 5 MCG PEN	2	PA
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST
DAPAGLIFLOZIN PROPANEDIOL	E	ST
FARXIGA	E	ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	(Fresenius)
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
GLYXAMBI	2	ST
INVOKANA	E	ST
JANUMET	E	ST
JANUMET XR	E	ST
JANUVIA	E	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	
liraglutide	1	PA
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 625 mg, 850 mg	1	
metformin hcl oral tablet 750 mg	E	
MOUNJARO	2	PA
nateglinide	1	
ONGLYZA	E	

Drug Name	Drug Tier	Requirements & Limits
OZEMPIC	2	PA
pioglitazone hcl	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	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
XIGDUO XR	E	ST
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	SP
aspirin-dipyridamole er	1	
DOPTelet	3	PA, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, SP
tranexamic acid oral	1	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, SP
WILATE	2	

Drug Name	Drug Tier	Requirements & Limits
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
INTRAROSA	3	PA
OSPHENA	2	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	
Electrolytes / Vitamins		
ACCRUFER	3	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
deferasirox oral tablet	1	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC	3	
FLORIVA PLUS	3	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	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	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H

Drug Name	Drug Tier	Requirements & Limits
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	
NEONATAL VITAMIN	E	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS	E	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	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	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	3	
PRENATRIX	3	
PRENATRYL	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	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 mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
VITAFOL FE+	3	

Drug Name	Drug Tier	Requirements & Limits
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	
dexlansoprazole	1	
esomeprazole magnesium oral capsule delayed release	E	
esomeprazole magnesium oral packet	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	
lansoprazole oral tablet delayed release dispersible	1	
misoprostol oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
NEXIUM ORAL PACKET	3	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral	1	
VOQUEZNA	3	PA
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
AMITIZA	3	
ANASPAZ	2	
BYLVAY	3	PA, SP
BYLVAY (PELLETS)	3	PA, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H

Drug Name	Drug Tier	Requirements & Limits
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATÉ	3	
glycopyrrolate oral solution	1	
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	ST
IQIRVO	3	PA, ST, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIÐ	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	
LIVDELZI	3	PA, ST, SP
LOMOTIL	3	
lubiprostone	1	
methscopolamine bromide oral	1	
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OCALIVA	3	PA, ST, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA
RELTONE	3	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
TRULANCE	3	ST
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST

Drug Name	Drug Tier	Requirements & Limits
sapropterin dihydrochloride oral packet	1	PA, SP
STRENSIQ	2	PA, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, SP
VYNDAMAX	2	PA, 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 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	
GEMTESA	3	
me/naphos/mb/hyo1	1	
mirabegron er	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
UROGESIC-BLUE	2	
VELPHORO	3	
VENXXIVA	E	SP
VESICARE	3	
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		
ACTIVELLA	3	
afirmelle	1	H
aftera	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
amethyst	1	H

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-ESTRADIOL	3	
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	
dolishale	1	H
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
DUAVEE	3	
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
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	

Drug Name	Drug Tier	Requirements & Limits
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
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

Drug Name	Drug Tier	Requirements & Limits
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	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
lutura	1	H
lyleq	1	H
lyllana	1	
lyza	1	H
marlissa	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
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	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	
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	
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

Drug Name	Drug Tier	Requirements & Limits
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
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
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	3	
philith	1	H
pimtrea	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
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
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

Drug Name	Drug Tier	Requirements & Limits
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	
methylergonovine maleate oral	1	
NGENLA	3	PA, SP
NOC DURNA	3	
NORDITROPIN FLEXP	2	PA, SP
NUTROPIN AQ NUSPIN 10	E	PA, SP
NUTROPIN AQ NUSPIN 20	E	PA, SP
NUTROPIN AQ NUSPIN 5	E	PA, SP
OMNITROPE	2	PA, SP
ORIAHNN	2	
ORILISSA	2	
SKYTROFA	3	PA, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	
KYZATREX	3	
NATESTO	E	
TESTIM	1	

Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	
testosterone gel 20.25 mg/act (1.62%) transdermal	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	E	
testosterone transdermal gel 1.62 %	1	
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	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	3	
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	

See page 6-8 for coverage details.



