



Your 2026 Prescription Drug List

Advantage 3-Tier

Effective May 1, 2026



**United
Healthcare®**

This Prescription Drug List (PDL) is accurate as of May 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Student Resources, Health Plan of Nevada, Sierra Health and Life Insurance, UnitedHealthOne, Optimum Choice, Inc. and New Jersey Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)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 Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Reading your PDL

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ 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. A mix of brand-name and generic 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. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Over-the-counter (OTC) medications

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



Reading your PDL (continued)

Drug list information

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

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

Coverage details

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

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

Coverage is set by your prescription drug benefit plan.

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

Diabetic supplies and prescription medications may be subject to different cost-share amounts for New Jersey 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. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.

- **Endocrine: growth hormone**

Coverage is set by your prescription drug benefit plan.

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

4. Not applicable to some Neighborhood Health Plan, UnitedHealthcare Freedom Plans and New Jersey Oxford plans.



Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required for New Jersey Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA; QL
buprenorphine	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral tablet	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine	2	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt); QL
tramadol hcl er	2	(generic for Ultram ER); QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	PA; QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	2	
DAYPRO	3	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H

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

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
THRIVE	3	H
varenicline	3	H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
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	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
fidaxomicin oral tablet	3	QL
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	2	
MACROBID	3	

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
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	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XEPI	3	QL
XIFAXAN	3	PA; QL
ZITHROMAX	3	

Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	2	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA; QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA; QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
perampanel	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	

Drug Name	Drug Tier	Requirements & Limits
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA; QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral capsule	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	3	
rivastigmine tartrate	1	

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
AUVELITY	3	ST; QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA; QL; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	QL
WAINUA	2	PA; QL; SP
ZURZUVAE	2	PA; QL; SP
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA; ST; QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA; QL
voriconazole oral tablet	1	QL

Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA; ST; QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA; ST; QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA; ST; QL
QULIPTA	2	PA; ST; QL
REYVOW	3	PA; ST; QL
rizatriptan	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA; ST; QL
ZAVZPRET	3	PA; ST; QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL

Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL

Antimasthenic Agents - Drugs to Treat Myasthenia Gravis

pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	3	PA; QL; SP
ZILBRYSQ	3	PA; QL; SP

Antimycobacterials - Drugs to Treat Infections

dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

abiraterone acetate oral tablet 250 mg	2	QL; SP
abirtega	2	QL; SP
ALECENSA	2	PA; QL; SP
ALUNBRIG	2	PA; QL; SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA; QL; SP
BESREMI	3	PA; QL; SP
bicalutamide	1	
BRUKINSA	3	PA; ST; QL; SP
CABOMETYX	2	PA; QL; SP
CALQUENCE	2	PA; QL; SP
capecitabine	1	SP
COTELLIC	2	PA; QL; SP
dasatinib	2	PA; QL; SP
ENSACOVE	2	PA; QL; SP
ERIVEDGE	2	PA; QL; SP
ERLEADA	2	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA; QL; SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
GAVRETO	3	PA; QL; SP

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA; ST; QL; SP
ICLUSIG	3	PA; QL; SP
IDHIFA	2	PA; QL; SP
imatinib mesylate oral	1	QL; SP
IMBRUVICA ORAL CAPSULE	2	PA; QL; SP
IMBRUVICA ORAL TABLET 420 MG	2	PA; QL; SP
IMKELDI	3	PA; QL; SP
JAKAFI	2	PA; QL; SP
KISQALI	2	PA; QL; SP
KOSELUGO	3	PA; QL; SP
lenalidomide	2	PA; QL; SP
LENVIMA	2	PA; QL; SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA; QL; SP
LYNPARZA	2	PA; QL; SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA; ST; QL; SP
NUBEQA	2	PA; QL; SP
ODOMZO	2	PA; QL; SP
ORGOVYX	3	PA; QL; SP
PIQRAY	2	PA; QL; SP
POMALYST	3	PA; QL; SP
RETEVMO	3	PA; QL; SP
REVLIMID	2	PA; QL; SP
ROZLYTREK	2	PA; QL; SP
RYDAPT	2	PA; QL; SP
SCEMBLIX	3	PA; QL; SP
STIVARGA	2	PA; QL; SP
TABRECTA	3	PA; QL; SP
TAGRISSO	3	PA; QL; SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA; ST; QL; SP
temozolomide	1	SP

Drug Name	Drug Tier	Requirements & Limits
tiopronin	2	SP
tiopronin delayed release	2	SP
torpenz	2	PA; QL; SP
TRUQAP ORAL TABLET	2	PA; QL; SP
VENCLEXTA	2	PA; QL; SP
VERZENIO	2	PA; QL; SP
VITRAKVI	2	PA; QL; SP
XTANDI	2	PA; QL; SP
ZEJULA	2	PA; QL; SP
ZELBORAF	2	PA; QL; SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA; QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
STROMEKTOL	3	PA; QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
INBRIJA	3	PA; QL; SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	

