



2026 Prescription Drug List

Effective: January 1, 2026

**UnitedHealthcare
& affiliated companies**



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2026 Prescription Drug List

Introduction

The UnitedHealthcare Prescription Drug List (PDL)¹ provides a list of the most commonly prescribed medications in various therapeutic classes. This list is intended for use with UnitedHealthcare health plans and affiliated companies' pharmacy benefit plan designs. The PDL applies only to prescription medications dispensed to outpatients and does not include inpatient medications or medications obtained or administered in a physician's office. The PDL does not define benefit coverage. Benefit coverage is decided by the member's pharmacy benefit plan.² This means that there may be medications listed on the PDL that are not covered under a particular member's pharmacy benefit plan.

You may also access PDL information by visiting UHCprovider.com.

Prescription Drug List overview

Tier decisions are made by our PDL Management Committee based on clinical, economic and other factors. The PDL Management Committee is comprised of senior UnitedHealth Group physician and business leaders. The UnitedHealthcare Pharmacy & Therapeutics (P&T) Committee, comprising of physicians and pharmacists, reviews new and existing medications. They then provide clinical guidance to the PDL Management Committee. Guidance is based on similarities and differences compared with other medications that treat the same disease or condition.

The tier placement of a medication on the PDL may change. While medications change tiers infrequently, such changes may occur up to 3 times per calendar year. Additionally, when a brand-name medication becomes available as a generic, the tier status and coverage of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, your patient may be required to pay more or less for that medication. These changes may occur without prior notice to you or your patient. However, you may visit our website at UHCprovider.com or use the PreCheck MyScript® app for the most up-to-date information for a particular medication. Your patient can also find the most up-to-date tier status and cost^{3,8} information for a medication by visiting our member website at myuhc.com® and/or calling the toll-free member phone number located on their member ID card.

Tier designations

Prescription medications are categorized within 3 tiers on the PDL.⁴ Each tier is assigned a cost,³ which is determined by the member's pharmacy benefit plan. You may refer to the PDL as a guide to select the most appropriate medication with the lowest member cost for your patients.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lowest cost Tier 1 medications are your patient's lowest cost option.	Members can maximize their cost savings when you prescribe Tier 1 medications, if you decide they are appropriate for your patient's treatment.
Tier 2	\$\$ Mid-range cost Tier 2 medications are your patient's mid-range cost option.	Consider Tier 2 medications if no Tier 1 medication is appropriate to treat your patient's condition.
Tier 3	\$\$\$ Highest cost Tier 3 medications are your patient's highest cost option.	If your patient is currently taking a medication in Tier 3, you may want to determine if there is an appropriate alternative in Tier 1 or Tier 2.

You and your patient make decisions about health care and medication treatments.

If the member has a "closed" pharmacy benefit (such as a 2-tier pharmacy benefit plan that does not cover medications classified in Tier 3 of this PDL), medications in Tier 3 are generally not covered, except under certain processes consistent with applicable law.



Some members have a Tier 4 prescription plan, and these medications are noted as T4 throughout the document. Members with a Tier 4 prescription plan should refer to their enrollment materials, check the Medication Pricing/Coverage information on our member website or call the toll-free member phone number provided on their member ID card for more information about their benefit plan.

Not all medications are represented in this PDL. Only the most commonly prescribed medications are included.

Over-the-counter and therapeutically equivalent medications

For some conditions, you and your patient may decide that an over-the-counter (OTC) medication is the best treatment. According to UnitedHealthcare benefit design, OTC medications are defined as medications that do not require a prescription by federal or state law to be dispensed. In some instances, OTC medications are listed on the PDL for reference purposes only. OTC medications may cost less than the member's out-of-pocket expense for prescription medications.

Therapeutically Equivalent means that medications can be expected to produce essentially the same efficacy or adverse event profile. Our benefit designs allow us to exclude a medication if determined to be Therapeutically Equivalent to another covered product or OTC option.

If the patient or physician requests a medication we have excluded based on determination of Therapeutic Equivalent, the patient may be required to pay the entire cost of the medication as it may not be covered under the member's pharmacy benefit. Please refer to the member's pharmacy benefit plan.

Symbols

E	May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York
H	May be part of health care reform preventive ⁵
H-PA	May be part of health care reform preventive with prior authorization ⁵
MC	Multiple copay
PA	Prior authorization required ⁶
QL	Quantity limit
RS	May be eligible for the Refill and Save Program
SP	Specialty medication
ST	Step therapy ⁷
T4	May be covered on Tier 4 in select benefits

Generic medication policy

Many generic medications are included on the PDL in Tier 1; however, generic medications can be placed into any tier of the PDL. When a generic medication does not offer significant financial savings, it may be placed in the same tier or a higher tier than the brand medication. Generic medications are noted in italic font.

Note that when a brand-name medication becomes available as a generic, that brand-name product may move to a higher tier or be excluded from coverage by the member's plan. Members may be required to pay more for a prescription when a higher-tier brand-name product is dispensed. The member's cost-share is determined by the pharmacy benefit plan. When generic substitution conflicts with state regulations or restrictions, the pharmacist must obtain approval from the prescribing physician or other health care professional to substitute the generic equivalent.

Specialty medications

Some members may have coverage for self-administered injectable and oral specialty medications through their pharmacy benefit plan. You will find these medications included in the body of this document within the appropriate therapeutic categories. UnitedHealthcare has a specialty pharmacy program that requires most specialty medications to be obtained through a designated specialty pharmacy. These medications are noted by

SP throughout the document. The specialty pharmacy program includes designated specialty pharmacies, each selected based on their clinical expertise for the targeted therapeutic classes, quality of services, and cost. Their pharmacists are trained to help educate patients for these specialty medications, which may help improve treatment adherence.

Participating members should be instructed to call the toll-free member number on their member ID card where a representative will answer questions about our program and then transfer them to a specialty pharmacy based on their particular specialty medication prescription.

Medications requiring prior authorization and other pharmacy programs

Select medications may require prior authorization to be eligible for coverage under the member's pharmacy benefit plan. Such medications are noted with a **PA**. Depending on your patients' benefit and/or medication, a coverage review may apply to determine coverage under the pharmacy benefit. The pharmacy benefit may exclude coverage of medications for certain uses.

Clinical criteria for **PA** medications are available on our website at [UHCprovider.com](https://uhcprovider.com). The criteria reflect UnitedHealthcare's P&T Committee decisions.

Some benefit plans may include our Step Therapy⁷ program. Step Therapy requires prior authorization and offers a "stepwise" approach to therapy for certain high-cost medications and requires that a member first try a more cost-effective medication before another high-cost medication. Step Therapy medications are noted as **ST**.

Quantity limits define the maximum supply of medication per copayment or period of time. Quantity limits are based on several factors that may include FDA-approved dosing guidelines as defined in the product package insert, medical literature, guidelines or supportive data. Quantity limit medications are noted as **QL**.