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

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, SP
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), 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)	E	PA, (Manufactured by Celltrion), SP

ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ	2	PA, (Manufactured by Sandoz), SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), SP

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
CYLTEZO (2 SYRINGE)	E	PA, SP
CYLTEZO-CD/UC/HS STARTER	E	PA, SP
CYLTEZO-PSORIASIS/UV STARTER	E	PA, SP
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	
GRASTEK	3	
HADLIMA	E	PA, SP
HADLIMA PUSHTOUCH	E	PA, SP
HAEGARDA	2	PA, SP
HULIO (2 PEN)	E	PA, SP
HULIO (2 SYRINGE)	E	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMIRA-CD/UC/HS STARTER	2	PA, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, SP
HUMIRA-PSORIASIS/UEIT STARTER	2	PA, SP
HYFTOR	3	
HYRIMOZ	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, SP
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, SP
IDACIO (2 PEN)	E	PA, SP
IDACIO (2 SYRINGE)	E	PA, SP
IDACIO-CROHNS/UC STARTER	E	PA, SP
IDACIO-PSORIASIS STARTER	E	PA, SP
IMURAN	E	
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, SP
KINERET	3	PA, ST, SP
leflunomide oral	1	

Drug Name	Drug Tier	Requirements & Limits
LITFULO	3	PA, SP
LUPKYNIS	3	PA, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, SP
OTEZLA ORAL TABLET 20 MG	2	PA
OTEZLA ORAL TABLET 30 MG	2	PA, SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, SP
OTREXUP	E	
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	SP
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMLANDI (1 PEN)	E	PA, SP
SIMLANDI (1 SYRINGE)	E	PA, SP
SIMLANDI (2 PEN)	E	PA, SP
SIMLANDI (2 SYRINGE)	E	PA, SP
SIMPONI	2	PA, SP
sirolimus oral	1	
SKYRIZI PEN	2	PA, SP
SKYRIZI SUBCUTANEOUS	2	PA, SP
SOTYKTU	2	PA, SP
STELARA SUBCUTANEOUS	E	PA, SP
STEQEYMA SUBCUTANEOUS	2	PA, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
TREXALL	2	
XELJANZ	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
YESINTEK SUBCUTANEOUS	2	PA, SP
YUFLYMA (1 PEN)	E	PA, SP
YUFLYMA (2 PEN)	E	PA, SP
YUFLYMA (2 SYRINGE)	E	PA, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	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
ENGRIX-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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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, SP
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	(manufactured by Ferring), SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/Organon), SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP

Inflammatory Bowel Disease Agents

ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	

Drug Name	Drug Tier	Requirements & Limits
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
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	3	
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	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal	1	
mesalamine-cleanser	1	
PROCORT	3	
PROCTOCORT EXTERNAL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

ACTONEL	E	
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	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
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
YORVIPATH	3	PA, SP
ZEMPLAR ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
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	
diclofenac sodium ophthalmic	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	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LOTEMAX SM	3	
loteprednol etabonate	1	
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	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMYY	3	
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
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	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	
ROCKLATAN	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tafluprost (pf)	1	
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST
travoprost (bak free)	1	
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	3	
XALATAN	E	
ZIOPTAN	3	

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	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	
MIEBO	3	

Drug Name	Drug Tier	Requirements & Limits
RESTASIS	1	
RESTASIS MULTIDOSE	3	
TYRVAYA	3	
VERKAZIA	3	PA
VEVYE	E	
XIIDRA	2	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet	1	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA

Drug Name	Drug Tier	Requirements & Limits
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
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	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
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	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup	1	
ANORO ELLIPTA	3	
arformoterol tartrate	1	
ARNUITY ELLIPTA	1	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	

Drug Name	Drug Tier	Requirements & Limits
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
breynd	E	RS
BREZTRI AEROSPHERE	3	RS
BROVANA	3	
budesonide inhalation	1	
budesonide-formoterol fumarate	E	RS
COMBIVENT RESPIMAT	2	
DALIRESP	E	
DULERA	3	ST
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	
FLUTICASONE FUROATE-VILANTEROL	3	RS
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	
formoterol fumarate inhalation	1	
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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA
PERFOROMIST	3	
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDHALER	1	
roflumilast	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	
SPIRIVA RESPIMAT	2	