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Drug Name	Drug Tier	Requirements & Limits
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	3	PA; ST; QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
ziprasidone hcl	2	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL; H

Drug Name	Drug Tier	Requirements & Limits
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL; H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA; QL; SP
famciclovir oral	2	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA; ST; QL; SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA; ST; QL; SP
MAVYRET ORAL PACKET	2	PA; QL; SP
ODEFSEY	3	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SOFOSBUVIR-VELPATASVIR	2	PA; QL; SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA; QL; SP
XOFLUZA (40 MG DOSE)	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL ORAL CAPSULE 25 MG	3	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ARBLI	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	3	PA; QL; SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDURA	3	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch	3	
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORLANOR	3	PA; QL
digoxin oral tablet	1	
dilt-xr	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl oral	1	
dofetilide	2	
doxazosin mesylate oral	1	
EDARBI	E	
EDARBYCLOR	E	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	2	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
flecainide acetate	1	
fosinopril sodium	1	
FUROSICX	3	PA; QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	3	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
KAPSPARGO SPRINKLE	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	3	QL
LOPID	3	
LOPRESSOR ORAL SOLUTION	3	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	H
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	

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Drug Name	Drug Tier	Requirements & Limits
nebivolol hcl	3	
NEXLETOL	2	PA; ST; QL
NEXLIZET	2	PA; ST; QL
niacin er (antihyperlipidemic)	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	2	
RECTIV	3	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL

Drug Name	Drug Tier	Requirements & Limits
rosuvastatin calcium oral	2	
sacubitril-valsartan	3	PA; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	2	
telmisartan-hctz	2	
TEZRULY	3	PA
tiadylt er	2	
TIAZAC	3	
TIKOSYN	3	
torse mide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan oral solution	3	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VERQUVO	3	PA; QL
VYNDAQEL	2	PA; QL; SP
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphet-dextroamphet 3-bead er	3	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST; QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	3	
guanfacine hcl er	2	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	E	PA; QL; SP
AVONEX	2	PA; QL; SP
BAFIERTAM	2	PA; QL; SP
BETASERON	2	PA; QL; SP
dalfampridine er	2	PA; QL; SP
dimethyl fumarate oral	1	PA; QL; SP
fingolimod hcl	1	PA; QL; SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL; SP
glatiramer acetate	2	PA; QL; SP
glatopa	2	PA; QL; SP
KESIMPTA	2	PA; QL; SP
MAVENCLAD	3	PA; ST; QL; SP
MAYZENT	3	PA; QL; SP
PLEGRIDY	3	PA; QL; SP
teriflunomide	2	PA; QL; SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA; QL; SP
AUSTEDO XR	2	PA; QL; SP
INGREZZA	2	PA; QL; SP
INGREZZA SPRINKLE	2	PA; QL; SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA; QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA; QL; SP
RADICAVA ORS STARTER KIT	3	PA; QL; SP
SAVELLA	3	QL
TEGLUTIK	3	PA; SP
TIGLUTIK	3	PA; SP
VEOZAH	3	PA; QL
ZEPOSIA	3	PA; ST; QL; SP

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
accutane	2	

Drug Name	Drug Tier	Requirements & Limits
acitretin	1	
adapalene-benzoyl peroxide external gel	3	QL
AKLIEF	3	PA; QL
alclometasone dipropionate	1	
amnestem	2	
AMZEEQ	3	QL
AVAR CLEANSER	3	
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CIBINQO	2	PA; QL; SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (once-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T); QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base external cream 0.05 %	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	3	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA; QL
DIPROLENE	3	
DRYSOL	3	

Drug Name	Drug Tier	Requirements & Limits
DUPIXENT	2	PA; QL; SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL; SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST; QL
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	1	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
imiquimod external cream 5 %	1	

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
KLARON	3	
KLISYRI	3	ST; QL
METROCREAM	3	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external lotion	1	
MIRVASO	2	PA; QL
mometasone furoate external	1	
NEMLUVIO	2	PA; QL; SP
neuac	3	QL
OPZELURA	3	PA; QL; SP
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	3	QL
podofilox external solution	1	
RHOFADE	3	PA; QL
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA; QL
TAZORAC EXTERNAL CREAM	3	PA; QL
TOPICORT	3	QL

Drug Name	Drug Tier	Requirements & Limits
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40	3	
VTAMA	3	PA; QL
ZELSUVMI	3	PA; QL
zenatane	2	
ZILXI	3	PA; ST; QL
ZORYVE EXTERNAL CREAM 0.15%, 0.3%	3	PA; QL
ZORYVE EXTERNAL FOAM	3	PA; QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA; QL
OMNIPOD 5 DEXCOM PODS	2	PA; QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA; QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA; QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA; QL
OMNIPOD 5 LIBRE PODS	2	PA; QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA; QL
TWIIST REFILL KIT/INFUSION SET	2	PA; QL
TWIIST STARTER KIT	2	PA; QL
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BRENZAVVY	3	ST; QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA; QL
BYETTA	2	PA; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
glucagon emergency kit 1 mg injection	2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST; QL
GVOKE HYPOPEN 1-PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA; QL (2- pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA; QL (3- pack)
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL
nateglinide	2	QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA; QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA; QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPHANATE	2	SP