The Refill and Save Program encourages members to adhere to their treatment regimens by rewarding them with a discounted copayment/coinsurance for refilling their prescription within the defined time period. Eligible medications are noted as **RS**.

How to obtain prior authorization

Use the PreCheck MyScript app on Link. By using the PreCheck MyScript app, you can now run a pharmacy trial claim and get real-time prescription coverage detail for your patients who are UnitedHealthcare benefit plan members. This will allow you to check current prescription coverage and price, including out-of-pocket prescription costs for UnitedHealthcare members at their selected pharmacy, as well as:

- Get information on lower-cost prescription alternatives, if available, to help save members money.
- See which prescriptions currently require prior authorization, or are non-covered or non-preferred.
- Request prior authorization and receive status and results.

The app is now available to all Link users; to access, sign in to [UHCprovider.com](https://uhcprovider.com), then select the Link Marketplace from your Link dashboard and search for the PreCheck MyScript app. Add the app to your dashboard and start using it.

Below are also options to obtain authorization:

- Online: Prior authorizations can also be submitted online by signing in to optumrx.com > Healthcare Professionals > Prior Authorizations.
- By Phone: Call the Optum Rx prior authorization team at **1-800-711-4555**.

¹ In certain documents the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your patient's benefit coverage.

² Where differences are noted, the benefit plan documents will govern.

³ UnitedHealthcare operates a wide number of benefit programs and products, and some benefit programs may have alternative benefit designs. Physicians should always check the member's specific benefit prior to prescribing medications.

⁴ In certain documents Tier 1 was referred to as "generics;" Tier 2 was referred to as "preferred brands" or "brand-name" on the PDL; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand-name not on the PDL." These changes in descriptive terms do not affect your patient's benefit coverage.

⁵ Health Care Reform drug lists may vary by plan; your patient can find the most up-to-date tier status and cost information for a particular medication by visiting myuhc.com and/or calling the toll-free member phone number on their member ID card.

⁶ Depending on your patients' benefit and/or medication, notification or medical necessity criteria will be applied to determine if covered under the pharmacy benefit.

⁷ For New Jersey fully insured members, this program is referred to as First Start.

⁸ In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcprovider.com>Drug List and Pharmacy>Additional Resources > Patient Protection and Affordable Care Act \$0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member's health plan ID card.



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (bitalbital-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	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	4	QL

Drug Name	Drug Tier	Requirements & Limits
FIORICET/CODEINE	E	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 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	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
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
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, QL	ibuprofen oral suspension 100 mg/5ml	E	
PERCOCET	E	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
premium lidocaine	2	QL	indomethacin er	2	
PROLATE ORAL TABLET	E	QL	indomethacin oral capsule	1	
ROXICODONE	E	QL	ketorolac tromethamine oral	1	
TENCON	3		LODINE	E	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL	LOFENA	E	QL
tramadol hcl er	2	(generic for Ultram ER), QL	meloxicam oral tablet	1	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL	nabumetone oral	1	
tramadol hcl oral tablet 50 mg	1	QL	NAPROSYN	E	
tramadol-acetaminophen	1	QL	naproxen dr	1	
TREZIX	4	QL	naproxen oral tablet	1	
XTAMPZA ER	4	PA, QL	naproxen oral tablet delayed release	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL	naproxen sodium oral tablet 275 mg, 550 mg	2	
ZTLIDO	3	PA, QL	oxaprozin oral tablet	2	
Analgesics - Drugs for Pain and Inflammation			piroxicam oral	2	
ANAPROX DS	E		RELAFEN DS	E	
CELEBREX	E		sulindac oral	1	
celecoxib oral	2		Anti-Addiction / Substance Abuse Treatment Agents		
DAYPRO	4		acamprosate calcium	1	
diclofenac potassium oral tablet 25 mg	E	QL	buprenorphine hcl sublingual	1	QL
diclofenac potassium oral tablet 50 mg	2		buprenorphine hcl-naloxone hcl sublingual film	2	QL
diclofenac sodium er	3		buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
diclofenac sodium external gel 1 %	E		bupropion hcl er (smoking det)	1	H
diclofenac sodium oral	1		cvs nicotine	1	H
diclofenac-misoprostol	3		cvs nicotine polacrilex	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3		disulfiram oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4		eq nicotine	1	H
ec-naproxen	1		eq nicotine mouth/throat gum 4 mg	1	H
etodolac	2		eq nicotine polacrilex	1	H
FELDENE ORAL CAPSULE 20 MG	4		eq nicotine step 3	1	H
			eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H

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Drug Name	Drug Tier	Requirements & Limits
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	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H

Drug Name	Drug Tier	Requirements & Limits
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	4	H
varenicline	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections

amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cephalexin	1		fidaxomicin oral tablet	3	QL
CIPRO ORAL TABLET	4		fosfomycin tromethamine	3	
ciprofloxacin hcl oral	1		gentamicin sulfate external	1	QL
clarithromycin oral tablet	1		HIPREX	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 75 MG	2		LIKMEZ	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		linezolid oral tablet	2	
CLEOCIN VAGINAL CREAM	4		MACROBID	4	
clindamycin hcl oral	1		MACRODANTIN	4	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral tablet 125 mg	E	
CLINDESSE	2		metronidazole oral tablet 250 mg, 500 mg	1	
dicloxacillin sodium	1		metronidazole vaginal	2	
DIFICID ORAL TABLET	E	QL	minocycline hcl oral capsule	1	
doxycycline hyclate oral capsule	2		MONDOXYNE NL	E	
doxycycline hyclate oral tablet 100 mg	2		moxifloxacin hcl oral	3	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		mupirocin cream	3	QL
doxycycline hyclate oral tablet 20 mg	1		mupirocin ointment	1	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		neomycin sulfate oral	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		nitrofurantoin macrocrystal	1	
doxycycline monohydrate oral suspension reconstituted	3		nitrofurantoin monohydrate macrocrystals	1	
doxycycline monohydrate oral tablet	1		NUVESSA	E	
E.E.S. GRANULES	3		NUZYRA ORAL	4	QL
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		penicillin v potassium	1	
ERYPED 400	4		SEYSARA	E	
erythromycin base oral tablet	1		SILVADENE	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1		silver sulfadiazine external	1	
			ssd	1	
			sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
			sulfamethoxazole-trimethoprim oral tablet	1	
			sulfatrim pediatric	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TARGADOX	E		clobazam oral suspension 2.5 mg/ml	3	PA
tetracycline hcl oral capsule	3		clobazam oral tablet	2	PA
tinidazole oral	3		DEPAKOTE	4	PA
trimethoprim oral	1		DEPAKOTE ER	4	PA
VANCOCIN	4		DEPAKOTE SPRINKLES	4	PA
vancomycin hcl oral capsule	1		DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
VANDAZOLE	4		DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
VIBRAMYCIN ORAL CAPSULE 100 MG	4		diazepam rectal	1	QL
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4		DILANTIN	3	
XACIATO	2	QL	divalproex sodium er	2	
XENLETA ORAL TABLET 600 MG	3		divalproex sodium oral capsule delayed release sprinkle	2	
XIFAXAN	3	PA, QL	divalproex sodium oral tablet delayed release	1	
ZITHROMAX	4		ELEPSIA XR	E	PA
ZYVOX ORAL TABLET	E		EPIDIOLEX	3	PA, SP
Anticoagulants - Drugs to Treat or Prevent Blood Clots			epitol	1	
dabigatran etexilate mesylate	2	QL	eslicarbazepine acetate	3	PA
ELIQUIS TABLET	2	QL	ethosuximide oral	1	
enoxaparin sodium injection solution prefilled syringe	2	QL	FYCOMPA ORAL SUSPENSION	4	PA
jantoven	1		FYCOMPA ORAL TABLET	3	PA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL	gabapentin oral capsule	1	
PRADAXA ORAL CAPSULE	E	QL	gabapentin oral solution 250 mg/5ml	1	
rivaroxaban	2	QL	GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
warfarin sodium oral	1		gabapentin oral tablet 600 mg, 800 mg	1	
XARELTO	2	QL	GABARONE	E	PA
Anticonvulsants - Drugs for Seizures			KEPPRA ORAL	4	PA
APTIOM	4	PA	KEPPRA XR	4	PA
BRIVIACT ORAL TABLET	3	PA	lacosamide oral	2	
carbamazepine er	2		LAMICTAL	4	PA
carbamazepine oral tablet	1		LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
carbamazepine oral tablet chewable	1		LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
CARBATROL	4				