Drug Name	Drug Tier	Requirements & Limits
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
theophylline er	1	
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	3	RS
VENTOLIN HFA	E	
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	
XOPENEX HFA	3	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	
YUPELRI	3	
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, SP
PULMOZYME	2	PA, SP
TOBI PODHALER	3	PA, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, SP
pirfenidone oral tablet 534 mg	1	PA
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, SP
ADEMPAS	2	PA, SP
alyq	1	PA, SP
ambrisentan	1	PA, SP
OPSUMIT	2	PA, SP
ORENITRAM	3	PA, SP
REVATIO ORAL	E	SP
sildenafil citrate oral tablet 20 mg	1	
tadalafil (pah)	1	PA, SP
TADLIQ	3	PA, SP
TRACLEER	2	PA, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, SP
TYVASO DPI TITRATION KIT	2	PA, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
UPTRAVI ORAL	3	PA
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone	1	
cyclobenzaprine hcl oral	1	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	

Drug Name	Drug Tier	Requirements & Limits
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	
BELSOMRA	3	
DAYVIGO	3	
doxepin hcl oral tablet	1	
estazolam	1	
eszopiclone	1	
LUMRYZ	3	PA, SP
LUNESTA	E	
modafinil oral	1	
NUVIGIL	E	
PROVIGIL	E	
ramelteon	1	
RESTORIL	3	
ROZEREM	E	
SILENOR	3	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (Manufactured by Hikma), SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (Manufactured by Amneal), SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SUNOSI	2	PA
temazepam	1	
WAKIX	3	PA, SP
XYREM	E	PA, SP
XYWAV	3	PA, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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HUMIRA-PED>=40KG CROHNS
START SUBCUTANEOUS
PREFILLED SYRINGE KIT
80 MG/0.8ML..... 50
HUMIRA-PED>=40KG UC
STARTER SUBCUTANEOUS
AUTO-INJECTOR KIT
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START 50
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KISQALI (400 MG DOSE)	18	LAMICTAL.	14	levetiracetam er	14
KISQALI (600 MG DOSE)	18	LAMICTAL ODT ORAL TABLET DISPERSIBLE	14	levetiracetam oral solution.	14
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KLARITY-C DROPS	55	lamotrigine er.	14	levo-t.	47
KLARON.	29	lamotrigine oral tablet.	14	levocarnitine oral solution.	38
klayesta	16	lamotrigine oral tablet chewable	14	levocarnitine oral tablet.	41
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KOURZEQ	27	leflunomide oral	50	LIBERVANT	14
KOVALTRY.	37	lenalidomide.	18	LIBRAX.	40
KRINTAFEL.	19			lidocaine external ointment 5 %	9
KRISTALOSE	40			lidocaine external patch 5 %	9
kurvelo	44			lidocaine hcl mouth/throat	27
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lidocaine viscous hcl	27
lidocaine-prilocaine external cream	9
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LIDODERM	9
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	9
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liothyronine sodium oral	48
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liraglutide	36
lisdexamphetamine dimesylate	25
lisinopril oral	23
lisinopril-hydrochlorothiazide	23
LITFULO	50
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lithium carbonate oral	21
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LODOCO	23
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MEDROL ORAL TABLET THERAPY PACK	46
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medroxyprogesterone acetate oral	45
mefenamic acid oral	10
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megestrol acetate oral suspension 40 mg/ml	47
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methadone hcl oral tablet.....	9	metronidazole oral tablet 250 mg, 500 mg	12	MODERNA COVID-19 VAC 6M-11Y	51
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methylergonovine maleate oral ..	47	microgestin 1.5/30	45	morphine sulfate oral.....	9
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methylphenidate hcl er (la)	25	microgestin fe 1.5/30.....	45	MOVIPREP	40
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multi-vitamin/fluoride	38	naproxen oral tablet.....	10	new day	45
multivitamin w/fluoride	38	naproxen oral tablet delayed release	10	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	40
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mupirocin ointment.....	12	naratriptan hcl.....	17	NEXLETOL.....	24
my choice	45	NARCAN.....	11	NEXLIZET.....	24
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