Your 2026 Prescription Drug List

Essential 4-Tier

Effective January 1, 2026

United Healthcare

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, UnitedHealthcare Level Funded, UnitedHealthOne, Neighborhood Health Partnership Plan, River Valley, Surest and UnitedHealthcare of Nevada medical plans when sold in your market with a pharmacy benefit subject to the Essential 4-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.

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.

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification) 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. 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.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	$ **Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	$$ **Mid-range cost** Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help your out-of-pocket costs.
Tier 4	$$$ **Highest-cost** Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Reading your PDL (continued)

Drug list information

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

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.
NF	**Non-Formulary** Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	**Prior authorization** – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	**Quantity limits** – The largest quantity of medication covered per copayment or in a defined period of time.
RS	**Refill and Save Program** – 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.

Reading your PDL (continued)

Coverage details

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

- **Central nervous system: sedatives/hypnotics**
  Coverage is set by the member's prescription drug benefit plan. Please review your plan documents for coverage and cost-share.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
  Diabetic supplies and prescription medications may be subject to different cost-share amounts for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.
- **Diabetes: continuous glucose monitors, sensors**
  Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
  Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share.
- **Infertility**
  Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.
- **Medications for sexual dysfunction**
  Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share.
- **Termination of pregnancy**
  Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	
ALLZITAL	NF	
apap-caff-dihydrocodeine	NF	QL
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	NF	
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	NF	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	NF	QL
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	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
BUTRANS	NF	PA, QL
DILAUDID ORAL TABLET	NF	
endocet	1	
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NF	PA, QL
FIORICET	4	QL
FIORICET/CODEINE	NF	QL
GEN7T EXTERNAL PATCH 3.5 %	NF	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
JOURNAVX	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	NF	PA, QL
LIDODERM	NF	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	NF	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	
MS CONTIN	NF	PA, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	NF	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	NF	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	NF	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	NF	QL
OXYCONTIN	NF	PA, QL
PERCOCET	NF	
premium lidocaine	2	QL
PROLATE ORAL TABLET	NF	
ROXICODONE	NF	
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 100 mg, 25 mg, 75 mg	NF	
tramadol hcl oral tablet 50 mg	1	
tramadol-acetaminophen	1	QL
TREZIX	NF	QL
TRIDACAINE II	NF	PA, QL
TRIDACAINE III	NF	PA, QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	NF	
ARTHROTEC	NF	
CELEBREX	NF	
celecoxib oral	2	
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	NF	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	NF	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
DICLOFONO	NF	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	4	
ibuprofen oral suspension 100 mg/5ml	NF	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	NF	
LOFENA	NF	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	NF	
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	
RELAFEN DS	NF	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	NF	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
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	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
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
SUBOXONE	NF	PA, QL
THRIVE	4	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
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	4	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
CLEOCIN VAGINAL CREAM	4	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	NF	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
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	4	
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	4	QL
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	4	
levofloxacin oral tablet	1	
LIKMEZ	4	
linezolid oral tablet	2	
MACROBID	4	
MACRODANTIN	4	
methenamine hippurate	1	
metronidazole oral tablet 125 mg	NF	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
MONDOXYNE NL	NF	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	NF	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SEYSARA	NF	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	NF	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral capsule	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	4	
XIFAXAN	NF	PA, QL
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	NF	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NF	QL
PRADAXA ORAL CAPSULE	NF	QL
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	NF	PA
BRIVIACT ORAL TABLET	NF	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	NF	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	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	
ELEPSIA XR	NF	PA
EPIDIOLEX	4	PA, SP
epitol	1	
eslicarbazepine acetate	4	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	NF	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	NF	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	NF	PA

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
KEPPRA ORAL	NF	PA
KEPPRA XR	NF	PA
lacosamide oral	2	
LAMICTAL	NF	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	PA
lamotrigine er	NF	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	NF	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	4	PA
MYSOLINE	NF	PA
NAYZILAM	3	PA, QL
NEURONTIN	NF	PA
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	NF	
perampanel	3	PA
phenobarbital oral tablet	1	
phenytek oral capsule 200 mg	1	
phenytek oral capsule 300 mg	4	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	NF	
TOPAMAX	NF	PA
TOPAMAX SPRINKLE	NF	PA
topiramate er oral capsule extended release 24 hour	NF	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	NF	PA
TROKENDI XR	NF	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	NF	PA
ZARONTIN	4	
ZONEGRAN	NF	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	NF	
donepezil hcl oral tablet	1	
EXELON	NF	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	NF	
NAMENDA TITRATION PAK	NF	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	NF	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	NF	
AUVELITY	NF	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	NF	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
EFFEXOR XR	NF	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	NF	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	QL
FORFIVO XL	NF	QL
imipramine hcl oral	1	
LEXAPRO	NF	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
PAMELOR	NF	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
PAXIL	NF	
PAXIL CR	NF	QL
PRISTIQ	NF	QL
PROZAC	NF	
RALDESY	NF	PA
REMERON	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	NF	
SERTRALINE HCL ORAL CAPSULE	NF	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	NF	QL
VIIBRYD	NF	QL
vilazodone hcl	3	QL
WAINUA	3	PA, QL, SP
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT	NF	
ZURZUVAE	3	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET 50 MG	NF	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	NF	PA
doxylamine-pyridoxine	NF	PA
dronabinol	1	
EMEND BIPACK	NF	QL
MARINOL	NF	
meclizine hcl oral tablet	NF	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ondansetron odt oral tablet dispersible 16 mg	NF	
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	4	
scopolamine	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	NF	
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	
DIFLUCAN	NF	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	NF	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL SHAMPOO 1 %	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE	NF	
nyamyc	1	QL