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Drug Name	Drug Tier	Requirements & Limits
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
TROKENDI XR	E	

Drug Name	Drug Tier	Requirements & Limits
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	4	ST, QL
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	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clomipramine hcl oral	3		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
CYMBALTA	E		SERTRALINE HCL ORAL CAPSULE	E	QL
desipramine hcl oral	1		sertraline hcl oral concentrate	1	
desvenlafaxine succinate er	3	QL	sertraline hcl oral tablet	1	
doxepin hcl oral capsule	1		SPRAVATO	4	PA, QL
doxepin hcl oral concentrate	1		trazodone hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2		TRINTELLIX	4	ST, QL
duloxetine hcl oral capsule delayed release particles 40 mg	E		venlafaxine hcl	1	
EFFEXOR XR	E		venlafaxine hcl er oral capsule extended release 24 hour	1	
escitalopram oxalate oral solution 5 mg/5ml	2		venlafaxine hcl er oral tablet extended release 24 hour	E	QL
escitalopram oxalate oral tablet	1		VIIBRYD	E	QL
FETZIMA	4	ST, QL	vilazodone hcl	3	QL
fluoxetine hcl oral capsule	1		WAINUA	2	PA, QL, SP
fluoxetine hcl oral solution	1		WELLBUTRIN SR	E	
fluoxetine hcl oral tablet 10 mg	3	QL	WELLBUTRIN XL	E	
fluoxetine hcl oral tablet 20 mg, 60 mg	3		ZOLOFT	E	
fluvoxamine maleate	1		ZURZUVAE	2	PA, QL, SP
fluvoxamine maleate er	3	QL	Antiemetics - Drugs for Nausea and Vomiting		
FORFIVO XL	E	QL	ANTIVERT ORAL TABLET 50 MG	E	
imipramine hcl oral	1		aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
LEXAPRO	E		DICLEGIS	E	PA
mirtazapine oral	1		doxylamine-pyridoxine	E	PA
NORPRAMIN	4		dronabinol	1	
nortriptyline hcl oral capsule	1		EMEND BIPACK	E	QL
PAMELOR	E		MARINOL	E	
paroxetine hcl er	3	QL	meclizine hcl oral tablet	E	
paroxetine hcl oral tablet	1		metoclopramide hcl oral tablet	1	
PAXIL	E		ondansetron hcl oral	1	
PAXIL CR	E	QL	ondansetron odt oral tablet dispersible 16 mg	E	
PRISTIQ	E	QL	ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
PROZAC	E		perphenazine oral	1	
RALDESY	4	PA			
REMERON	E				

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Drug Name	Drug Tier	Requirements & Limits
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	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	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
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	

Drug Name	Drug Tier	Requirements & Limits
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	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	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL

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Drug Name	Drug Tier	Requirements & Limits
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	4	PA, ST, QL
rizatriptan	1	QL
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	4	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
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	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	

Drug Name	Drug Tier	Requirements & Limits
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, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	4	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	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	4	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP

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Drug Name	Drug Tier	Requirements & Limits
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	4	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	4	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	4	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	

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Drug Name	Drug Tier	Requirements & Limits
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	

Antivirals - Drugs for Viral Infections

acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	2	
GENVOYA	4	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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ODEFSEY	4	QL	clonazepam oral	1	
oseltamivir phosphate oral	2		clorazepate dipotassium	1	
PAXLOVID	2	QL	diazepam oral solution	1	
PREVYMIS ORAL TABLET	2	PA	diazepam oral tablet	1	
PREZCOBIX	2		HALCION	4	
RUKOBIA	4	PA	hydroxyzine hcl oral	1	
SITAVIG	E	QL	hydroxyzine pamoate oral	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	KLONOPIN	E	
SYMFI	2	QL	lorazepam oral tablet	1	
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL	triazolam	1	
TAMIFLU	E		VALIUM	E	
tenofovir disoproxil fumarate	1	H-PA	VISTARIL ORAL CAPSULE 25 MG	4	
TIVICAY	3		XANAX	E	
TRIUMEQ	2	QL	XANAX XR	E	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL	Bipolar Agents - Drugs for Mood Disorders		
TRUVADA ORAL TABLET 200-300 MG	E	QL	lithium carbonate er	1	
valacyclovir hcl oral	1	QL	lithium carbonate oral	1	
VALCYTE ORAL TABLET	E		LITHOBID	4	PA
valganciclovir hcl oral tablet	1		Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
VALTREX	E	QL	acebutolol hcl oral	1	
VEMLIDY	E	PA	acetazolamide er	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		acetazolamide oral	1	
VIREAD ORAL TABLET 300 MG	E		ALDACTONE	E	
VOSEVI	2	PA, QL, SP	aliskiren fumarate	3	
XOFLUZA (40 MG DOSE)	3	QL	ALTACE	E	
XOFLUZA (80 MG DOSE)	3	QL	amiloride hcl oral	1	
ZOVIRAX EXTERNAL OINTMENT	E	QL	amiodarone hcl oral	1	
Anxiolytics - Drugs for Anxiety			amlodipine besylate oral	1	
alprazolam er	1		amlodipine besylate-benazepril hcl	1	
alprazolam oral	1		amlodipine besylate-valsartan	2	
alprazolam xr	1		amlodipine-olmesartan	E	
ATIVAN ORAL	E		ATACAND	E	
buspirone hcl oral	1		ATACAND HCT	E	
chlordiazepoxide hcl	1		atenolol oral	1	
			atenolol-chlorthalidone	1	
			ATORVALIQ	4	PA