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ALVAIZ	3	PA; SP
ARANESP (ALBUMIN FREE)	2	QL; SP
BENEFIX	2	SP
DOPTELET	3	PA; QL; SP
ELOCTATE	3	SP
eltrombopag powder	3	PA; QL; SP
FABHALTA	2	PA; QL; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA; SP
HEMOPIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA; QL; SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROMACTA POWDER	3	PA; QL; SP
RECOMBINATE	2	SP
RETACRIT	2	QL; SP
TAVALISSE	3	PA; QL; SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA; QL; SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
avanafil	3	PA; QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA; QL
OSPHENA	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA; QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VYLEESI	3	PA; QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
levocarnitine oral solution	1	

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levocarnitine sf	1	
LOKELMA	3	PA; QL
M-NATAL PLUS	3	
multi-vitamin/fluoride	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phospho-trin 250 neutral	1	
phosphorous	1	
pnv 27-ca/fe/fa	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE MINI	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
tri-vite/fluoride	1	
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA; QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium oral packet	3	PA; ST; QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA; ST; QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA; QL
VOQUEZNA DUAL PAK	3	ST; QL
VOQUEZNA TRIPLE PAK	3	ST; QL

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

ANASPAZ	2	
BYLVAY	3	PA; QL; SP
BYLVAY (PELLETS)	3	PA; QL; SP
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL; H
gavilyte-n with flavor pack	1	QL; H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL; H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IQRVO	3	PA; ST; QL; SP
lactulose encephalopathy	1	

Drug Name	Drug Tier	Requirements & Limits
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LINZESS	2	PA; QL
LIVDELZI	3	PA; ST; QL; SP
LOMOTIL	3	
lubiprostone	2	PA; QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL; H
peg-3350/electrolytes	1	QL; H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA; QL
REZDIFFRA	3	PA; QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA; QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

ATTRUBY	2	PA; QL; SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA; SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA; QL; SP
levocarnitine oral tablet	1	
ORFADIN	2	PA; SP

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA; QL; SP
SUCRAID	2	PA; SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA; QL; SP
tolvaptan oral tablet therapy pack	2	PA; QL; SP
VYNDAMAX	2	PA; QL; SP
VYNDAQEL	2	PA; QL; SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
mirabegron er	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tropium chloride	3	
VANRAFIA	3	PA; QL; SP
VELPHORO	3	ST

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	

Drug Name	Drug Tier	Requirements & Limits
tamsulosin hcl	1	
terazosin hcl	1	

Hormonal Agents - Hormone Replacement and Birth Control

abigale	2	
abigale lo	2	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
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

See page 6–8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara); QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H

See page 6–8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	1	H
jasmiel	3	
jencycla	1	H
jinteli	1	
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorg-eth estrad triphasic	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lo-zumandimine	3	
lojaimiess	1	H
loryna	3	
low-ogestrel	1	H
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL; H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-lynyah	1	H
MYFEMBREE	2	PA; QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H

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Drug Name	Drug Tier	Requirements & Limits
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethindrone acet-ethinyl est	1	H
norethindrone acetate oral	1	
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	3	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROVERA	3	
reclipsen	1	H

Drug Name	Drug Tier	Requirements & Limits
rivelsa	1	H
rosyrah	1	H
setlakin	2	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA; ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
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	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
trivora (28)	1	H
turqoz	1	H
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
volnea	1	H

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Drug Name	Drug Tier	Requirements & Limits
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA; QL; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA; QL
NORDITROPIN FLEXPRO	2	PA; QL; SP
OMNITROPE	2	PA; QL; SP
ORIAHNN	2	PA; QL
ORLISSA	2	PA; QL
SKYTROFA	3	PA; QL; SP
Hormonal Agents - Testosterone Replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	PA; QL
TESTIM	2	PA; QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA; QL
testosterone transdermal gel 1.62 %	2	PA; QL (generic Androgel Pump)
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	