Drug Name	Drug Tier	Requirements & Limits
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	NF	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	NF	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	NF	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA, ST, QL
AJOVY	NF	PA, ST, QL
eletriptan hydrobromide	3	QL
EMGALITY	3	PA, ST, QL
FROVA	NF	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	NF	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
IMITREX STATDOSE SYSTEM	NF	QL
MAXALT	NF	QL
MAXALT-MLT	NF	QL
naratriptan hcl	1	QL
NURTEC	3	PA, ST, QL
QULIPTA	3	PA, ST, QL
RELPAX	NF	QL
REYVOW	NF	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	NF	QL
UBRELVY	3	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	NF	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	NF	QL
zolmitriptan nasal solution 5 mg	NF	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	NF	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	NF	
pyridostigmine bromide oral tablet 30 mg	NF	
pyridostigmine bromide oral tablet 60 mg	1	

Drug Name	Drug Tier	Requirements & Limits
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	3	QL, SP
abiraterone acetate oral tablet 500 mg	NF	QL, SP
ABIRTEGA	NF	QL, SP
ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	NF	
AROMASIN	NF	
AUGTYRO	3	PA, QL, SP
BESREMI	NF	PA, QL, SP
bicalutamide	1	
BRUKINSA	4	PA, ST, QL, SP
CABOMETYX	3	PA, QL, SP
CALQUENCE	3	PA, SP
capecitabine	2	QL, SP
CASODEX	NF	
COTELLIC	4	PA, QL, SP
dasatinib	3	PA, QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	3	PA, QL
ERLEADA ORAL TABLET 60 MG	3	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
FEMARA	NF	
GAVRETO	4	PA, QL, SP

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
GLEEVEC	NF	QL, SP
HYDREA	NF	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	NF	PA, ST, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	4	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA, QL, SP
IDHIFA	3	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	3	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	NF	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	3	PA, QL, SP
IMKELDI	4	QL, SP
JAKAFI	3	PA, QL, SP
KISQALI	3	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	3	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	3	PA, ST, QL, SP
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP
ORGOVYX	4	PA, QL, SP
PIQRAY	3	PA, QL, SP
POMALYST	4	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK ORAL CAPSULE	3	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, QL, SP
RYDAPT	3	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
SPRYCEL	NF	PA, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	NF	PA, ST, QL, SP
temozolomide	1	SP
torpenz	3	PA, QL, SP
TRUQAP ORAL TABLET	3	PA, QL, SP
VENCLEXTA	3	PA, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XELODA	NF	QL, SP
XTANDI	3	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	3	PA, SP
ZELBORAF	3	PA, QL, SP
ZYTIGA	NF	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	NF	
permethrin external	1	
PLAQUENIL	NF	
SOVUNA	NF	
STROMECTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
amantadine hcl oral tablet	1	
AZILECT	NF	ST
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
DHIVY	NF	
INBRIJA	3	PA, QL, SP
NEUPRO	NF	
PARLODEL ORAL TABLET	NF	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	NF	ST
ropinirole hcl	1	
RYTARY	NF	ST
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	NF	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	NF	
PLAVIX	NF	
prasugrel hcl	3	
ticagrelor	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	NF	
aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
GEODON ORAL	NF	
haloperidol oral	1	
INVEGA	NF	QL
LATUDA	NF	QL

Drug Name	Drug Tier	Requirements & Limits
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	NF	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	NF	
risperidone	1	
SAPHRIS	NF	QL
SEROQUEL	NF	
SEROQUEL XR	NF	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	NF	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	NF	
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	
BARACLUDE ORAL TABLET	NF	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	2	
EPCLUSA ORAL TABLET	3	PA, QL, SP
famciclovir oral	2	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
GENVOYA	4	QL
HARVONI ORAL TABLET	3	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	3	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET ORAL PACKET	3	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	3	QL
PREVYMIS ORAL TABLET	3	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
TAMIFLU	NF	
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	NF	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	NF	
valganciclovir hcl oral tablet	1	
VALTREX	NF	QL
VEMLIDY	NF	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	NF	QL