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	colestipol hcl oral tablet	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		COREG	E	
AVALIDE	E		COREG CR	E	
AVAPRO	E		CORGARD ORAL TABLET 20 MG, 40 MG	4	
AZOR	E		CORLANOR	3	PA, QL
benazepril hcl oral	1		COZAAR	E	
benazepril-hydrochlorothiazide	1		CRESTOR	E	
BENICAR	E		digoxin oral tablet	1	
BENICAR HCT	E		diltiazem hcl er beads	2	
BETAPACE	E		diltiazem hcl er coated beads	2	
bisoprolol fumarate oral tablet	1		diltiazem hcl er oral capsule extended release 12 hour	1	
bisoprolol-hydrochlorothiazide	1		diltiazem hcl er oral capsule extended release 24 hour	1	
bumetanide oral	1		diltiazem hcl er oral tablet extended release 24 hour	2	
BUMEX	3		diltiazem hcl oral	1	
BYSTOLIC	E		dilt-xr	1	
CAMZYOS	4	PA, QL, SP	DIOVAN	E	
candesartan cilexetil	3		DIOVAN HCT	E	
candesartan cilexetil-hctz	3		dofetilide	2	
captopril oral	1		doxazosin mesylate oral	1	
CARDIZEM	E		EDARBI	E	
CARDIZEM CD	E		EDARBYCLOR	E	
CARDIZEM LA	E		enalapril maleate oral solution	3	PA
CARDURA	4		enalapril maleate oral tablet	1	
cartia xt	2		enalapril-hydrochlorothiazide	1	
carvedilol	1		ENTRESTO ORAL TABLET	E	PA, QL
carvedilol phosphate er	E		EPANED	4	PA
CATAPRES-TTS-1	E		eplerenone	2	
CATAPRES-TTS-2	E		EXFORGE	E	
CATAPRES-TTS-3	E		ezetimibe	2	
chlorthalidone	1		ezetimibe-simvastatin	3	
cholestyramine light	1		felodipine er	1	
cholestyramine oral	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
clonidine hcl oral	1				
clonidine patch	3				
colesevelam hcl oral tablet	2				
COLESTID ORAL TABLET	4				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		labetalol hcl oral	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral tablet 120 mg, 40 mg	E		LANOXIN ORAL TABLET 62.5 MCG	4	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2		LASIX	4	
fenofibric acid oral capsule delayed release	2		LIPITOR	E	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril oral	1	
flecainide acetate	1		lisinopril-hydrochlorothiazide	1	
fosinopril sodium	1		LIVALO	E	ST
FUROSCIX	4	PA, QL	LODOCO	4	QL
furosemide oral	1		LOPID	4	
gemfibrozil oral	1		LOPRESSOR ORAL TABLET	4	
guanfacine hcl	1		losartan potassium oral	1	
HEMANGEOL	3		losartan potassium-hctz	1	
HEMICLOR	E		LOTENSIN	4	
hydralazine hcl oral	1		LOTENSIN HCT	4	
hydrochlorothiazide oral	1		LOTREL	E	
HYZAAR	E		lovastatin oral	1	H
icosapent ethyl	E	PA	LOVAZA	E	
indapamide	1		matzim la	2	
INDERAL LA	E		MAXZIDE ORAL TABLET 75-50 MG	4	
INSpra	E		MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
INZIRQO	4	PA	metolazone	1	
irbesartan	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
irbesartan-hydrochlorothiazide	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate er	1		mexiletine hcl oral	1	
ivabradine hcl	3	PA, QL	MICARDIS	E	
KAPSPARGO SPRINKLE	4		MICARDIS HCT	E	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
midodrine hcl	1		propranolol hcl er	2	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4		propranolol hcl oral	1	
minoxidil oral	1		QUESTRAN	4	
MULTAQ	4	PA	QUESTRAN LIGHT	4	
nadolol oral	1		ramipril	1	
nebivolol hcl	3		ranolazine er	2	
NEXLETOL	2	PA, ST, QL	RECTIV	4	QL
NEXLIZET	2	PA, ST, QL	REPATHA	2	QL
niacin er (antihyperlipidemic)	2		REPATHA PUSHTRONEX SYSTEM	2	QL
nifedipine er	1		REPATHA SURECLICK	2	QL
nifedipine er osmotic release	1		rosuvastatin calcium oral	2	
nifedipine oral	1		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
NITRO-BID	2		sacubitril-valsartan	3	PA, QL
NITRO-DUR	3		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nitroglycerin rectal	3	QL	simvastatin oral tablet 80 mg	1	
nitroglycerin sublingual	1		SOAANZ	E	QL
nitroglycerin transdermal	1		sotalol hcl oral	1	
NITROSTAT	4		spironolactone oral tablet	1	
NORLIQVA	4	PA	spironolactone-hctz	1	
NORVASC	E		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
olmesartan medoxomil oral	2		TEKTURNA	3	
olmesartan medoxomil-hctz	2		TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
olmesartan-amlodipine-hctz	E		telmisartan	2	
omega-3-acid ethyl esters	2		telmisartan-hctz	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3		TENORETIC 100	E	
PACERONE ORAL TABLET 200 MG	4		TENORETIC 50	E	
pentoxifylline er	1		TENORMIN	E	
pitavastatin calcium	E	ST	THALITONE	E	
PRALUENT	E	PA, ST, QL	tiadylt er	2	
pravastatin sodium	1		TIAZAC	4	
prazosin hcl oral	1		TIKOSYN	4	
prevalite	1		TOPROL XL	E	
PROCARDIA XL	E		toremide	1	
propafenone hcl	1				
propafenone hcl er	3				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	4	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	4		dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
VERQUVO	4	PA, QL	dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
VYNDAQEL	2	PA, QL, SP	DYANAVAL XR ORAL TABLET EXTENDED RELEASE	E	QL
VYTORIN	E		EVEKEO	E	
WELCHOL ORAL TABLET	E		FOCALIN	4	
ZESTORETIC	E		FOCALIN XR	E	QL
ZESTRIL	E		guanfacine hcl er	2	
ZETIA	E		INTUNIV	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		JORNAY PM	3	ST, QL
ZIAC ORAL TABLET 5-6.25 MG	4		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
ZOCOR	E		lisdexamfetamine dimesylate	3	QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder			METADATE CD	E	QL
ADDERALL	E				
ADDERALL XR	E	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
METHYLIN	4		AVONEX	2	PA, QL, SP
methylphenidate hcl er (cd)	2	QL	BAFIERTAM	2	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL	BETASERON	2	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL	COPAXONE	E	PA, QL, SP
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL	dalfampridine er	2	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL	dimethyl fumarate oral	1	PA, QL, SP
methylphenidate hcl er (xr)	E	QL	EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
methylphenidate hcl er oral tablet extended release	2	QL	fingolimod hcl	1	PA, QL, SP
methylphenidate hcl er oral tablet extended release 24 hour	E	QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
methylphenidate hcl oral solution	1		GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
methylphenidate hcl oral tablet	1		glatiramer acetate	2	PA, QL, SP
methylphenidate hcl oral tablet chewable	3		glatopa	2	PA, QL, SP
MYDAYIS	E	QL	KESIMPTA	2	PA, QL, SP
ONYDA XR	3	QL	MAVENCLAD	3	PA, ST, QL, SP
QELBREE	E	PA, QL	MAYZENT	3	PA, QL, SP
QUILLICHEW ER	E	QL	PLEGRIDY	3	PA, QL, SP
QUILLIVANT XR	E	QL	TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
RELEXXII	E	QL	teriflunomide	2	PA, QL, SP
RITALIN	E		VUMERITY	E	PA, QL, SP
RITALIN LA	E	QL	Central Nervous System Agents - Miscellaneous		
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL	AUSTEDO	2	PA, QL, SP
VYVANSE	E	QL	AUSTEDO XR	2	PA, QL, SP
ZENZEDI	E		INGREZZA	2	PA, QL, SP
Central Nervous System Agents - Drugs for Multiple Sclerosis			INGREZZA SPRINKLE	2	PA, QL, SP
AMPYRA	E	PA, QL, SP	LYRICA ORAL CAPSULE	4	PA
AUBAGIO	E	PA, QL, SP	NUEDEXTA	2	PA, QL
			pregabalin oral capsule	2	
			RADICAVA ORS	3	PA, QL, SP
			RADICAVA ORS STARTER KIT	3	PA, QL, SP
			SAVELLA	4	QL
			TEGLUTIK	3	PA
			TIGLUTIK	3	PA
			VEOZAH	4	PA, QL
			ZEPOSIA	3	PA, ST, QL, SP