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

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA; ST; QL; SP
ACTEMRA SUBCUTANEOUS	3	PA; ST; QL; SP
ADALIMUMAB-ADAZ	2	PA; QL; SP
ADBRY	2	PA; QL; SP
AMJEVITA	2	PA; QL; SP
ANDEMBRY	2	PA; QL; SP
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL; SP
BIMZELX	3	PA; ST; QL; SP
CIMZIA	2	PA; QL; SP
COSENTYX	2	PA; QL; SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA; QL; SP
ENBREL	2	PA; QL; SP
ENBREL MINI	2	PA; QL; SP
ENBREL SURECLICK	2	PA; QL; SP
ENTYVIO PEN	2	PA; (SUBCUTANEOUS); QL; SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
HAEGARDA	2	PA; QL; SP
HYFTOR	3	PA; QL
JYLAMVO	3	PA
KEVZARA	3	PA; ST; QL; SP
leflunomide oral	1	
LITFULO	3	PA; QL; SP
LUPKYNIS	3	PA; QL; SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYHIBBIN	1	
OLUMIANT	3	PA; ST; QL; SP
OMVOH SUBCUTANEOUS	2	PA; QL; SP
ORENCIA CLICKJECT	3	PA; ST; QL; SP
ORENCIA SUBCUTANEOUS	3	PA; ST; QL; SP
OTEZLA	2	PA; QL; SP
OTEZLA XR	2	PA; QL; SP
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA; QL; SP
RUCONEST	3	PA; QL; SP
SIMPONI	2	PA; QL; SP
sirolimus oral tablet	1	
SKYRIZI	2	PA; QL; SP
SOTYKTU	2	PA; QL; SP
STEQEYMA SUBCUTANEOUS	2	PA; QL; SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA; QL; SP
TREMFYA	2	PA; QL; SP
TREXALL	2	
WEZLANA	2	PA; QL; SP

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Drug Name	Drug Tier	Requirements & Limits
XELJANZ	2	PA; QL; SP
XELJANZ XR	2	PA; QL; SP
YESINTEK SUBCUTANEOUS	2	PA; QL; SP
Immunological Agents - Drugs for Vaccination		
ABRYSCO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
M-M-R II	2	H
MENQUADFI	3	H
MENVEO	3	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H

Drug Name	Drug Tier	Requirements & Limits
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
Infertility Agents		
CETROTIDE	3	PA; ST; QL; SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL; SP
FYREMADEL	3	QL; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon); QL; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL; SP
GONAL-F	3	ST; SP
MENOPUR	3	QL; SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone suppository	2	
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
APRISO	1	

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Drug Name	Drug Tier	Requirements & Limits
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocort-pramoxine (perianal)	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
procto-med hc	1	
PROCTOFOAM HC	2	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA; SP
FORTEO	E	PA; SP
FOSAMAX	3	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	
risedronate sodium oral tablet 30 mg, 5 mg	3	

Drug Name	Drug Tier	Requirements & Limits
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	3	PA; SP
TYMLOS	3	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTRON ORAL CAPSULE	3	
YORVIPATH	3	PA; QL; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL

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Drug Name	Drug Tier	Requirements & Limits
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1%	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1%	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMVIY	3	PA; QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15%	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25%	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5%	3	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15%	2	QL
brimonidine tartrate ophthalmic solution 0.2%	1	
brinzolamide	2	QL

Drug Name	Drug Tier	Requirements & Limits
COMBIGAN	2	QL
COSOPT	3	
DORZOLAMIDE HCL SOLUTION 2% OPHTHALMIC	3	
dorzolamide hcl solution 2% ophthalmic	1	
dorzolamide hcl-timolol mal	2	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST; QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25%, 0.5%	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25%, 0.5%	3	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST; QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1%	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1%	3	
MIEBO	3	PA; QL
RESTASIS	3	PA; QL
TRYPYR	3	PA; QL

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Drug Name	Drug Tier	Requirements & Limits
TYRVAYA	3	PA; QL
VERKAZIA	3	PA; QL
XIIDRA	3	PA; QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
NEFFY	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
cypheptadine hcl oral	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	3	PA; QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ADULT	3	
BREATHE COMFORT CHAMBER/CHILD	3	
BREO ELLIPTA	3	QL; RS
BREZTRI AEROSPHERE	3	QL; RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA; QL; SP
FLEXICHAMBER	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL; RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	

Drug Name	Drug Tier	Requirements & Limits
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	3	PA; QL; SP
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
QVAR REDIHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL; RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
TRELEGY ELLIPTA	3	QL; RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL; RS
XOLAIR	2	PA; QL; SP
XOPENEX HFA	3	QL
YUPELRI	3	PA; QL