Drug Name	Drug Tier	Requirements & Limits
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	NF	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	NF	
VISTARIL ORAL CAPSULE 25 MG	4	
XANAX	NF	
XANAX XR	NF	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
amlodipine-olmesartan	NF	
ATACAND	NF	
ATACAND HCT	NF	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	NF	
AVAPRO	NF	
AZOR	NF	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	NF	
BENICAR HCT	NF	
BETAPACE	NF	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	NF	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	NF	
CARDIZEM CD	NF	
CARDIZEM LA	NF	
CARDURA	4	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	NF	
CATAPRES-TTS-1	NF	
CATAPRES-TTS-2	NF	
CATAPRES-TTS-3	NF	
chlorthalidone	1	
cholestyramine light	1	

Drug Name	Drug Tier	Requirements & Limits
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	3	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	3	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
COREG	NF	
COREG CR	NF	
CORGARD ORAL TABLET 20 MG, 40 MG	4	
CORLANOR	3	PA, QL
COZAAR	NF	
CRESTOR	NF	
digoxin oral tablet	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	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	NF	
DIOVAN HCT	NF	
dofetilide	2	
doxazosin mesylate oral	1	
EDARBI	NF	
EDARBYCLOR	NF	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	NF	PA, QL
EPANED	4	PA
eplerenone	2	
EXFORGE	NF	
ezetimibe	2	
ezetimibe-simvastatin	NF	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	NF	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	NF	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	NF	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	NF	
HEMICLOR	NF	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	NF	
icosapent ethyl	NF	PA
indapamide	1	
INDERAL LA	NF	
INSPRA	NF	
INZIRQO	NF	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	NF	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA, QL
KAPSPARGO SPRINKLE	4	
KERENDIA ORAL TABLET 10 MG, 20 MG	NF	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	4	
LASIX	4	
LIPITOR	NF	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	NF	ST
LODOCO	4	QL
LOPID	4	
LOPRESSOR ORAL TABLET	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	NF	
lovastatin oral	1	H
LOVAZA	NF	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
metolazone	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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 tartrate oral tablet 37.5 mg, 75 mg	NF	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	NF	
MICARDIS HCT	NF	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
minoxidil oral	1	
MULTAQ	NF	PA
nadolol oral	1	
nebivolol hcl	3	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	NF	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	NF	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	NF	
omega-3-acid ethyl esters	2	

Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
pitavastatin calcium	NF	ST
PRALUENT	NF	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	NF	
propafenone hcl	1	
propafenone hcl er	4	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
ramipril	1	
ranolazine er	2	
RECTIV	NF	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	NF	
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	
SOAANZ	NF	QL
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	NF	

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Drug Name	Drug Tier	Requirements & Limits
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	NF	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	NF	
TENORETIC 50	NF	
TENORMIN	NF	
THALITONE	NF	
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
TOPROL XL	NF	
torsemide	1	
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	NF	
TRICOR	NF	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	NF	
VALSARTAN ORAL SOLUTION	4	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	NF	PA
VASERETIC	NF	
VASOTEC	NF	
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	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	NF	PA, QL
VYNDAQEL	3	PA, QL, SP
VYTORIN	NF	
WELCHOL ORAL TABLET	NF	
ZESTORETIC	NF	
ZESTRIL	NF	
ZETIA	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	NF	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	NF	
ADDERALL XR	NF	QL
ADZENYS XR-ODT	NF	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
CONCERTA	NF	QL
COTEMPLA XR-ODT	NF	QL
DEXEDRINE	NF	QL
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	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	NF	QL
EVEKEO	NF	
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	NF	
lisdexamfetamine dimesylate	3	QL
METADATE CD	NF	QL
METHYLIN	NF	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	NF	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	NF	QL
methylphenidate hcl er (xr)	NF	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	NF	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	NF	QL
ONYDA XR	3	QL
QELBREE	NF	PA, QL
QUILLICHEW ER	NF	QL
QUILLIVANT XR	NF	QL
RELEXXII	NF	QL
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	NF	QL
VYVANSE	NF	QL
ZENZEDI	NF	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	NF	PA, QL, SP
AUBAGIO	NF	PA, QL, SP
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
dalfampridine er	3	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	NF	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA	NF	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NF	PA, QL, SP
teriflunomide	3	PA, QL, SP