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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	4	
DENTAGEL	4	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	

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	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnestem	2	
AMZEEQ	4	QL
ARAZLO	E	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
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	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external lotion	1		clindamycin phosphate external solution	1	
betamethasone dipropionate external ointment	2		clindamycin phosphate external swab	1	
betamethasone valerate external cream	1		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external lotion	1		clobetasol propionate e	2	QL
betamethasone valerate external ointment	1		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
BLANCHE	E		clobetasol propionate external cream 0.05 %	2	QL
CABTREO	E	QL	clobetasol propionate external foam	E	QL
calcipotriene external cream	2	QL	clobetasol propionate external gel	2	QL
calcipotriene external ointment	2		clobetasol propionate external liquid	1	QL
calcipotriene external solution	1	QL	clobetasol propionate external ointment	2	QL
CALCITRENE	3		clobetasol propionate external shampoo	E	QL
CARAC EXTERNAL CREAM 0.5 %	E		clobetasol propionate external solution	1	QL
CIBINQO	2	PA, QL, SP	CLOBEX EXTERNAL SHAMPOO	E	QL
ciclopirox olamine external suspension	1		CLOBEX SPRAY	E	QL
claravis	2		clodan	E	QL
CLEOCIN-T	4		clotrimazole external cream	E	
clindacin etz external swab	1		clotrimazole-betamethasone	1	
clindacin-p	1		dapsone external	3	QL
CLINDAGEL	E	QL	DERMACINRX UREA	E	
clindamycin phos (once-daily) gel 1 % external	2	QL	DERMA-SMOOTH/FS BODY	4	QL
clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL	DERMA-SMOOTH/FS SCALP	4	
clindamycin phos (twice-daily) gel 1 % external	2	QL	desonide external cream	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL	desonide external lotion	3	QL
clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL	desonide external ointment	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DESOWEN	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desoximetasone external cream	1	QL
clindamycin phosphate external lotion	3		desoximetasone external ointment	3	QL
			diclofenac sodium external gel 3 %	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	halobetasol propionate external ointment	2	QL
DIPROLENE	4		hydrocortisone external cream 1 %	E	
doxycycline	E		hydrocortisone external cream 2.5 %	1	
DRYSOL	4		hydrocortisone external lotion 2 %	3	
DUPIXENT	2	PA, QL, SP	hydrocortisone external lotion 2.5 %	1	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external ointment 1 %, 2.5 %	1	
EFUDEX EXTERNAL CREAM 5 %	4		hydrocortisone valerate external cream	2	QL
ENSTILAR	4	QL	hydroquinone external	E	
EPIDUO	E	QL	HYDROXYM EXTERNAL CREAM	E	
EPIDUO FORTE	E	QL	imiquimod external cream 3.75 %	E	QL
ERYGEL	3		imiquimod external cream 5 %	1	
erythromycin external	1		imiquimod pump	E	QL
EUCRISA	3	ST, QL	IMPOYZ	E	QL
FINACEA EXTERNAL FOAM	4		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
FINACEA EXTERNAL GEL	E		isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide body	3	QL	ivermectin external cream	E	QL
fluocinolone acetonide external cream	3	QL	KLARON	4	
fluocinolone acetonide external ointment	2	QL	KLISYRI	4	ST, QL
fluocinolone acetonide external solution	1	QL	LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinolone acetonide scalp	3		METROCREAM	4	
fluocinonide external cream 0.05 %	1		METROGEL	E	
fluocinonide external cream 0.1 %	E	QL	METROLOTION	4	
fluocinonide external gel	1		metronidazole external cream	1	
fluocinonide external ointment	1		metronidazole external gel 0.75 %	1	
fluocinonide external solution	1		metronidazole external gel 1 %	E	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		metronidazole external lotion	1	
fluorouracil external cream 5 %	1		MIRVASO	2	PA, QL
fluticasone propionate external cream	1		mometasone furoate external	1	
fluticasone propionate external ointment	1				
halobetasol propionate external cream	2	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEMLUVIO	2	PA, QL, SP	TAZORAC EXTERNAL CREAM	4	PA, QL
neuac	3	QL	TOLAK	E	
NORITATE	E		TOPICORT	4	QL
ONEXTON	E	QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
OPZELURA	4	PA, QL, SP	tretinoin external cream	3	QL
ORACEA	E		tretinoin external gel 0.01 %, 0.025 %	E	QL
OVACE PLUS WASH EXTERNAL LIQUID	4		tretinoin external gel 0.05 %	E	PA, QL
OVACE WASH	4		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
PANRETIN	3		triamcinolone acetonide external cream 0.5 %	1	QL
pimecrolimus	3	QL	triamcinolone acetonide external lotion	1	
PLEXION CLEANSER	E		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
podofilox external solution	1		triamcinolone acetonide external ointment 0.05 %	E	
RETIN-A	E	PA, QL	triamcinolone in absorbase	E	
RHOFADE	4	PA, QL	TRIANEX EXTERNAL OINTMENT 0.05 %	E	
SANTYL	3	QL	triderm	1	QL
selenium sulfide external lotion	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sodium sulfacetamide wash	1		tritocin external ointment 0.05 %	E	
SOOLANTRA	4	QL	urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium (acne)	1		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium external	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		uredeb	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		UREMEZ-40	3	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		URESOL	E	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		VANOS	E	QL
SUMADAN WASH	E		VTAMA	4	PA, QL
SYNALAR	E	QL	WINLEVI	E	PA, QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL	xurea	E	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL	zenatane	2	
TACLONEX EXTERNAL SUSPENSION	3	QL			
tacrolimus external	2	QL			
tazarotene external cream	3	PA, QL			