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Drug Name	Drug Tier	Requirements & Limits
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA; ST; QL; SP
PULMOZYME	2	PA; QL; SP
TOBI PODHALER	3	PA; QL; SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA; QL; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA; QL; SP
pirfenidone	2	PA; QL; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; QL; SP
alyq	2	PA; QL; SP
bosentan	2	PA; QL; SP
OPSUMIT	2	PA; QL; SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA; QL; SP
TADLIQ	3	PA; QL; SP
TYVASO	2	PA; SP
TYVASO DPI	2	PA; QL; SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
TANLOR	3	
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Drug Name	Drug Tier	Requirements & Limits
tizanidine hcl oral tablet	1	
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armodafinil	2	QL
BELSOMRA	3	QL
DAYVIGO	4	QL
eszopiclone	2	
LUMRYZ	3	PA; QL; SP
modafinil oral	2	QL
ramelteon	3	QL
RESTORIL	3	
SODIUM OXYBATE	3	PA; QL; SP (Manufactured by Hikma)
SUNOSI	2	PA; QL
temazepam	1	
WAKIX	3	PA; QL; SP
XYWAV	3	PA; QL; SP
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HUMATE-P	27	hyoscyamine sulfate oral tablet	29	IPOL	36	
HUMULIN 70/30 KWIKPEN	25	hyoscyamine sulfate oral tablet dispersible	29	ipratropium-albuterol	40	
HUMULIN 70/30 VIAL	25	hyoscyamine sulfate sublingual	29	ipratropium bromide inhalation	40	
HUMULIN N KWIKPEN	25	HYPERCAL	39	ipratropium bromide nasal	39	
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HUMULIN R U-500 KWIKPEN	25	ibandronate sodium oral	37	irbesartan	19	
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HUMULIN R VIAL	25	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10	ISENTRESS HD	17	
hydralazine hcl oral	19	iclevia	32	ISENTRESS ORAL TABLET	17	
hydrochlorothiazide oral	19	ICLUSIG	16	isibloom	32	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	9	IDELVION	27	isoniazid oral tablet	15	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	9	IDHIFA	16	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	38	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9	imatinib mesylate oral	16	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	19	
hydrocodone bit-homatrop mbr oral solution	39	IMBRUVICA ORAL CAPSULE	16	isosorbide mononitrate er	19	
hydrocod poli-chlorphe poli er	39	IMBRUVICA ORAL TABLET 420 MG	16	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	24	
hydrocortisone ace-pramoxine external cream 1-1 %	37	imipramine hcl oral	14	ISTALOL	38	
hydrocortisone acetate rectal	37	imiquimod external cream 5 %	23	itraconazole oral capsule	14	
hydrocortisone-acetic acid	39	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	15	ivabradine hcl	19	
hydrocortisone external cream 2.5 %	23	IMKELDI	16	ivermectin oral tablet 3 mg	16	
hydrocortisone external lotion 2.5 %	23	IMVEXXY MAINTENANCE PACK	27	ivermectin oral tablet 6 mg	16	
hydrocortisone external ointment 1 %, 2.5 %	23	IMVEXXY STARTER PACK	27	J		
hydrocortisone oral	34	INBRIJA	16	jaimiess	32	
hydrocortisone (perianal) external cream 2.5 %	37	incassia	32	JAKAFI	16	
hydrocortisone valerate external cream	23	indapamide	19	jantoven	12	
hydrocort-pramoxine (perianal)	37	indomethacin er	10	JARDIANCE	26	
hydromet	39	indomethacin oral capsule	10	jasmiel	32	
hydromorphone hcl oral tablet	9	INGREZZA	21	jencycla	32	
hydroxychloroquine sulfate oral	16	INGREZZA SPRINKLE	21	JENTADUETO	26	
hydroxyurea oral	16	INPEN	25	JENTADUETO XR	26	
hydroxyzine hcl oral	18	INSPIREASE	40	jinteli	32	
hydroxyzine pamoate oral	18	INSULIN LISPRO JUNIOR KWIKPEN	25	jolessa	32	
HYFTOR	35	INSULIN LISPRO KWIKPEN	26	JORNAY PM	21	
HYMPAVZI	27	INSULIN LISPRO PROT & LISPRO	26	JOURNAVX	9	
		INSULIN LISPRO VIAL	26	JUBLIA	14	
		INTRAROSA	27	juleber	32	
		introvale	32	JULUCA	17	
		INVELTYS	37	junel 1.5/30	32	

june1 1/20	32
june1 fe 1.5/30	32
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june1 fe 24	32
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JUST RIGHT 5000 DENTAL PASTE	22
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kariva	32
kelnor 1/35	32
kelnor 1/50	32
KEPPRA ORAL	13
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KERENDIA ORAL TABLET 10 MG, 20 MG	19
KESIMPTA	21
ketoconazole external cream	14
ketoconazole external shampoo	14
ketoconazole oral	14
ketorolac tromethamine ophthalmic	37
ketorolac tromethamine oral	10
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klor-con 10	27
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klor-con m15	27
klor-con m20	27
KLOXXADO	10
kl5 quit2	10
kl5 quit4	10
KOATE	27
KOATE-DVI	27
KOGENATE FS	27
KOSELUGO	16