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA, QL, SP
AUSTEDO XR	3	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	3	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	3	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	3	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	3	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	4	PA, QL, SP
RADICAVA ORS STARTER KIT	4	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	4	PA
TIGLUTIK	4	PA
VEOZAH	4	PA, QL
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT	4	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/ throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
EVOXAC	NF	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/ throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	NF	PA
ACANYA	NF	QL
accutane	2	
acitretin	1	
ACZONE	NF	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	NF	
adapalene external gel	NF	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
adapalene-benzoyl peroxide external gel	3	QL
ADEINZDE	NF	
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	NF	
alclometasone dipropionate	1	
ammonium lactate external	NF	
amnesteem	2	
AMZEEQ	NF	QL
ARAZLO	NF	PA, QL
ATRALIN	NF	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	NF	
AVITA EXTERNAL CREAM 0.025 %	NF	PA, QL
azelaic acid external	3	
AZELEX	NF	QL
BENZAMYCIN	NF	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	
BLANCHE	NF	
CABTREO	NF	QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	NF	
CIBINQO	3	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	NF	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phos (once-daily) gel 1 % external	2	QL
clindamycin phos (once-daily) gel 1 % external	NF	(generic for Clindagel), 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 (twice-daily) gel 1 % external	NF	(generic for Clindagel), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	NF	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 0.025 %	NF	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external foam	NF	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	NF	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	NF	QL
CLOBEX SPRAY	NF	QL
clodan	NF	QL
clotrimazole external cream	NF	
clotrimazole-betamethasone	1	
dapsone external	NF	QL
DERMACINRX UREA	NF	
DERMA-SMOOTHE/FS BODY	4	QL
DERMA-SMOOTHE/FS SCALP	4	
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
DIFFERIN EXTERNAL GEL 0.3 %	NF	PA, QL
DIPROLENE	4	
doxycycline	NF	
DRYSOL	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	4	
ELIDEL	NF	QL
ENSTILAR	4	QL
EPIDUO	NF	QL
EPIDUO FORTE	NF	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	NF	
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 cream 0.1 %	NF	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
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 1 %	NF	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %	4	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
hydroquinone external	NF	
HYDROXYM EXTERNAL CREAM	NF	
imiquimod external cream 3.75 %	NF	QL
imiquimod external cream 5 %	1	
imiquimod pump	NF	QL
IMPOYZ	NF	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	NF	PA
ivermectin external cream	NF	QL
KLARON	4	
KLISYRI (250 MG)	4	ST, QL
KLISYRI (350 MG)	4	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	NF	
METROCREAM	4	
METROGEL	NF	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	NF	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
NEMLUVIO	3	PA, QL, SP
neuac	3	QL
NORITATE	NF	
ONEXTON	NF	QL
OPZELURA	NF	PA, QL, SP
ORACEA	NF	