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Drug Name	Drug Tier	Requirements & Limits
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	ONETOUCH ULTRA TEST STRIPS	E	QL
FREESTYLE LIBRE 3 READER	3	PA	ONETOUCH VERIO FLEX SYSTEM KIT	E	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH VERIO KIT W/ DEVICE	E	
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH VERIO TEST STRIPS	E	QL
FREESTYLE TEST	E	QL	TECHLITE INSULIN SYRINGES (Arkray)	2	QL
GLUCOCARD EXPRESSION TEST	E	QL	TECHLITE PEN NEEDLES (Arkray)	2	QL
GLUCOCARD SHINE TEST	E	QL	TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
GLUCOCARD VITAL TEST	E	QL	TEMPO REFILL	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	TEMPO WELCOME	E	
GUARDIAN 4 TRANSMITTER	3	PA, QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	TRUE METRIX GO GLUCOSE METER	E	
GUARDIAN SENSOR 3	3	PA, QL	TRUE METRIX METER	E	
INPEN	3	ST	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	TWIIST REFILL KIT	2	PA, QL
NOVOFINE PEN NEEDLE	2	QL	TWIIST REFILL KIT/INFUSION SET	2	PA, QL
NOVOFINE PLUS PEN NEEDLE	2	QL	TWIIST STARTER KIT	2	PA, QL
NOVOPEN ECHO	3		Diabetes - Insulin		
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	ADMELOG	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL	ADMELOG SOLOSTAR	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	BASAGLAR TEMPO PEN	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	HUMALOG CARTRIDGE	2	QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL	HUMALOG KWIKPEN	2	QL
OMNIPOD 5 LIBRE PODS	2	PA, QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	E				
ONETOUCH ULTRA BLUE TEST	E	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL	NOVOLIN 70/30 VIAL	E	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N FLEXPEN	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN N FLEXPEN RELION	E	ST, QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN N RELION	E	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG VIAL	E	QL	NOVOLIN R FLEXPEN	E	ST, QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLIN R FLEXPEN RELION	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	NOVOLOG FLEXPEN RELION	E	ST, QL
HUMULIN R U-500 VIAL	1	QL	NOVOLOG RELION	E	ST, QL
HUMULIN R VIAL	1	QL	NOVOLOG U-100 VIAL	E	ST, QL
INSULIN ASPART	E	ST, QL	TOUJEO MAX SOLOSTAR	2	QL
INSULIN ASPART FLEXPEN	E	ST, QL	TOUJEO SOLOSTAR	2	QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL	TRESIBA FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL	Diabetes - Non-Insulin Agents		
INSULIN GLARGINE MAX SOLOSTAR	E	QL	acarbose oral	1	
INSULIN GLARGINE SOLOSTAR	E	QL	ACTOPLUS MET	4	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL	ACTOS	E	QL
INSULIN LISPRO KWIKPEN	2	QL	ALOGLIPTIN BENZOATE	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL	BAQSIMI ONE PACK	2	QL
INSULIN LISPRO VIAL	1	QL	BAQSIMI TWO PACK	2	QL
LANTUS SOLOSTAR	1	QL	BRENZAVVY	3	ST, QL
LANTUS U-100 VIAL	1	QL	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	2	PA, QL
LYUMJEV KWIKPEN	2	QL	DAPAGLIFLOZIN PRO- METFORMIN ER	E	ST, QL
LYUMJEV TEMPO PEN	E	QL	DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
LYUMJEV VIAL	1	QL	FARXIGA	E	ST, QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL	glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	glimepiride oral tablet 3 mg	E	
NOVOLIN 70/30 RELION	E	ST, QL	glipizide er	1	
			glipizide oral tablet 10 mg, 5 mg	1	
			glipizide oral tablet 2.5 mg	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		metformin hcl oral tablet 625 mg, 750 mg	E	
glipizide-metformin hcl	2		MOUNJARO	2	PA, QL
glucagon emergency kit 1 mg injection	2	QL	nateglinide	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	QL	ONGLYZA	E	QL
GLUCOTROL XL	4		OZEMPIC	2	PA, QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	pioglitazone hcl	1	QL
glyburide oral	1		pioglitazone hcl-metformin hcl	2	QL
glyburide-metformin	1		repaglinide	2	QL
GLYXAMBI	2	ST, QL	RYBELSUS	2	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL	saxagliptin hcl	2	QL
GVOKE HYPOPEN 2-PACK	2	QL	saxagliptin-metformin er	2	QL
GVOKE KIT	2		SOLIQUA	2	QL
GVOKE PFS	2		SYMLINPEN 120	3	QL
INVOKANA	E	ST, QL	SYMLINPEN 60	3	QL
JANUMET	E	ST, QL	SYNJARDY	2	QL
JANUVIA	E	ST, QL	SYNJARDY XR	2	QL
JARDIANCE	2	QL	TRADJENTA	2	QL
JENTADUETO	2	QL	TRIJARDY XR	2	QL
JENTADUETO XR	2	QL	TRULICITY	2	PA, QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	XIGDUO XR	E	ST, QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)	Drugs for Blood Disorders		
metformin hcl er	1		ADVATE	2	SP
metformin hcl er (mod)	E	PA	ADYNOVATE	4	PA, SP
metformin hcl er (osm)	E	PA	AFSTYLA	4	PA, SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ALPHANATE	2	SP
			ALPROLIX	3	SP
			ALTUVIIIO	4	PA, SP
			ALVAIZ	4	PA, SP
			ARANESP (ALBUMIN FREE)	2	QL, SP
			BENEFIX	2	SP
			DOPTelet	4	PA, QL, SP
			ELOCTATE	4	PA, SP
			FABHALTA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	
PROMACTA POWDER	4	PA, QL, SP
PROMACTA TABLET	E	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
varedenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E	
FLORIVA PLUS	E	
FLOTREX	E	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal plus	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus vitamin/mineral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		prenatal vitamins oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		PRENATE MINI	3	
multivitamin w/fluoride tablet chewable 1 mg oral	1		PRENATOL-M	E	
multivitamin w/fluoride tablet chewable 1 mg oral	E		PRENATRIX	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1		PRENATRYL	E	
multivitamin w/fluoride tablet chewable 1 mg oral	E		PREVIDENT 5000 ENAMEL PROTECT	3	
multi-vitamin/fluoride	1		PREVIDENT 5000 SENSITIVE	3	
multivitamin/fluoride oral tablet chewable	1		QUFLORA PEDIATRIC	3	
MULTI-VIT-FLOR	E		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
NASCOBAL	3		sod fluoride-potassium nitrate	1	
NEONATAL COMPLETE	3		sodium fluoride 5000 enamel	1	
NEONATAL PLUS	3		sodium fluoride 5000 sensitive	1	
NEONATAL PRENATAL	E		sodium fluoride oral solution	1	H
NEONATAL VITAMIN	E		sodium fluoride oral tablet chewable	1	H
NIVA-PLUS	3		TRICARE ORAL TABLET	3	
ONE VITE WOMENS	E		TRINATAL RX 1	3	
ONE VITE WOMENS PLUS	3		TRINATE	3	
ORACIT	2		tri-vite/fluoride	1	
ORAL CITRATE	2		UROCIT-K 10	4	
PHOSPHA 250 NEUTRAL	2		UROCIT-K 15	4	
phosphorous	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
phospho-trin 250 neutral	1		VELTASSA	3	PA, QL
pnv 27-ca/fe/fa	1		VITAFOL FE+	3	
POKONZA	E				