KOURZEQ	22
KOVALTRY	27
K-PHOS-NEUTRAL	27
KRINTAFEL	16
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labetalol hcl oral	19
lacosamide oral	13
lactulose encephalopathy	29
lactulose oral solution	29
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LAMICTAL	13
LAMICTAL ODT ORAL TABLET DISPERSIBLE	13
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	13
lamotrigine er	13
lamotrigine oral tablet	13
lamotrigine oral tablet chewable	13
lamotrigine oral tablet dispersible	13
LANOXIN ORAL TABLET 62.5 MCG	19
LANOXIN ORAL TABLET 125 MCG, 250 MCG	19
lansoprazole oral tablet delayed release dispersible	28
LANTUS SOLOSTAR	26
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larin 1.5/30	32
larin 1/20	32
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larin fe 1.5/30	32
larin fe 1/20	32
LASIX	19
latanoprost ophthalmic	38
LEDIPASVIR-SOFOSBUVIR	17
leena	32
leflunomide oral	35
lenalidomide	16

LENVIMA	16
lessina	32
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leuprolide acetate injection	34
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levocarnitine oral solution	27
levocarnitine oral tablet	29
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levonest	32
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	32
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	32
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	32
levonorg-eth estrad triphasic	32
levora 0.15/30 (28)	32
levo-t	34
levothyroxine sodium oral tablet	34
levoxyl	35
LEVSIN	29
LEVSIN/SL	29
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	13
lidocaine external ointment 5 %	9
lidocaine external patch 5 %	9
lidocaine hcl mouth/throat	22



lidocaine-prilocaine external cream	9	LUPKYNIS	35	MENVEO	36	
lidocaine viscous hcl	22	lurasidone hcl	17	mercaptopurine oral tablet	16	
LIKMEZ	11	lutura	32	mesalamine oral capsule delayed release 400 mg	37	
linezolid oral tablet	11	lyleq	32	mesalamine oral tablet delayed release 1.2 gm	37	
LINZESS	29	lyllana	32	mesalamine rectal enema	37	
liothyronine sodium oral	35	LYNPARZA	16	mesalamine rectal suppository	37	
liraglutide solution pen-injector 18 mg/3ml subcutaneous	26	LYRICA ORAL CAPSULE	21	metaxalone oral tablet 400 mg, 800 mg	41	
liraglutide solution pen-injector 18 mg/3ml subcutaneous	26	LYUMJEV KWIKPEN	26	metformin hcl er	26	
lisdexamfetamine dimesylate	21	LYUMJEV VIAL	26	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	26	
lisinopril-hydrochlorothiazide	19	lyza	32	methadone hcl oral tablet	9	
lisinopril oral	19	M			methenamine hippurate	12
LITFULO	35	MACROBID	11	methimazole oral	35	
lithium carbonate er	18	MACRODANTIN	12	methocarbamol oral tablet 500 mg, 750 mg	41	
lithium carbonate oral	18	MALARONE	16	methotrexate sodium injection solution	35	
LITHOBID	18	marlissa	32	methotrexate sodium oral	35	
LIVDELZI	29	matzim la	19	methotrexate sodium (pf)	35	
LODOCO	19	MAVENCLAD	21	METHYLIN	21	
lojaimiess	32	MAVYRET ORAL PACKET	17	methylphenidate hcl er (cd)	21	
LOKELMA	28	MAXITROL	38	methylphenidate hcl er (la) oral capsule extended release 24 hour	21	
LO LOESTRIN FE	32	maxi-tuss ac	39	methylphenidate hcl er oral tablet extended release	21	
LOMOTIL	29	MAXZIDE-25 ORAL TABLET 37.5-25 MG	19	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	21	
LOPID	19	MAXZIDE ORAL TABLET 75-50 MG	19	methylphenidate hcl oral solution	21	
LOPRESSOR ORAL SOLUTION	19	MAYZENT	21	methylphenidate hcl oral tablet	21	
lorazepam oral tablet	18	MEDROL ORAL TABLET 2 MG	34	methylphenidate hcl oral tablet chewable	21	
loryna	32	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	34	methylprednisolone oral	34	
losartan potassium-hctz	19	MEDROL ORAL TABLET THERAPY PACK	34	metoclopramide hcl oral tablet	14	
losartan potassium oral	19	medroxyprogesterone acetate intramuscular	32	metolazone	19	
LOTEMAX OPHTHALMIC OINTMENT	37	medroxyprogesterone acetate oral	32	metoprolol-hydrochlorothiazide	19	
LOTEMAX SM	37	mefloquine hcl	16	metoprolol succinate er oral tablet extended release 24 hour 25 mg	19	
LOTENSIN	19	megestrol acetate oral suspension 40 mg/ml	34	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	19	
LOTENSIN HCT	19	megestrol acetate oral tablet	32	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	19	
loteprednol etabonate ophthalmic suspension	38	meleya	32			
lovastatin oral	19	meloxicam oral tablet	10			
low-ogestrel	32	memantine hcl er	13			
lo-zumandimine	32	memantine hcl oral tablet	13			
lubiprostone	29	MENOPUR	36			
LUMAKRAS	16	MENOSTAR	32			
LUMIGAN	38	MENQUADFI	36			
LUMRYZ	41					