Drug Name	Drug Tier	Requirements & Limits
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	NF	
podofilox external solution	1	
RETIN-A	NF	PA, QL
RHOFADE	NF	PA, QL
SANTYL	4	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	NF	
SUMADAN WASH	NF	
SYNALAR	NF	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	NF	QL
TACLONEX	NF	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	NF	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZORAC EXTERNAL CREAM	NF	PA, QL
TOLAK	NF	
TOPICORT	4	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
TREMFYA CROHNS INDUCTION	3	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	PA, QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	3	PA, QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	NF	QL
tretinoin external gel 0.05 %	NF	PA, 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	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbase	NF	
TRIANEX EXTERNAL OINTMENT 0.05 %	NF	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	NF	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %	NF	
UREA EXTERNAL CREAM 39.5 %	NF	
urea external cream 41 %, 47 %	NF	
uredeb	NF	
UREMEZ-40	3	
URESOL	NF	
VANOS	NF	QL
VTAMA	4	PA, QL
WINLEVI	NF	PA, QL
xurea	NF	
zenatane	2	
ZILXI	NF	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
ZORYVE EXTERNAL CREAM 0.15 %	4	PA
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
ZYCLARA	NF	QL
ZYCLARA PUMP	NF	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
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 SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	NF	QL
AGAMATRIX PRESTO TEST	NF	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS 333	NF	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARESENS N PLUS BT	NF	
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	NF	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT LINK KIT W/ DEVICE	NF	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT LINK KIT W/ DEVICE	NF	(Contour Next Link 24)
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
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL
CVS GLUCOSE METER TEST STRIPS	NF	QL
CVS TRUE METRIX GLUCOSE TEST	NF	QL
D-CARE BLOOD GLUCOSE	NF	QL
D-CARE GLUCOMETER	NF	
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
DIABETES CARE	NF	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	NF	QL
EASY MAX T1 GLUCOSE SYSTEM	NF	
EASY TOUCH HEALTHPRO GLUCOSE	NF	
EASY TOUCH TEST	NF	QL
EASYGLUCO	NF	
EASYMAX 15 TEST	NF	QL
EASYMAX NG BLOOD GLUCOSE KIT	NF	
EMBECTA INSULIN SYRINGE	2	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
EMBRACE BLOOD GLUCOSE TEST	NF	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	NF	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	NF	QL
EVERSENSE 365 SENSOR/ HOLDER	NF	PA
EVERSENSE 365 SMART TRANSMIT	NF	PA
EVERSENSE E3 SENSOR/ HOLDER	NF	PA
EVERSENSE E3 SMART TRANSMITTER	NF	PA
EVERSENSE SENSOR/HOLDER	NF	PA
EVERSENSE SMART TRANSMITTER	NF	PA
FORA 6 CONNECT/GTEL TEST	NF	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	NF	QL
FORTISCARE TEST IN VITRO STRIP	NF	QL
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
FREESTYLE PRECISION NEO SYSTEM	NF	
FREESTYLE PRECISION NEO TEST	NF	QL
FREESTYLE TEST	NF	QL
GLUCOCARD EXPRESSION TEST	NF	QL
GLUCOCARD SHINE TEST	NF	QL
GLUCOCARD VITAL TEST	NF	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
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	NF	
IHEALTH BLOOD GLUCOSE TEST STR	NF	QL
IHEALTH GLUCO+ KIT 10	NF	
IHEALTH GLUCO+ KIT 100	NF	
INPEN	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	NF	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	NF	
MM BLOOD GLUCOSE SYSTEM REFILL	NF	
MM BLULINK GLUCOSE TEST	NF	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
MM EASY TOUCH GLUCOSE METER	NF	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	NF	QL
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
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
OMNIPOD 5 LIBRE PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	NF	QL
ON CALL EXPRESS MONITORING SYS	NF	
ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	QL
ONETOUCH ULTRA TEST STRIPS	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/ DEVICE	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
ONETOUCH VERIO TEST STRIPS	E	QL
OPTIUMEZ TEST	NF	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	NF	QL
PRECISION XTRA BLOOD GLUCOSE	NF	QL
PRECISION XTRA KIT W/DEVICE	NF	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	NF	QL
PTS PANELS EGLU TEST	NF	QL
QUICK TOUCH BLOOD GLUCOSE	NF	
QUICK TOUCH BLOOD GLUCOSE TEST	NF	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL
RELION GLUCOSE TEST STRIPS	NF	QL
RELION TRUE MET AIR GLUC METER	NF	
RELION TRUE METRIX TEST STRIPS	NF	QL
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
RIGHTEST GT333 GLUCOSE TEST	NF	QL
SIMPLERA SENSOR	NF	PA
SIMPLERA SYNC SENSOR	NF	PA
SIMPLERA SYSTEM	NF	PA
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	NF	
TEMPO WELCOME	NF	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER KIT	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TWIIST REFILL KIT	2	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
UNISTRIP1 GENERIC	NF	QL
VERISAFE SAFETY STERILE NEEDLE	2	
VIVAGUARD INO GLUCOSE METER KIT	NF	
VIVAGUARD INO TEST STRIPS	NF	QL
Diabetes - Insulin		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
BASAGLAR KWIKPEN	NF	QL
BASAGLAR TEMPO PEN	NF	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	NF	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	NF	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	1	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
INSULIN ASPART	NF	ST, QL
INSULIN ASPART FLEXPEN	NF	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	NF	QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE	NF	QL
INSULIN GLARGINE MAX SOLOSTAR	NF	QL
INSULIN GLARGINE SOLOSTAR	NF	QL
INSULIN LISPRO	2	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	NF	QL
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	NF	ST, QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	NF	ST, QL
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
NOVOLOG FLEXPEN	NF	ST, QL
NOVOLOG FLEXPEN RELION	NF	ST, QL
NOVOLOG RELION	NF	ST, QL
NOVOLOG U-100 VIAL	NF	ST, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
TRESIBA FLEXTOUCH	NF	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	NF	QL
ACTOS	NF	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	NF	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	NF	ST, QL
FARXIGA	NF	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	NF	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	NF	
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	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	NF	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)
GLUCOTROL XL	4	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	NF	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
INVOKANA	NF	ST, QL

