



Your 2026 Prescription Drug List

Advantage 3-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, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Level2, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL

FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	2	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	

Drug Name	Drug Tier	Requirements & Limits
diclofenac-misoprostol	3	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL

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
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H

Drug Name	Drug Tier	Requirements & Limits
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
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	E	PA, QL
THRIVE	3	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	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ES-600	E		doxycycline monohydrate oral suspension reconstituted	3	
AVIDOXY	3		doxycycline monohydrate oral tablet	1	
azithromycin oral packet 1 gm	1		E.E.S. GRANULES	3	
BACTRIM	3		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
BACTRIM DS	3		ERYPED 400	3	
cefadroxil oral capsule	1		erythromycin base oral tablet	1	
cefadroxil oral suspension reconstituted	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefdinir	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cefixime oral capsule	3		fidaxomicin oral tablet	3	QL
cefpodoxime proxetil oral tablet	1		fosfomycin tromethamine	3	
cefprozil	1		gentamicin sulfate external	1	QL
cefuroxime axetil	1		HIPREX	3	
cephalexin	1		levofloxacin oral tablet	1	
CIPRO ORAL TABLET	3		LIKMEZ	3	
ciprofloxacin hcl oral	1		linezolid oral tablet	2	
clarithromycin oral tablet	1		MACROBID	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		MACRODANTIN	3	
CLEOCIN ORAL CAPSULE 75 MG	2		methenamine hippurate	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		metronidazole oral tablet 125 mg	E	
CLEOCIN VAGINAL CREAM	3		metronidazole oral tablet 250 mg, 500 mg	1	
clindamycin hcl oral	1		metronidazole vaginal	2	
clindamycin palmitate hcl	2		minocycline hcl oral capsule	1	
clindamycin phosphate vaginal	2		MONDOXYNE NL	E	
CLINDESSE	2		moxifloxacin hcl oral	3	
dicloxacillin sodium	1		mupirocin cream	3	QL
DIFICID ORAL TABLET	E	QL	mupirocin ointment	1	QL
doxycycline hyclate oral capsule	2		neomycin sulfate oral	1	
doxycycline hyclate oral tablet 100 mg	2		nitrofurantoin macrocrystal	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral tablet 20 mg	1		NUVESSA	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		NUZYRA ORAL	3	QL
doxycycline monohydrate oral capsule 150 mg, 75 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	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	E	QL
PRADAXA ORAL CAPSULE	E	QL

Drug Name	Drug Tier	Requirements & Limits
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Anticonvulsants - Drugs for Seizures

APTiom	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	SYMPAZAN	3	PA
gabapentin oral tablet 600 mg, 800 mg	1		TEGRETOL ORAL TABLET	3	
GABARONE	E	PA	TEGRETOL-XR	3	
KEPPRA ORAL	3	PA	TOPAMAX	3	PA
KEPPRA XR	3	PA	TOPAMAX SPRINKLE	3	PA
lacosamide oral	2		topiramate er oral capsule extended release 24 hour	E	
LAMICTAL	3	PA	topiramate oral capsule sprinkle	1	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	topiramate oral tablet	1	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TRILEPTAL	3	PA
lamotrigine er	3		TROKENDI XR	E	
lamotrigine oral tablet	1		valproic acid oral capsule	1	
lamotrigine oral tablet chewable	1		valproic acid oral solution 250 mg/5ml	1	
lamotrigine oral tablet dispersible	3	PA	VALTOCO	3	PA, QL
levetiracetam er	2		VIMPAT ORAL	3	PA
levetiracetam oral solution	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
levetiracetam oral tablet	1		ZARONTIN	3	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL	ZONEGRAN	3	PA
MOTPOLY XR	3	PA	zonisamide oral	1	
MYSOLINE	2	PA	Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
NAYZILAM	3	PA, QL	ARICEPT	E	
NEURONTIN	3	PA	donepezil hcl oral tablet	1	
ONFI	3	PA	EXELON	E	
oxcarbazepine	1		memantine hcl er	1	
oxcarbazepine er	E		memantine hcl oral tablet	1	
perampanel	2	PA	NAMENDA ORAL TABLET 10 MG, 5 MG	E	
phenobarbital oral tablet	1		NAMENDA TITRATION PAK	E	
phenytek	1		NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
phenytoin sodium extended	1		rivastigmine	3	
primidone oral tablet 125 mg	1	PA	rivastigmine tartrate	1	
primidone oral tablet 250 mg, 50 mg	1		Antidepressants - Drugs for Depression		
roweepra	1		amitriptyline hcl oral	1	
subvenite	1		ANAFRANIL	E	
			AUVELITY	3	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	E	
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	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
PAMELOR	E	

Drug Name	Drug Tier	Requirements & Limits
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	QL
PRISTIQ	E	QL
PROZAC	E	
RALDESY	3	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND BIPACK	E	QL
MARINOL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	

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	E	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL

Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL

Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral 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	E	QL