METROCREAM	24	morphine sulfate er oral tablet extended release.....	9	naratriptan hcl	15
METROLOTION	24	morphine sulfate oral tablet.....	9	NARCAN	10
metronidazole external cream	24	MOTPOLY XR.....	13	NASCOBAL.....	28
metronidazole external gel 0.75 %.....	24	MOUNJARO.....	26	na sulfate-k sulfate-mg sulf.....	29
metronidazole external lotion	24	MOVIPREP	29	NATAZIA	32
metronidazole oral tablet 250 mg, 500 mg.....	12	moxifloxacin hcl (2x day).....	38	nateglinide.....	26
metronidazole vaginal.....	12	moxifloxacin hcl ophthalmic	38	NAYZILAM	13
mexiletine hcl oral.....	19	moxifloxacin hcl oral	12	nebivolol hcl	20
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MICROCHAMBER.....	40	multi-vitamin/fluoride	28	necon 0.5/35 (28)	32
microgestin 1.5/30.....	32	multivitamin/fluoride oral tablet chewable.....	28	NEFFY.....	39
microgestin 1/20.....	32	multivitamin w/fluoride tablet chewable 0.5 mg oral.....	28	NEMLUVIO.....	24
microgestin 24 fe oral tablet 1-20 mg- mcg.....	32	multivitamin w/fluoride tablet chewable 0.25 mg oral.....	28	neomycin-polymyxin-dexameth	38
microgestin fe 1.5/30	32	multivitamin w/fluoride tablet chewable 1 mg oral	28	neomycin-polymyxin-hc otic	39
microgestin fe 1/20	32	mupirocin cream	12	neomycin sulfate oral	12
midodrine hcl	19	mupirocin ointment.....	12	NEONATAL COMPLETE.....	28
MIEBO	38	MYAMBUTOL ORAL TABLET 400 MG	15	NEONATAL PLUS	28
mili.....	32	mycophenolate mofetil oral capsule	35	neuac	24
mimvey	32	mycophenolate mofetil oral tablet	35	NEULASTA	27
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG.....	19	mycophenolate sodium	35	NEUPRO.....	16
minocycline hcl oral capsule	12	mycophenolic acid	35	NEURONTIN	13
minoxidil oral.....	19	MYFEMBREE	32	NEVANAC	38
mirabegron er.....	30	MYHIBBIN	35	NEXLETOL.....	20
mirtazapine oral.....	14	MYSOLINE.....	13	NEXLIZET.....	20
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M-M-R II	36			NICORETTE MINI	10
M-NATAL PLUS.....	28			NICORETTE MOUTH/THROAT GUM	10
modafinil oral	41			NICORETTE MOUTH/THROAT LOZENGE	10
MODERNA COVID-19 VAC 6M-11Y.....	36			NICORETTE STARTER KIT	10
mometasone furoate external.....	24			nicotine mini	10
mometasone furoate nasal.....	39			nicotine polacrilex mini	10
mono-lyyah.....	32			nicotine polacrilex mouth/throat	10
montelukast sodium oral packet	40			nicotine step 1	10
montelukast sodium oral tablet.....	40			nicotine step 2	10
montelukast sodium oral tablet chewable.....	40			nicotine step 3	10
				nicotine transdermal patch 24 hour	10
				nifedipine er	20
				nifedipine er osmotic release.....	20