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Drug Name	Drug Tier	Requirements & Limits
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	4	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL

Drug Name	Drug Tier	Requirements & Limits
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
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	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	

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Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVIBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
loperamide hcl oral capsule	E	
lubiprostone	2	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbic	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
REZDIFFRA	4	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

Drug Name	Drug Tier	Requirements & Limits
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	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK	E	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	

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Drug Name	Drug Tier	Requirements & Limits
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	4	ST
GEMTESA	E	
mirabegron er	3	ST
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	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	E	
trospium chloride	3	
trospium chloride er	E	
VANRAFIA	4	PA, SP
VELPHORO	4	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	

Drug Name	Drug Tier	Requirements & Limits
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	
abigale lo	2	
ACTIVEVILLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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	
COMBIPATCH	3	QL	estradiol oral	1	
COVARYX	2		estradiol patch twice weekly	2	QL
COVARYX HS	3		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	
cryselle-28	1	H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
cyred eq	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
dasetta 1/35 (28)	1	H	estradiol vaginal cream	3	
dasetta 7/7/7	1	H	estradiol vaginal tablet	2	
daysee	1	H	estradiol valerate intramuscular	1	
deblitane	1	H	estradiol-norethindrone acet	2	
DELESTROGEN	4		estratest f.s.	1	
delyla	1	H	ESTRATEST H.S.	3	
DEPO-PROVERA	4	QL	ESTRING	2	QL
DEPO-SUBQ PROVERA 104	1	QL, H	ESTROGEL	3	QL
desogestrel-ethinyl estradiol	1	H	ethynodiol diac-eth estradiol	1	H
DIVIGEL	3		etonogestrel-ethinyl estradiol	1	H
dotti	2	QL	EVAMIST	2	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E		falmina	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	fayosim oral tablet 42-21-21-7 days	1	H
drospirenone-ethinyl estradiol	3		feirza 1.5/30	1	H
DUAVEE	3	QL	feirza 1/20	1	H
EEMT	2		FEMRING	3	QL
EEMT HS	3		finzala	1	H
ELESTRIN	3		fyavolv	1	
elinest	1	H	gallifrey	1	
ELLA	1	QL, H	hailey 1.5/30	1	H
eluryng	1	H			
emzabh	1	H			
enilloring	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hailey 24 fe	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
hailey fe 1.5/30	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
hailey fe 1/20	1	H	levonorg-eth estrad triphasic	1	H
haloette	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
iclevia	2	H	LOESTRIN 1.5/30 (21)	E	
incassia	1	H	LOESTRIN 1/20 (21)	E	
introvale	2	H	LOESTRIN FE 1.5/30	E	
isibloom	1	H	LOESTRIN FE 1/20	E	
jaimiess	1	H	lojaimiess	1	H
jasmiel	3		loryna	3	
jencycla	1	H	low-ogestrel	1	H
jinteli	1		lo-zumandimine	3	
jolessa	2	H	luteria	1	H
juleber	1	H	lyleq	1	H
junel 1.5/30	1	H	lyllana	2	QL
junel 1/20	1	H	lyza	1	H
junel fe 1.5/30	1	H	marlissa	1	H
junel fe 1/20	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
junel fe 24	1	H	medroxyprogesterone acetate oral	1	
kalliga	1	H	megestrol acetate oral tablet	1	
kariva	1	H	meleya	1	H
kelnor 1/35	1	H	MENOSTAR	3	QL
kelnor 1/50	1	H	mibelas 24 fe	1	H
kurvelo	1	H	microgestin 1.5/30	1	H
larin 1.5/30	1	H	microgestin 1/20	1	H
larin 1/20	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
larin 24 fe	1	H	microgestin fe 1.5/30	1	H
larin fe 1.5/30	1	H	microgestin fe 1/20	1	H
larin fe 1/20	1	H	mili	1	H
leena	1	H	mimvey	1	
lessina	1	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonest	1	H			
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H			
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL	ocella	3	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E		PHEXXI	E	PA
mono-lynyah	1	H	philith	1	H
MYFEMBREE	2	PA, QL	pimtrea	1	H
NATAZIA	1		portia-28	1	H
necon 0.5/35 (28)	1	H	PREMARIN ORAL	3	
NEXTSTELLIS	E		PREMARIN VAGINAL	3	
nikki	3		PREMPHASE	3	
nora-be	1	H	PREMPRO	3	
norelgestromin-eth estradiol	3	H	progesterone intramuscular	1	
norethin ace-eth estrad-fe oral tablet	1	H	progesterone oral	2	
norethin ace-eth estrad-fe oral tablet chewable	1	H	PROMETRIUM	E	
norethindrone acetate oral	1		PROVERA	4	
norethindrone acet-ethinyl est	1	H	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
norethindrone oral	1	H	reclipsen	1	H
norethindrone-eth estradiol	1		rivelsa	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	rosyrah	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	SAFYRAL	E	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	setlakin	2	H
norlyroc	1	H	sharobel	1	H
nortrel 0.5/35 (28)	1	H	simliya	1	H
nortrel 1/35 (21)	1	H	simpesse	1	H
nortrel 1/35 (28)	1	H	SLYND	4	PA, ST
nortrel 7/7/7	1	H	sprintec 28	1	H
NUVARING	E		sronyx	1	H
nylia 1/35	1	H	syeda	3	
nylia 7/7/7	1	H	tarina 24 fe	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tarina fe 1/20 eq	1	H
			tilia fe	1	H
			tri-estarylla	1	H
			tri-legest fe	1	H
			tri-lynyah	1	H
			tri-lo-estarylla	2	
			tri-lo-marzia	2	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
tri-lo-mili	2		dexamethasone oral elixir	1	
tri-lo-sprintec	2		dexamethasone oral solution	1	
tri-mili	1	H	dexamethasone oral tablet	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	dexamethasone oral tablet therapy pack	3	
tri-sprintec	1	H	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
trivora (28)	1	H	fludrocortisone acetate oral	1	
tri-vylibra	1	H	HEMADY	E	
tri-vylibra lo	2		HIDEX 6-DAY	E	
turqoz	1	H	hydrocortisone oral	1	
TWIRLA	E		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
TYBLUME	1		MEDROL ORAL TABLET 2 MG	2	
tydemy oral tablet 3-0.03-0.451 mg	1	H	MEDROL ORAL TABLET THERAPY PACK	4	
VAGIFEM	E		methyprednisolone oral	1	
valtya 1/50	1	H	PEDIAPRED	2	
velivet	1	H	prednisolone oral solution	1	
vestura	3		prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
vienva	1	H	prednisolone sodium phosphate oral solution 15 mg/5ml	1	
viorele	1	H	prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
VIVELLE-DOT	E	QL	prednisone oral	1	
volnea	1	H	TAPERDEX 12-DAY	3	
vyfemla	1	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
vylibra	1	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
wera	1	H	TAPERDEX 7-DAY	3	
xarah fe	1	H	Hormonal Agents - Other		
xulane	3	H	cabergoline	2	
YASMIN 28	2		DDAVP ORAL	E	
YAZ	2		desmopressin acetate oral	1	
yuvaferm	2		desmopressin acetate spray	1	
zafemy	3	H	leuprolide acetate injection	1	PA
zovia 1/35 (28)	1	H			
zumandimine	3				
Hormonal Agents - Oral Steroids					
CORTEF	4				
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E				
dexamethasone intensol	1				