Drug Name	Drug Tier	Requirements & Limits
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP	RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
exemestane	2	H-PA	REVLIMID	2	PA, QL, SP
EXKIVITY ORAL CAPSULE 40 MG	3	SP	ROZLYTREK	2	PA, QL, SP
FEMARA	E		RYDAPT	2	PA, QL, SP
GAVRETO	3	PA, QL, SP	SCEMBLIX	3	PA, QL, SP
GLEEVEC	E	QL, SP	SPRYCEL	E	PA, QL, SP
HYDREA	E		STIVARGA	2	PA, QL, SP
hydroxyurea oral	1		TABRECTA	3	PA, QL, SP
IBRANCE ORAL TABLET	3	PA, ST, QL, SP	TAGRISSO	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL	tamoxifen citrate oral tablet 10 mg	1	
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP	tamoxifen citrate oral tablet 20 mg	1	H-PA
IDHIFA	2	PA, QL, SP	TASIGNA	E	PA, ST, QL, SP
imatinib mesylate oral	1	QL, SP	temozolomide	1	SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP	torpenz	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP	TRUQAP ORAL TABLET	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP	VENCLEXTA	2	PA, QL, SP
IMKELDI	3	QL, SP	VERZENIO	2	PA, QL, SP
JAKAFI	2	PA, QL, SP	VITRAKVI	2	PA, QL, SP
KISQALI	2	PA, QL, SP	XELODA	E	QL, SP
KOSELUGO	3	PA, QL, SP	XTANDI	2	PA, QL, SP
lenalidomide	2	PA, QL, SP	ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
letrozole oral	1	H-PA	ZELBORAF	2	PA, QL, SP
leucovorin calcium oral	1		ZYTIGA	E	QL, SP
LUMAKRAS	3	PA, QL, SP	Antiparasitics - Drugs for Parasitic Infections		
LYNPARZA	2	PA, QL, SP	ARAKODA	3	QL
mercaptopurine oral tablet	1		atovaquone	2	
nilotinib hcl	2	PA, ST, QL, SP	atovaquone-proguanil hcl	2	
NUBEQA	2	PA, QL, SP	ELIMITE	3	
ODOMZO	2	PA, QL, SP	hydroxychloroquine sulfate oral	1	
ORGOVYX	3	PA, QL, SP	ivermectin oral tablet 3 mg	1	PA, QL
PIQRAY	2	PA, QL, SP	ivermectin oral tablet 6 mg	1	PA
POMALYST	3	PA, QL, SP	KRINTAFEL	1	QL
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP	MALARONE	3	
			mefloquine hcl	1	
			MEPRON	E	
			permethrin external	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PLAQUENIL	E		CLOZARIL	3	
SOVUNA	E		GEODON ORAL	E	
STROMEKTOL	3	PA, QL	haloperidol oral	1	
Antiparkinson Agents - Drugs for Parkinson's Disease			INVEGA	E	QL
amantadine hcl oral capsule	1		LATUDA	E	QL
amantadine hcl oral tablet	1		lurasidone hcl	2	QL
AZILECT	E		olanzapine oral tablet	1	
benztropine mesylate oral	1		olanzapine oral tablet dispersible	2	
bromocriptine mesylate oral tablet	1		paliperidone er	3	QL
carbidopa-levodopa er	1		quetiapine fumarate	1	
carbidopa-levodopa oral tablet	1		quetiapine fumarate er	2	
CREXONT	3	ST	REXULTI	3	QL
DHIVY	E		RISPERDAL	E	
INBRIJA	3	PA, QL, SP	risperidone	1	
NEUPRO	3		SAPHRIS	E	QL
PARLODEL ORAL TABLET	E		SEROQUEL	E	
pramipexole dihydrochloride	1		SEROQUEL XR	E	
rasagiline mesylate oral	3		VRAYLAR	3	QL
ropinirole hcl	1		ziprasidone hcl	2	
RYTARY	E	ST	ZYPREXA ORAL	E	
SINEMET	3		ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
trihexyphenidyl hcl oral tablet	1		Antivirals - Drugs for Viral Infections		
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			acyclovir external ointment	3	QL
BRILINTA	E	QL	acyclovir oral capsule	1	
cilostazol	1		acyclovir oral suspension 200 mg/5ml	1	
clopidogrel bisulfate oral	1		acyclovir oral tablet	1	
EFFIENT	E		BARACLUDE ORAL TABLET	E	
PLAVIX	E		BIKTARVY	3	QL
prasugrel hcl	3		CIMDUO	2	QL
ticagrelor	3	QL	DESCOVY ORAL TABLET 120-15 MG	3	QL
Antipsychotics - Drugs for Mood Disorders			DESCOVY ORAL TABLET 200-25 MG	3	QL, H
ABILIFY	E		DOVATO	2	QL
aripiprazole oral	2		emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
asenapine maleate	3	QL			
CAPLYTA	3	PA, ST, QL			
chlorpromazine hcl oral tablet	1	QL			
clozapine oral tablet	1				