Drug Name	Drug Tier	Requirements & Limits
JANUMET	NF	ST, QL
JANUVIA	NF	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	NF	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	1	PA, QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	NF	
MOUNJARO	3	PA, QL
nateglinide	2	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	NF	QL
ONGLYZA	NF	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	3	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	3	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	NF	QL
SYMLINPEN 60	NF	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	3	PA, QL
XIGDUO XR	NF	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	SP
ALTUVIIIO	4	PA, SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	3	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	NF	PA, SP
FABHALTA	3	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	3	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	NF	PA, SP
HEMOFIL M	3	SP
HUMATE-P	3	SP
HYMPAVZI	3	PA, QL, SP
IDELVION	4	SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
NEULASTA	3	
NIVESTYM	3	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
NYVEPRIA	NF	
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
VOYDEYA	3	PA, QL, SP
WILATE	3	
ZARXIO	3	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	NF	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins		
ACCRUFER	NF	
CARNITOR ORAL SOLUTION	NF	
CARNITOR SF	NF	
CO-NATAL FA	2	
cvs prenatal	NF	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	NF	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	NF	
FLORIVA PLUS	NF	
FLOTREX	NF	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	NF	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	

Drug Name	Drug Tier	Requirements & Limits
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	NF	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	NF	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	NF	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	NF	
NASCOBAL	4	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	NF	
NEONATAL VITAMIN	NF	
NIVA-PLUS	3	
ONE VITE WOMENS	NF	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POKONZA	NF	
POLY-VI-FLOR ORAL TABLET CHEWABLE	NF	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride er oral tablet extended release 15 meq	2	
potassium chloride oral	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	NF	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	NF	
PRENATE MINI	3	
PRENATOL-M	NF	
PRENATRIX	NF	
PRENATRYL	NF	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
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	

Drug Name	Drug Tier	Requirements & Limits
wes-phos 250 neutral	1	
WESTAB PLUS	NF	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	NF	QL
bis subcit-metronid-tetracyc	NF	QL
bismuth/metronidaz/tetracyclin	NF	QL
CARAFATE	NF	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	NF	QL
dexlansoprazole	NF	QL
esomeprazole magnesium oral capsule delayed release	NF	QL
esomeprazole magnesium oral packet	4	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	NF	
lansoprazole oral capsule delayed release	NF	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	NF	QL
NEXIUM ORAL PACKET	4	PA, ST, QL
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	NF	
PREVACID	NF	QL
PREVACID SOLUTAB	NF	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	NF	PA, QL
ANASPAZ	2	
BYLVAY	NF	PA, QL, SP
BYLVAY (PELLETS)	NF	PA, QL, SP
chlordiazepoxide-clidinium	NF	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	NF	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	NF	PA, ST, QL
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	

Drug Name	Drug Tier	Requirements & Limits
lactulose oral solution	1	
LEVBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	NF	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
loperamide hcl oral capsule	NF	
lubiprostone	2	PA, QL
MOTEGRITY	NF	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OSCIMIN	4	
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
RELTONE	NF	
REZDIFFRA	4	PA, QL
ROBINUL ORAL TABLET 1 MG	NF	
ROBINUL-FORTE ORAL TABLET 2 MG	NF	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	NF	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	NF	
URSO FORTE	NF	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	NF	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	4	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	3	PA, QL, SP
CARNITOR ORAL TABLET	NF	
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	NF	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	NF	PA, QL
levocarnitine oral tablet	1	
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
SUCRAID	3	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	3	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	3	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	3	PA, QL
VYNDAMAX	3	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	NF	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	NF	
ELMIRON	NF	ST
GEMTESA	NF	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	4	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	NF	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	ST
tolterodine tartrate er	NF	
trospium chloride	3	
trospium chloride er	NF	
VANRAFIA	4	PA, SP
VELPHORO	4	ST
VESICARE	NF	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	NF	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	NF	
PROSCAR	NF	
RAPAFLO	NF	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	NF	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
abigale lo	2	
ACTIVELLA	4	
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	4	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	NF	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL

Drug Name	Drug Tier	Requirements & Limits
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	2	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	NF	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	NF	
DUAVEE	4	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
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), 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	4	
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	4	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
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	NF	
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

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est 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
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
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
lojaimiess	1	H
loryna	NF	
low-ogestrel	1	H
lo-zumandimine	NF	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H

Drug Name	Drug Tier	Requirements & Limits
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	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	NF	
MINIVELLE	NF	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	NF	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	NF	
nikki	NF	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
NUVARING	NF	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	NF	
PHEXXI	NF	PA
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	4	
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	NF	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	NF	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	NF	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG	NF	
setlakin	2	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	NF	
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
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TWIRLA	NF	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	NF	
valtya 1/50	1	H
velivet	1	H
vestura	NF	
vienva	1	H
viorele	1	H
VIVELLE-DOT	NF	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	NF	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	NF	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	NF	
fludrocortisone acetate oral	1	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	NF	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	NF	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPRO	3	PA, QL, SP
NUTROPIN AQ NUSPIN 10	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 20	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 5	NF	PA, QL, SP
OMNITROPE	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	NF	PA, QL
JATENZO	NF	QL
KYZATREX	4	PA, QL
NATESTO	NF	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	NF	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
testosterone gel 10 mg/act (2%) transdermal	NF	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	NF	PA, QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	NF	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	NF	PA, QL
testosterone gel 25 mg/2.5gm (1%) transdermal	NF	PA, QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	NF	PA, QL
testosterone gel 50 mg/5gm (1%) transdermal	NF	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
TLANDO	NF	PA, QL
UNDECATREX	NF	PA, QL
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
XYOSTED	NF	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	NF	
ARMOUR THYROID	3	
CYTOMEL	NF	
ERMEZA	3	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	NF	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	NF	
THYQUIDITY	NF	PA
thyroid oral	1	
TIROSINT	NF	
TIROSINT-SOL	NF	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
ABRILADA (2 SYRINGE)	NF	PA, QL, SP
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	NF	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	NF	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	NF	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	NF	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	PA, (Manufactured by Celltrion), SP