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nifedipine oral.....	20	nortrel 7/7/7	33	olmesartan medoxomil oral	20
nikki.....	32	nortriptyline hcl oral capsule.....	14	olopatadine hcl nasal.....	39
nilotinib hcl	16	NOVAREL	36	olopatadine hcl ophthalmic solution	
NITRO-BID.....	20	NOVOEIGHT	27	0.1 %	38
NITRO-DUR.....	20	NOVOFINE AUTOCOVER PEN NEEDLE		OLUMIANT	35
nitrofurantoin macrocrystal.....	12	30G X 8 MM	25	OMECLAMOX-PAK	28
nitrofurantoin monohydrate		NOVOFINE PEN NEEDLE	25	omega-3-acid ethyl esters	20
macrocrystals.....	12	NOVOFINE PLUS PEN NEEDLE	25	omeprazole oral capsule delayed	
nitroglycerin rectal.....	20	NOVOPEN ECHO	25	release	28
nitroglycerin sublingual.....	20	np thyroid.....	35	OMNIPOD 5 DEXCOM INTRO KIT	25
nitroglycerin transdermal.....	20	NUBEQA.....	16	OMNIPOD 5 DEXCOM PODS.....	25
NITROSTAT.....	20	NUCALA	40	OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	25
NIVA-PLUS.....	28	NUCYNTA	9	OMNIPOD 5 G7 PODS (GEN 5).....	25
NIVA THYROID.....	35	NUCYNTA ER.....	9	OMNIPOD 5 LIBRE INTRO KIT.....	25
NIVESTYM	27	NUDEXTA.....	21	OMNIPOD 5 LIBRE PODS.....	25
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SUBLINGUAL 27.7 MCG, 55.3 MCG	34	NURTEC.....	15	OMVOH SUBCUTANEOUS	35
nora-be	32	NUWIQ.....	27	ondansetron hcl oral	14
NORDITROPIN FLEXPRO.....	34	NUZYRA ORAL	12	ondansetron odt oral tablet	
norelgestromin-eth estradiol	33	nyamyc.....	14	dispersible 4 mg, 8 mg	14
norethin ace-eth estrad-fe oral tablet.....	33	nylia 1/35	33	ONE VITE WOMENS PLUS	28
norethin ace-eth estrad-fe oral tablet		nylia 7/7/7	33	ONFI.....	13
chewable.....	33	nymyo oral tablet 0.25-35 mg-mcg.....	33	ONYDA XR.....	21
norethindrone acetate oral.....	33	nystatin external.....	14	OPSUMIT	41
norethindrone acet-ethinyl est.....	33	nystatin mouth/throat.....	14	OPVEE	11
norethindrone-eth estradiol	33	nystatin oral	14	OPZELURA.....	24
norethindrone oral	33	nystatin-triamcinolone.....	14	ORACIT	28
norethindron-ethinyl estrad-fe oral		nystop	14	ORAL CITRATE.....	28
tablet 1-20/1-30/1-35 mg-mcg	33			ORALONE.....	22
norgestimate-eth estradiol oral tablet				ORENCIA CLICKJECT.....	35
0.25-35 mg-mcg	33			ORENCIA SUBCUTANEOUS.....	35
norgestimate-ethinyl estradiol				ORFADIN.....	29
triphasic oral tablet 0.18/0.215/0.25				ORGOVYX.....	16
mg-25 mcg.....	33			ORIAHNN	34
norgestimate-ethinyl estradiol				ORILISSA	34
triphasic oral tablet 0.18/0.215/0.25				orphenadrine citrate er	41
mg-35 mcg.....	33			OSCIMIN.....	29
NORLIQVA	20			oseltamivir phosphate oral.....	17
norlyroc.....	33			OSPHENA	27
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nortrel 1/35 (21).....	33			OVACE PLUS WASH EXTERNAL LIQUID	24
nortrel 1/35 (28)	33				

O

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OCUFLOX	38
ODACTRA	39
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ODOMZO.....	16
OFEV.....	41
ofloxacin ophthalmic.....	38
ofloxacin otic	39
olanzapine oral tablet	17
olanzapine oral tablet dispersible	17
olmesartan medoxomil-hctz	20



OVACE WASH	24	PERTZYE	30	prednisolone sodium phosphate oral solution 15 mg/5ml	34
OVIDREL	36	PFIZER COVID-19 VAC-TRIS 5-11Y	36	prednisone oral	34
oxaprozin oral tablet	10	PFIZER COVID-19 VAC-TRIS 6M-4Y	36	pregabalin oral capsule	21
oxcarbazepine	13	phenazo oral tablet 200 mg	30	PREGNYL	36
oxybutynin chloride er	30	phenazopyridine hcl oral tablet 100 mg, 200 mg	30	PREMARIN ORAL	33
oxybutynin chloride oral solution	30	phenobarbital oral tablet	13	PREMARIN VAGINAL	33
oxybutynin chloride oral tablet 2.5 mg .	30	phenytek	13	premium lidocaine	9
oxybutynin chloride oral tablet 5 mg ...	30	phenytoin sodium extended	13	PREMPHASE	33
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9	philith	33	PREMPRO	33
oxycodone hcl oral capsule	9	PHOSPHA 250 NEUTRAL	28	prenatal oral tablet 27-1 mg	28
oxycodone hcl oral solution	9	phosphorous	28	prenatal plus	28
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	9	phospho-trin 250 neutral	28	prenatal plus vitamin/mineral	28
OZEMPIC	26	pilocarpine hcl oral	22	PRENATE MINI	28
P		pimecrolimus	24	prevalite	20
PACERONE ORAL TABLET 100 MG, 400 MG	20	pimtrea	33	PREVIDENT 5000 BOOSTER PLUS	22
PACERONE ORAL TABLET 200 MG	20	pioglitazone hcl	26	PREVIDENT 5000 DRY MOUTH	22
paliperidone er	17	pioglitazone hcl-metformin hcl	26	PREVIDENT 5000 ENAMEL PROTECT ...	28
PANCREAZE	30	PIQRAY	16	PREVIDENT 5000 KIDS	22
PANRETIN	24	pirfenidone	41	PREVIDENT 5000 ORTHO DEFENSE	22
pantoprazole sodium oral tablet delayed release	29	piroxicam oral	10	PREVIDENT 5000 PLUS	22
paroxetine hcl er	14	PLEGRIDY	21	PREVIDENT 5000 SENSITIVE	28
paroxetine hcl oral tablet	14	PLENVU	29	PREVIDENT DENTAL	22
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ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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