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

Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amiloride hcl oral	1		carvedilol phosphate er	E	
amiodarone hcl oral	1		CATAPRES-TTS-1	E	
amlodipine besylate oral	1		CATAPRES-TTS-2	E	
amlodipine besylate-benazepril hcl	1		CATAPRES-TTS-3	E	
amlodipine besylate-valsartan	2		chlorthalidone	1	
amlodipine-olmesartan	E		cholestyramine light	1	
ATACAND	E		cholestyramine oral	1	
ATACAND HCT	E		clonidine hcl oral	1	
atenolol oral	1		clonidine patch weekly 0.1 mg/24hr transdermal	3	
atenolol-chlorthalidone	1		clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
ATORVALIQ	3	PA	clonidine patch weekly 0.2 mg/24hr transdermal	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine patch weekly 0.3 mg/24hr transdermal	3	
AVALIDE	E		clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
AVAPRO	E		clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
AZOR	E		colesevelam hcl oral tablet	2	
benazepril hcl oral	1		COLESTID ORAL TABLET	3	
benazepril-hydrochlorothiazide	1		colestipol hcl oral tablet	1	
BENICAR	E		COREG	E	
BENICAR HCT	E		COREG CR	E	
BETAPACE	E		CORGARD ORAL TABLET 20 MG, 40 MG	3	
bisoprolol fumarate oral tablet	1		CORLANOR	3	PA, QL
bisoprolol-hydrochlorothiazide	1		COZAAR	E	
bumetanide oral	1		CRESTOR	E	
BUMEX	3		digoxin oral tablet	1	
BYSTOLIC	E		diltiazem hcl er beads	2	
CAMZYOS	3	PA, QL, SP	diltiazem hcl er coated beads	2	
candesartan cilexetil	3		diltiazem hcl er oral capsule extended release 12 hour	1	
candesartan cilexetil-hctz	3		diltiazem hcl er oral capsule extended release 24 hour	1	
captopril oral	1		diltiazem hcl er oral tablet extended release 24 hour	2	
CARDIZEM	E		diltiazem hcl oral	1	
CARDIZEM CD	E		dilt-xr	1	
CARDIZEM LA	E				
CARDURA	3				
cartia xt	2				
carvedilol	1				

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
matzim la	2		olmesartan medoxomil oral	2	
MAXZIDE ORAL TABLET 75-50 MG	3		olmesartan medoxomil-hctz	2	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		olmesartan-amlodipine-hctz	E	
metolazone	1		omega-3-acid ethyl esters	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		PACERONE ORAL TABLET 200 MG	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		pentoxifylline er	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		pitavastatin calcium	E	ST
metoprolol-hydrochlorothiazide	1		PRALUENT	E	PA, ST, QL
mexiletine hcl oral	1		pravastatin sodium	1	
MICARDIS	E		prazosin hcl oral	1	
MICARDIS HCT	E		prevalite	1	
midodrine hcl	1		PROCARDIA XL	E	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3		propafenone hcl	1	
minoxidil oral	1		propafenone hcl er	3	
MULTAQ	3	PA	propranolol hcl er	2	
nadolol oral	1		propranolol hcl oral	1	
nebivolol hcl	3		QUESTRAN	3	
NEXLETOL	2	PA, ST, QL	QUESTRAN LIGHT	3	
NEXLIZET	2	PA, ST, QL	ramipril	1	
niacin er (antihyperlipidemic)	2		ranolazine er	2	
nifedipine er	1		RECTIV	3	QL
nifedipine er osmotic release	1		REPATHA	2	QL
nifedipine oral	1		REPATHA PUSHTRONEX SYSTEM	2	QL
NITRO-BID	2		REPATHA SURECLICK	2	QL
NITRO-DUR	3		rosuvastatin calcium oral	2	
nitroglycerin rectal	3	QL	RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
nitroglycerin sublingual	1		sacubitril-valsartan	3	PA, QL
nitroglycerin transdermal	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
NITROSTAT	3		simvastatin oral tablet 80 mg	1	
NORLIQVA	3	PA	SOANZ	E	QL
NORVASC	E		sotalol hcl oral	1	
			spironolactone oral tablet	1	
			spironolactone-hctz	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2		VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
TEKTURNA	3		VERQUVO	3	PA, QL
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3		VYNDAQEL	2	PA, QL, SP
telmisartan	2		VYTORIN	E	
telmisartan-hctz	2		WELCHOL ORAL TABLET	E	
TENORETIC 100	E		ZESTORETIC	E	
TENORETIC 50	E		ZESTRIL	E	
TENORMIN	E		ZETIA	E	
THALITONE	E		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
tiadylt er	2		ZIAC ORAL TABLET 5-6.25 MG	3	
TIAZAC	3		ZOCOR	E	
TIKOSYN	3		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TOPROL XL	E		ADDERALL	E	
torsemide	1		ADDERALL XR	E	QL
trandolapril	1		ADZENYS XR-ODT	E	QL
triamterene-hctz	1		amphetamine sulfate	2	
TRIBENZOR	E		amphetamine-dextroamphetamine	1	
TRICOR	E		amphetamine-dextroamphetamine er	2	QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E		amphet-dextroamphet 3-bead er	3	QL
VALSARTAN ORAL SOLUTION	3	PA	APTENSIO XR	E	QL
valsartan oral tablet	2		atomoxetine hcl	3	QL
valsartan-hydrochlorothiazide	1		AZSTARYS	3	ST, QL
VASCEPA	E	PA	clonidine hcl er	2	
VASERETIC	E		CONCERTA	E	QL
VASOTEC	E		COTEMPLA XR-ODT	E	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3		DEXEDRINE	E	QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		dexmethylphenidate hcl	1	
verapamil hcl er oral tablet extended release	1		dexmethylphenidate hcl er	2	QL
verapamil hcl oral	1		dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
VERELAN	3		dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	3	QL
METADATE CD	E	QL
METHYLIN	3	
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	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
ONYDA XR	3	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA, QL
adapalene-benzoyl peroxide external gel	3	QL
ADEINZDE	E	
AKLIEF	3	PA, QL
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnestem	2	
AMZEEQ	3	QL
ARAZLO	E	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	

Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BLANCHE	E	
CABTREO	E	QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos (once-daily) gel 1 % external	2	QL
clindamycin phos (once-daily) gel 1 % external	E	(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	E	(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 %	E	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external swab	1		doxycycline	E	
clobetasol prop emollient base external cream 0.05 %	2	QL	DRYSOL	3	
clobetasol propionate e	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
clobetasol propionate external cream 0.05 %	2	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
clobetasol propionate external foam	E	QL	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external gel	2	QL	EFUDEX EXTERNAL CREAM 5 %	3	
clobetasol propionate external liquid	1	QL	ELIDEL	E	QL
clobetasol propionate external ointment	2	QL	ENSTILAR	3	QL
clobetasol propionate external shampoo	E	QL	EPIDUO	E	QL
clobetasol propionate external solution	1	QL	EPIDUO FORTE	E	QL
CLOBEX EXTERNAL SHAMPOO	E	QL	ERYGEL	3	
CLOBEX SPRAY	E	QL	erythromycin external	1	
clodan	E	QL	EUCRISA	3	ST, QL
clotrimazole external cream	E		FINACEA EXTERNAL FOAM	3	
clotrimazole-betamethasone	1		FINACEA EXTERNAL GEL	E	
dapsone external	3	QL	fluocinolone acetonide body	3	QL
DERMACINRX UREA	E		fluocinolone acetonide external cream	3	QL
DERMA-SMOOTHIE/FS BODY	3	QL	fluocinolone acetonide external ointment	2	QL
DERMA-SMOOTHIE/FS SCALP	3		fluocinolone acetonide external solution	1	QL
desonide external cream	2	QL	fluocinolone acetonide scalp	3	
desonide external lotion	3	QL	fluocinonide external cream 0.05 %	1	
desonide external ointment	2	QL	fluocinonide external cream 0.1 %	E	QL
DESOWEN	3	QL	fluocinonide external gel	1	
desoximetasone external cream	1	QL	fluocinonide external ointment	1	
desoximetasone external ointment	3	QL	fluocinonide external solution	1	
diclofenac sodium external gel 3 %	2	PA, QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	fluorouracil external cream 5 %	1	
DIPROLENE	3		fluticasone propionate external cream	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %	3	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
hydroquinone external	E	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	3	
KLISYRI (250 MG)	3	ST, QL
KLISYRI (350 MG)	3	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	3	QL
NORITATE	E	
ONEXTON	E	QL
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
podofilox external solution	1	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
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 %	E	
SUMADAN WASH	E	
SYNALAR	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL SUSPENSION	3	QL	WINLEVI	E	PA, QL
tacrolimus external	2	QL	xurea	E	
tazarotene external cream	3	PA, QL	zenatane	2	
TAZORAC EXTERNAL CREAM	3	PA, QL	ZILXI	3	PA, ST, QL
TOLAK	E		ZORYVE EXTERNAL CREAM 0.15 %	3	PA
TOPICORT	3	QL	ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL	ZORYVE EXTERNAL FOAM	3	PA, QL
TREMFYA	2	PA, QL, SP	ZYCLARA	E	QL
tretinoin external cream	3	QL	ZYCLARA PUMP	E	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL	Diabetes - Glucose Monitoring and Supplies		
tretinoin external gel 0.05 %	E	PA, QL	ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		ACCU-CHEK FASTCLIX LANCET	1	
triamcinolone acetonide external cream 0.5 %	1	QL	ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
triamcinolone acetonide external lotion	1		ACCU-CHEK GUIDE KIT W/ DEVICE	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK GUIDE ME METER	2	
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK GUIDE TEST STRIPS	2	QL
triamcinolone in absorbase	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK SOFTCLIX LANCET	1	
triderm	1	QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ACCUTREND GLUCOSE	E	QL
tritocin external ointment 0.05 %	E		AGAMATRIX PRESTO TEST	E	QL
urea external cream 20 %, 40 %, 45 %	1		AQ INSULIN SYRINGE	2	QL
urea external cream 39 %, 41 %, 47 %	E		AQINJECT PEN NEEDLE	2	QL
UREA EXTERNAL CREAM 39.5 %	E		BD AUTOSHIELD DUO PEN NEEDLES	2	QL
uredeb	E		BD BLUNT FILL NEEDLE W/ FILTER	2	
UREMEZ-40	3		BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
VANOS	E	QL	BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
VTAMA	3	PA, QL	BD ECLIPSE SHIELDED NEEDLE	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BD PEN NEEDLE MICRO ULTRAFINE	2	QL	CONTOUR NEXT GEN MONITOR KIT	1	
BD PEN NEEDLE MINI ULTRAFINE	2	QL	CONTOUR NEXT GEN TEST STRIPS	1	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	
BD PEN NEEDLE ORIG ULTRAFINE	2	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL	CONTOUR NEXT MONITOR KIT W/DEVICE	1	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2		CONTOUR NEXT ONE KIT	1	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2		CONTOUR NEXT TEST STRIPS	1	
BD ULTRA-FINE PEN NEEDLES	2		CONTOUR PLUS BLUE KIT W/ DEVICE	1	
BD ULTRA-FINE PEN NEEDLES	2	QL	CONTOUR PLUS TEST STRIP	1	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2		CONTOUR TEST STRIPS	E	QL
BD VEO ULTRA-FINE INSULIN SYRINGES	2		CVS ADVANCED GLUCOSE TEST	E	QL
BD-ULTRA FINE INSULIN SYRINGES	2		CVS GLUCOSE METER TEST STRIPS	E	QL
BIGFOOT UNITY PROGRAM	3		CVS TRUE METRIX GLUCOSE TEST	E	QL
BIOTEL CARE TEST STRIPS	E	QL	D-CARE BLOOD GLUCOSE	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL	D-CARE GLUCOMETER	E	
BLOOD GLUCOSE TEST STRIPS 333	E	QL	DEXCOM G6 RECEIVER	3	PA, 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		DEXCOM G6 SENSOR	3	PA, QL
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2		DEXCOM G6 TRANSMITTER	3	PA, QL
CAREPOINT SAFETY 1ST NEEDLE	2		DEXCOM G7 RECEIVER	3	PA, QL
CARESENS N PLUS BT	E		DEXCOM G7 SENSOR	3	PA, QL
CARETOUCH MONITOR SYSTEM	E		DIABETES CARE	E	
CARETOUCH TEST	E	QL	DIABETES MONITOR DIGIT ADD-ON	3	
CEQUR SIMPLICITY 2U 8PK	3	ST	DIABETES MONITOR DIGIT SOLN	3	
CONTOUR MONITOR KIT W/ DEVICE	E		DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
CONTOUR NEXT EZ KIT W/ DEVICE	1		EASY MAX BLOOD GLUCOSE TEST	E	QL
			EASY MAX T1 GLUCOSE SYSTEM	E	
			EASY TOUCH HEALTHPRO GLUCOSE	E	
			EASY TOUCH TEST	E	QL
			EASYGLUCO	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EASYMAX 15 TEST	E	QL	FREESTYLE TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E		GLUCOCARD EXPRESSION TEST	E	QL
EMBECTA INSULIN SYRINGE	2	QL	GLUCOCARD SHINE TEST	E	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL	GLUCOCARD VITAL TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
ENLITE GLUCOSE SENSOR	3	PA	GUARDIAN 4 TRANSMITTER	3	PA, QL
EQ BLOOD GLUCOSE TEST	E	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
EVERSENSE 365 SENSOR/HOLDER	E	PA	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
EVERSENSE 365 SMART TRANSMIT	E	PA	GUARDIAN REAL-TIME REPLACE PED	3	PA
EVERSENSE E3 SENSOR/HOLDER	E	PA	GUARDIAN SENSOR 3	3	PA, QL
EVERSENSE E3 SMART TRANSMITTER	E	PA	GVOKE HYOPEN 1-PACK	2	QL
EVERSENSE SENSOR/HOLDER	E	PA	GVOKE HYOPEN 2-PACK	2	QL
EVERSENSE SMART TRANSMITTER	E	PA	GVOKE KIT	2	
FORA 6 CONNECT/GTEL TEST	E	QL	GVOKE PFS	2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL	HEALTHPRO BLOOD GLUCOSE MONITO	E	
FORTISCARE TEST IN VITRO STRIP	E	QL	IHEALTH BLOOD GLUCOSE TEST STR	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	IHEALTH GLUCO+ KIT 10	E	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	IHEALTH GLUCO+ KIT 100	E	
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	INPEN	3	ST
FREESTYLE LIBRE 2 READER	3	PA, QL	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
FREESTYLE LIBRE 2 SENSOR	3	PA, 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
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	LANCETS	1	
FREESTYLE LIBRE 3 READER	3	PA	MICRODOT TEST	E	QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
FREESTYLE LIBRE READER	3	PA, QL	MINIMED 630G GUARDIAN PRESS	3	PA
FREESTYLE PRECISION NEO SYSTEM	E		MM BLOOD GLUCOSE SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	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	E	QL
ON CALL EXPRESS MONITORING SYS	E	
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	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA

Drug Name	Drug Tier	Requirements & Limits
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA KIT W/DEVICE	E	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
PTS PANELS EGLU TEST	E	QL
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SIMPLERA SENSOR	E	PA
SIMPLERA SYNC SENSOR	E	PA
SIMPLERA SYSTEM	E	PA
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX METER	E		INSULIN DEGLUDEC FLEXTOUCH	E	QL
TRUE METRIX PRO BLOOD GLUCOSE	E	QL	INSULIN GLARGINE	E	QL
TWIIST REFILL KIT	2	PA, QL	INSULIN GLARGINE MAX SOLOSTAR	E	QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL	INSULIN GLARGINE SOLOSTAR	E	QL
TWIIST STARTER KIT	2	PA, QL	INSULIN LISPRO	1	QL
UNISTRIPI1 GENERIC	E	QL	INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
VERISAFE SAFETY STERILE NEEDLE	2		INSULIN LISPRO KWIKPEN	2	QL
VIVAGUARD INO GLUCOSE METER KIT	E		INSULIN LISPRO PROT & LISPRO	2	QL
VIVAGUARD INO TEST STRIPS	E	QL	LANTUS SOLOSTAR	1	QL
Diabetes - Insulin			LANTUS U-100 VIAL	1	QL
ADMELOG	E	QL	LYUMJEV KWIKPEN	2	QL
ADMELOG SOLOSTAR	E	QL	LYUMJEV TEMPO PEN	E	QL
BASAGLAR KWIKPEN	E	QL	LYUMJEV VIAL	1	QL
BASAGLAR TEMPO PEN	E		NOVOLIN 70/30 FLEXPEN	E	ST, QL
HUMALOG CARTRIDGE	2	QL	NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
HUMALOG INJECTION	E	QL	NOVOLIN 70/30 RELION	E	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLIN 70/30 VIAL	E	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN N FLEXPEN	E	ST, QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL	NOVOLIN N FLEXPEN RELION	E	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N RELION	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG SUBCUTANEOUS	2	QL	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
HUMULIN 70/30 VIAL	1	QL	NOVOLIN R RELION	E	ST, QL
HUMULIN N KWIKPEN	2	QL	NOVOLIN R VIAL	E	ST, QL
HUMULIN N VIAL	1	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL			
HUMULIN R U-500 VIAL	1	QL			
HUMULIN R VIAL	1	QL			
INSULIN ASPART	E	ST, QL			
INSULIN ASPART FLEXPEN	E	ST, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOLOG FLEXPEN RELION	E	ST, QL	glyburide-metformin	1	
NOVOLOG RELION	E	ST, QL	GLYXAMBI	2	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL	INVOKANA	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL	JANUMET	E	ST, QL
TOUJEO SOLOSTAR	2	QL	JANUVIA	E	ST, QL
TRESIBA FLEXTOUCH	E	QL	JARDIANCE	2	QL
Diabetes - Non-Insulin Agents			JENTADUETO	2	QL
acarbose oral	1		JENTADUETO XR	2	QL
ACTOPLUS MET	3	QL	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
ACTOS	E	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	1	PA, QL
ALOGLIPTIN BENZOATE	2	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL
BAQSIMI ONE PACK	2	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL
BAQSIMI TWO PACK	2	QL	metformin hcl er	1	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	2	PA, QL	metformin hcl er (mod)	E	PA
DAPAGLIFLOZIN PRO- METFORMIN ER	E	ST, QL	metformin hcl er (osm)	E	PA
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
FARXIGA	E	ST, QL	metformin hcl oral tablet 625 mg, 750 mg	E	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		MOUNJARO	2	PA, QL
glimepiride oral tablet 3 mg	E		nateglinide	2	QL
glipizide er	1		NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
glipizide oral tablet 10 mg, 5 mg	1		ONGLYZA	E	QL
glipizide oral tablet 2.5 mg	E		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL
glipizide-metformin hcl	2		pioglitazone hcl	1	QL
glucagon emergency kit 1 mg injection	2	QL	pioglitazone hcl-metformin hcl	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	repaglinide	2	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	RYBELSUS	2	PA, QL
GLUCOTROL XL	3		saxagliptin hcl	2	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	saxagliptin-metformin er	2	QL
glyburide oral	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SOLQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTLET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP

Drug Name	Drug Tier	Requirements & Limits
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, QL, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins					
ACCRUFER	E		multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
CARNITOR ORAL SOLUTION	3		multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
CARNITOR SF	3		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
CO-NATAL FA	2		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
cvs prenatal	E		multivitamin w/fluoride tablet chewable 1 mg oral	1	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 1 mg oral	E	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multi-vitamin/fluoride	1	
cyanocobalamin nasal	3		multivitamin/fluoride oral tablet chewable	1	
DAVIMET-FLUORIDE	E		MULTI-VIT-FLOR	E	
DENTA 5000 PLUS SENSITIVE	3		NASCOBAL	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3		NEONATAL COMPLETE	3	
DRISDOL	3		NEONATAL PLUS	3	
ergocalciferol oral capsule	1		NEONATAL PRENATAL	E	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3		NEONATAL VITAMIN	E	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E		NIVA-PLUS	3	
FLORIVA PLUS	E		ONE VITE WOMENS	E	
FLOTREX	E		ONE VITE WOMENS PLUS	3	
FLUORIMAX 5000 SENSITIVE	3		ORACIT	2	
folic acid oral tablet 1 mg	1		ORAL CITRATE	2	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		PHOSPHA 250 NEUTRAL	2	
klor-con	1		phosphorous	1	
klor-con 10	1		phospho-trin 250 neutral	1	
klor-con m10	1		pnv 27-ca/fe/fa	1	
klor-con m15	1		POKONZA	E	
klor-con m20	1		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
K-PHOS-NEUTRAL	2		potassium chloride crys er	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		potassium chloride er	1	
levocarnitine oral solution	1		potassium chloride oral	1	
levocarnitine sf	1		potassium citrate er	1	
LOKELMA	3	PA, QL	prenatal oral tablet 27-0.8 mg	E	
M-NATAL PLUS	3		prenatal oral tablet 27-1 mg	1	
			prenatal plus	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
prenatal plus vitamin/mineral	1		bis subcit-metronid-tetracyc	3	QL
prenatal vitamins oral tablet 27-0.8 mg	E		bismuth/metronidaz/tetracyclin	3	QL
PRENATE MINI	3		CARAFATE	E	
PRENATOL-M	E		cimetidine oral	1	
PRENATRIX	E		CYTOTEC	3	
PRENATRYL	E		DEXILANT	E	QL
PREVIDENT 5000 ENAMEL PROTECT	3		dexlansoprazole	E	QL
PREVIDENT 5000 SENSITIVE	3		esomeprazole magnesium oral capsule delayed release	E	QL
QUFLORA PEDIATRIC	3		esomeprazole magnesium oral packet	3	PA, ST, QL
sod citrate-citric acid oral solution 500-334 mg/5ml	1		famotidine oral suspension reconstituted	1	
sod fluoride-potassium nitrate	1		famotidine oral tablet 20 mg, 40 mg	E	
sodium fluoride 5000 enamel	1		lansoprazole oral capsule delayed release	E	QL
sodium fluoride 5000 sensitive	1		lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
sodium fluoride oral solution	1	H	misoprostol oral	1	
sodium fluoride oral tablet chewable	1	H	NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
TRICARE ORAL TABLET	3		NEXIUM ORAL PACKET	3	PA, ST, QL
TRINATAL RX 1	3		OMECLAMOX-PAK	3	QL
TRINATE	3		omeprazole oral capsule delayed release	1	
tri-vite/fluoride	1		pantoprazole sodium oral tablet delayed release	1	
UROCIT-K 10	3		PEPCID	E	
UROCIT-K 15	3		PREVACID	E	QL
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3		PREVACID SOLUTAB	E	PA, ST, QL
VELTASSA	3	PA, QL	PROTONIX ORAL TABLET DELAYED RELEASE	E	
VITAFOL FE+	3		PYLERA	3	QL
VITAFOL ULTRA	3		rabeprazole sodium oral tablet delayed release	2	QL
VITAFOL-OB	3		sucralfate oral suspension	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		sucralfate oral tablet	1	
VITATHELY WITH GINGER	3		VOQUEZNA	3	PA, QL
wes-phos 250 neutral	1		VOQUEZNA DUAL PAK	3	ST, QL
WESTAB PLUS	E		VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer					
ACIPHEX	E	QL			