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (2 PEN)	NF	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	NF	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	NF	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA, (manufactured by Sandoz), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	NF	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	NF	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	NF	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	NF	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADBM(PS/UV STARTER)	NF	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-FKJP (2 PEN)	NF	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	NF	PA, (Manufactured by Biocon), QL, SP
ADBRY SOLUTION AUTO-INJECTOR	3	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80MG/0.8ML	3	PA, QL, SP
AMJEVITA 40 MG/0.8ML	NF	PA, QL, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	NF	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	3	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NF	PA, QL, SP
ARAVA	NF	
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
BIMZELX	4	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	NF	
CELLCEPT ORAL TABLET	NF	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
CIMZIA (2 SYRINGE)	3	PA, QL, SP
CIMZIA-STARTER	3	PA, QL, SP
CINRYZE	NF	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	3	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, QL, SP
COSENTYX SENSOREADY PEN	3	PA, QL, SP
COSENTYX UNOREADY	3	PA, QL, SP
cyclosporine modified oral capsule	1	
CYLTEZO (2 PEN)	NF	PA, QL, SP
CYLTEZO (2 SYRINGE)	NF	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
EMPAVELI	3	PA, QL, SP
ENBREL	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
ENTYVIO PEN	3	PA, (SUBCUTANEOUS), QL, SP
ENVARSUS XR	NF	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	NF	
gengraf oral capsule	1	
HADLIMA	NF	PA, QL, SP
HADLIMA PUSHTOUCH	NF	PA, QL, SP
HAEGARDA	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HULIO (2 PEN)	NF	PA, QL, SP
HULIO (2 SYRINGE)	NF	PA, QL, SP
HUMIRA (1 PEN)	NF	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	NF	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	NF	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	NF	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	NF	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	NF	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	NF	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	NF	PA, QL, SP
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	NF	PA, QL, SP
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	PA, QL, SP
HUMIRA-PSORIASIS/UVEIT STARTER	NF	PA, QL, SP
HYFTOR	4	PA, QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NF	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NF	PA, SP
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	NF	PA, QL, SP
HYRIMOZ-PED>/=40KG CROHN START	NF	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UVEIT START	NF	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	NF	PA, QL, SP
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	NF	PA, QL, SP
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
IMURAN	NF	
JYLAMVO	4	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	PA, ST, QL, SP
leflunomide oral	1	

Drug Name	Drug Tier	Requirements & Limits
LITFULO	4	PA, QL, SP
LUPKYNIS	NF	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	3	
mycophenolic acid	3	
MYFORTIC	NF	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	NF	
OLUMIANT ORAL TABLET 1 MG, 4 MG	4	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	4	PA, ST, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, (SUBCUTANEOUS), QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, (SUBCUTANEOUS), QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA ORAL TABLET 20 MG	3	PA, QL
OTEZLA ORAL TABLET 30 MG	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL CAPSULE	4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	NF	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMLANDI (1 PEN)	NF	PA, QL, SP
SIMLANDI (1 SYRINGE)	NF	PA, QL, SP
SIMLANDI (2 PEN)	NF	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	NF	PA, QL, SP