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	2	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	2	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	E	
mirabegron er	3	ST

Drug Name	Drug Tier	Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
VANRAFIA	3	PA, SP
VELPHORO	3	ST
VESICARE	E	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

abigale	2	
abigale lo	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACTIVELLA	3		COMBIPATCH	3	QL
afirmelle	1	H	COVARYX	2	
ALORA	3	QL	COVARYX HS	3	
altavera	1	H	cryselle-28	1	H
alyacen 1/35	1	H	cyred eq	1	H
alyacen 7/7/7	1	H	dasetta 1/35 (28)	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2		dasetta 7/7/7	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H	daysee	1	H
ANNOVERA	3	QL	deblitane	1	H
apri	1	H	DELESTROGEN	3	
aranelle	1	H	delyla	1	H
ashlyna	1	H	DEPO-PROVERA	3	QL
aubra eq	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
aurovela 1.5/30	1	H	desogestrel-ethinyl estradiol	1	H
aurovela 1/20	1	H	DIVIGEL	3	
aurovela 24 fe	1	H	dotti	2	QL
aurovela fe 1.5/30	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
aurovela fe 1/20	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aviane	1	H	drosiprenone-ethinyl estradiol	3	
AYGESTIN ORAL TABLET 5 MG	3		DUAVEE	3	QL
ayuna	1	H	EEMT	2	
azurette	1	H	EEMT HS	3	
balziva	1	H	ELESTRIN	3	
BEYAZ	E		elinest	1	H
BIJUVA	3		ELLA	1	QL, H
blisovi 24 fe	1	H	eluryng	1	H
blisovi fe 1.5/30	1	H	emzabh	1	H
blisovi fe 1/20	1	H	enilloring	1	H
briellyn	1	H	enpresse-28	1	H
camila	1	H	enskyce	1	H
camrese	1	H	errin	1	H
camrese lo	1	H	est estrogens-methyltest	1	
charlotte 24 fe	1	H	est estrogens-methyltest ds	1	
chateal eq	1	H	est estrogens-methyltest hs	1	
CLIMARA	E	QL	estarylla	1	H
CLIMARA PRO	3	QL	ESTRACE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol oral	1		estradiol vaginal tablet	2	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL	estradiol valerate intramuscular	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL	estradiol-norethindrone acet	2	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	estratest f.s.	1	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL	ESTRATEST H.S.	3	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL	ESTRING	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	ESTROGEL	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL	ethynodiol diac-eth estradiol	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL	etonogestrel-ethinyl estradiol	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	EVAMIST	2	
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL	falmina	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL	fayosim oral tablet 42-21-21-7 days	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	feirza 1.5/30	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL	feirza 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	FEMRING	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	finzala	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	fyavolv	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	gallifrey	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	hailey 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	hailey 24 fe	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	hailey fe 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	hailey fe 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	haloette	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	heather	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	iclevia	2	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	incassia	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	introvale	2	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	isibloom	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	jaimiess	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	jasmiel	3	
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	jencycla	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	jinteli	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	jolessa	2	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	juleber	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	junal 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	junal 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	junal fe 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL			
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3				
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL			
estradiol transdermal patch weekly	1	(generic for Climara), QL			
estradiol vaginal cream	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
junel fe 1/20	1	H	marlissa	1	H
junel fe 24	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
kalliga	1	H	medroxyprogesterone acetate oral	1	
kariva	1	H	megestrol acetate oral tablet	1	
kelnor 1/35	1	H	meleya	1	H
kelnor 1/50	1	H	MENOSTAR	3	QL
kurvelo	1	H	mibelas 24 fe	1	H
larin 1.5/30	1	H	microgestin 1.5/30	1	H
larin 1/20	1	H	microgestin 1/20	1	H
larin 24 fe	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
larin fe 1.5/30	1	H	microgestin fe 1.5/30	1	H
larin fe 1/20	1	H	microgestin fe 1/20	1	H
leena	1	H	mili	1	H
lessina	1	H	mimvey	1	
levonest	1	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H	MINIVELLE	E	QL
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	mono-lynyah	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	MYFEMBREE	2	PA, QL
levonorg-eth estrad triphasic	1	H	NATAZIA	1	
levora 0.15/30 (28)	1	H	necon 0.5/35 (28)	1	H
LO LOESTRIN FE	1	H	NEXTSTELLIS	E	
LOESTRIN 1.5/30 (21)	E		nikki	3	
LOESTRIN 1/20 (21)	E		nora-be	1	H
LOESTRIN FE 1.5/30	E		norelgestromin-eth estradiol	3	H
LOESTRIN FE 1/20	E		norethin ace-eth estrad-fe oral tablet	1	H
lojaimiess	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
loryna	3		norethindrone acetate oral	1	
low-ogestrel	1	H	norethindrone acet-ethinyl est	1	H
lo-zumandimine	3		norethindrone oral	1	H
lutura	1	H	norethindrone-eth estradiol	1	
lyleq	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
lyllana	2	QL			
lyza	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	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	3	
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	2	H

Drug Name	Drug Tier	Requirements & Limits
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
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	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL

Drug Name	Drug Tier	Requirements & Limits
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
JATENZO	E	QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	3	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
TLANDO	E	PA, QL
UNDECATREX	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	

Drug Name	Drug Tier	Requirements & Limits
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	gengraf oral capsule	1	
BIMZELX	3	PA, ST, QL, SP	HADLIMA	E	PA, QL, SP
CELLCEPT ORAL CAPSULE	E		HADLIMA PUSHTOUCH	E	PA, QL, SP
CELLCEPT ORAL TABLET	E		HAEGARDA	2	PA, QL, SP
CIMZIA (2 SYRINGE)	2	PA, QL, SP	HULIO (2 PEN)	E	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
CINRYZE	E	PA, QL, SP	HUMIRA (1 PEN)	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX 75MG/0.5ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PED≥40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED≥40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PSORIASIS/UEIT STARTER	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HYFTOR	3	PA, QL
EMPAVELI	2	PA, QL, SP			
ENBREL	2	PA, QL, SP			
ENBREL MINI	2	PA, QL, SP			
ENBREL SURECLICK	2	PA, QL, SP			
ENTYVIO PEN	2	PA, QL, SP			
ENVARUS XR	E				
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP	KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	3	PA, ST, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	leflunomide oral	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	LITFULO	3	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	LUPKYNIS	3	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	methotrexate sodium (pf)	1	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	methotrexate sodium injection solution	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	methotrexate sodium oral	1	
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	mycophenolate mofetil oral capsule	1	
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP	mycophenolate mofetil oral tablet	1	
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	mycophenolate sodium	2	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	2	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	MYFORTIC	E	
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	MYHIBBIN	1	
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
IMURAN	E		OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL, SP
JYLAMVO	3	PA	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
			OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
			OMVOH SUBCUTANEOUS PREFILLED SYRINGE	2	PA, (SUBCUTANEOUS), QL, SP
			OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
			ORENCIA CLICKJECT	3	PA, ST, QL, SP
			ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
			OTEZLA ORAL TABLET 20 MG	2	PA, QL, SP
			OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
			OTREXUP	E	QL
			PROGRAF ORAL CAPSULE	3	
			RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
			RASUVO	2	QL
			RINVOQ	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RUCONEST	3	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	2	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
mesalamine rectal suppository	2	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALtrol ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVEY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL

Drug Name	Drug Tier	Requirements & Limits
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	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	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL

Drug Name	Drug Tier	Requirements & Limits
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	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
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	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
ciproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	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	E	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 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	

Drug Name	Drug Tier	Requirements & Limits
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	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	E	QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL
AIRSUPRA	3	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	QL
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	E	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	3	
BREATHE COMFORT CHAMBER/ CHILD	3	
BREO ELLIPTA	3	QL, RS
brey-na	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	E	QL
DULERA	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	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	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	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	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	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	E	
carisoprodol oral tablet 250 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	3	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	E	QL
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL

Drug Name	Drug Tier	Requirements & Limits
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	3	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
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SOTYKTU.	50	sulfatrim pediatric.	13		
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TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	45	terconazole	16	TIROSINT	46
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	45	teriflunomide	26	TIROSINT-SOL	46
TAPERDEX 7-DAY	45	teriparatide solution pen- injector 560 mcg/2.24ml subcutaneous	52	TIVICAY	20
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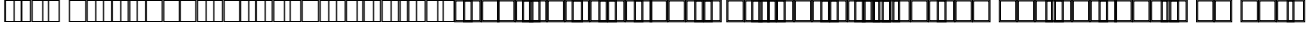
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ATTENTION   

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

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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ヤルにお電話ください。

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรีเช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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