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NF	PA, SP
SIMPONI	3	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI PEN	3	PA, QL, SP
SKYRIZI SUBCUTANEOUS	3	PA, QL, SP
SOTYKTU	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, QL, SP
STEQEYMA SUBCUTANEOUS	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	PA, ST, QL, SP
TREMFYA ONE-PRESS	3	PA, QL, SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, QL, SP
XELJANZ	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
YESINTEK SUBCUTANEOUS	3	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	PA, SP
YUFLYMA (2 PEN)	NF	PA, QL, SP
YUFLYMA (2 SYRINGE)	NF	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	NF	PA, SP
YUSIMRY	NF	PA, QL, SP
ZORTRESS	NF	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	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
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	NF	
Infertility Agents		
CETROTIDE	4	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	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	NF	
APRISO	1	
AZULFIDINE	NF	
AZULFIDINE EN-TABS	NF	
balsalazide disodium	1	
budesonide oral	2	
CANASA	NF	
COLAZAL	NF	
CORTIFOAM	2	
DELZICOL	NF	
DIPENTUM	NF	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	NF	
hydrocortisone (perianal) external cream 1 %	NF	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
LIALDA	NF	
mesalamine er oral capsule 0.375 gm	NF	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	NF	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PROCORT	NF	
PROCTOCORT	NF	
PROCTOFOAM HC	2	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA	NF	
sulfasalazine oral	1	
UCERIS ORAL	NF	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	NF	QL
alendronate sodium oral tablet	1	
BONSITY	4	PA, SP
EVISTA	NF	
FORTEO	NF	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	4	QL
risedronate sodium oral tablet 30 mg, 5 mg	4	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	NF	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	4	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	NF	
SENSIPAR	NF	
YORVIPATH	4	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	NF	
ALREX	4	QL
AZASITE	3	

Drug Name	Drug Tier	Requirements & Limits
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	NF	
bromfenac sodium ophthalmic solution 0.075 %	NF	QL
BROMSITE	NF	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	4	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	NF	
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	NF	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	NF	
PROLENSA	NF	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	NF	
XDEMVY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	NF	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	NF	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	NF	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
IYUZEH	NF	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
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	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	NF	ST, QL
travoprost (bak free)	3	QL
VYZULTA	NF	ST, QL
XALATAN	NF	
ZIOPTAN	3	ST, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	NF	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	NF	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic emulsion 0.05 %	NF	PA, QL
cyclosporine ophthalmic emulsion 0.05 %	NF	PA, QL
difluprednate	3	
DUREZOL	NF	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	NF	PA
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
TYRVAYA	NF	PA, QL
VERKAZIA	4	PA, QL
VEVYE	NF	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	NF	
ciprofloxacin-dexamethasone	4	
DERMOTIC	4	
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 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	4	QL
EPIPEN JR 2-PAK	NF	QL
NEFFY	4	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	NF	
azelastine-fluticasone	NF	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	NF	
cetirizine hcl oral solution	NF	
CLARINEX	NF	
cyproheptadine hcl oral	1	
desloratadine oral tablet	NF	
DYMISTA	NF	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	NF	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
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	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	NF	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	NF	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	NF	QL
ryvent	NF	
sodium chloride inhalation	1	
XHANCE	NF	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR DISKUS	NF	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	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	NF	QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	NF	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	NF	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), 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 NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	NF	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	NF	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	3	
BREATHE COMFORT CHAMBER/ CHILD	3	
BREO ELLIPTA	3	QL, RS
breyna	NF	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
budesonide-formoterol fumarate	NF	QL, RS
COMBIVENT RESPIMAT	4	QL
DALIRESP	NF	QL
DULERA	NF	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL
FLEXICHAMBER	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	NF	QL
FLUTICASONE FUROATE-VILANTEROL	NF	QL, RS
FLUTICASONE PROPIONATE HFA	NF	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	NF	QL, RS
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	
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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	NF	QL
PROCHAMBER VHC	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	NF	QL
PULMICORT SUSPENSION	NF	QL
QVAR REDIHALER	2	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
tiotropium bromide monohydrate	NF	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	NF	QL
VENTOLIN HFA	NF	QL
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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	NF	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	NF	PA, QL, SP
ADEMPAS	3	PA, QL, SP
alyq	NF	PA, QL, SP
OPSUMIT	3	PA, QL, SP
REVATIO ORAL	NF	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	4	PA, QL, SP
TRACLEER	3	PA, QL, SP
TYVASO	3	PA, SP
TYVASO DPI INSTITUTIONAL KIT	3	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	3	PA, QL, SP
TYVASO DPI TITRATION KIT	3	PA, QL, SP
TYVASO REFILL KIT	3	PA, SP
TYVASO STARTER KIT	3	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	NF	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FEXMID	NF	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	NF	
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	NF	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	NF	
ZANAFLEX	4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	NF	
AMBIEN CR	NF	
armodafinil	2	QL
BELSOMRA	4	ST, QL
DAYVIGO	NF	ST, QL
doxepin hcl oral tablet	NF	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	NF	
modafinil oral	2	QL
NUVIGIL	NF	QL
PROVIGIL	NF	QL
QUVIVIQ	NF	ST, QL
ramelteon	4	ST, QL
RESTORIL	4	
ROZEREM	NF	ST, QL
SILENOR	NF	QL
SODIUM OXYBATE	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

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

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

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

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរស័ព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイア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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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 عضویت‌تان 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 ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ 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.

WF18118409-E 2026 Prescription Drug List – Essential 4-Tier

United Healthcare