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Drug Name	Drug Tier	Requirements & Limits
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	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	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
JATENZO	E	QL
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
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 (generic Androgel Pump)

Drug Name	Drug Tier	Requirements & Limits
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	
CYTO MEL	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	
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

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADBRY	2	PA, QL, SP	methotrexate sodium injection solution	1	
AMJEVITA	2	PA, QL, SP	methotrexate sodium oral	1	
ARAVA	E		mycophenolate mofetil oral capsule	1	
AZASAN	4		mycophenolate mofetil oral tablet	1	
azathioprine oral tablet 100 mg, 75 mg	3		mycophenolate sodium	2	
azathioprine oral tablet 50 mg	1		mycophenolic acid	2	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	MYFORTIC	E	
BIMZELX	3	PA, ST, QL, SP	MYHIBBIN	1	
CELLCEPT ORAL CAPSULE	E		NEORAL ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E		OLUMIANT	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP	OMVOH SUBCUTANEOUS	2	PA, QL, SP
CINRYZE	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
COSENTYX	2	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
cyclosporine modified oral capsule	1		OTEZLA	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	OTREXUP	E	QL
ENBREL	2	PA, QL, SP	PROGRAF ORAL CAPSULE	4	
ENBREL MINI	2	PA, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
ENBREL SURECLICK	2	PA, QL, SP	RASUVO	2	QL
ENTYVIO PEN	2	PA, (SUBCUTANEOUS, QL, SP)	RINVOQ	2	PA, QL, SP
ENVARUSUS XR	E		RUCONEST	4	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3		SIMPONI	2	PA, QL, SP
gengraf oral capsule	1		sirolimus oral tablet	1	
HAEGARDA	2	PA, QL, SP	SKYRIZI	2	PA, QL, SP
HUMIRA	E	PA, QL, SP	SOTYKTU	2	PA, QL, SP
HYFTOR	4	PA, QL	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
IMURAN	E		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
JYLAMVO	4	PA	tacrolimus oral	1	
KEVZARA	4	PA, ST, QL, SP	TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
leflunomide oral	1		TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
LITFULO	3	PA, QL, SP	TREMFYA	2	PA, QL, SP
LUPKYNIS	4	PA, QL, SP	TREXALL	2	
methotrexate sodium (pf)	1				

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Drug Name	Drug Tier	Requirements & Limits
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	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

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	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	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	4	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents					
ANALPRAM HC	4		mesalamine oral tablet delayed release 800 mg	E	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4		mesalamine rectal enema	1	
ANALPRAM-HC EXTERNAL CREAM	4	QL	mesalamine rectal suppository	2	QL
ANUCORT-HC	2		PROCORT	E	
ANUSOL-HC EXTERNAL	4		PROCTOCORT	E	
ANUSOL-HC RECTAL	E		PROCTOFOAM HC	2	
APRISO	1		procto-med hc	1	
AZULFIDINE	4		PROCTOSOL HC	4	
AZULFIDINE EN-TABS	4		PROCTOZONE-HC	4	
balsalazide disodium	1		SFROWASA	4	
budesonide oral	2		sulfasalazine oral	1	
CANASA	E		UCERIS ORAL	3	
COLAZAL	E		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
CORTIFOAM	2		ACTONEL	E	QL
DELZICOL	E		alendronate sodium oral tablet	1	
DIPENTUM	3		BONSITY	3	PA, SP
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3		EVISTA	E	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E		FORTEO	E	PA, SP
hydrocortisone (perianal) external cream 1 %	E		FOSAMAX	4	
hydrocortisone (perianal) external cream 2.5 %	1		ibandronate sodium oral	2	
hydrocortisone ace-pramoxine external cream 1-1 %	1		raloxifene hcl	2	H-PA
hydrocortisone acetate rectal	2		risedronate sodium oral tablet 150 mg, 35 mg	3	QL
hydrocort-pramoxine (perianal)	1		risedronate sodium oral tablet 30 mg, 5 mg	3	
LIALDA	E		teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
mesalamine er oral capsule 0.375 gm	E		TYMLOS	3	PA, SP
mesalamine oral capsule delayed release 400 mg	2		Metabolic Bone Disease Agents - Other		
mesalamine oral tablet delayed release 1.2 gm	2		calcitriol oral capsule	1	
			cinacalcet hcl	1	
			ROCALTROL ORAL CAPSULE	4	
			SENSIPAR	E	
			YORVIPATH	4	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	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	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
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

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
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 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMYY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL

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Drug Name	Drug Tier	Requirements & Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	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	4	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
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	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
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	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	

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Drug Name	Drug Tier	Requirements & Limits
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	4	QL
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	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine 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	

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
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	4	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER PLS FLOVU MTHPIECE	3		budesonide inhalation	2	QL
AEROCHAMBER PLUS FLO-VU	3		budesonide-formoterol fumarate	E	QL, RS
AEROCHAMBER PLUS FLO-VU INTERM	3		COMBIVENT RESPIMAT	3	QL
AEROCHAMBER PLUS FLO-VU LARGE	3		DALIRESP	E	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3		DULERA	E	ST, QL
AEROCHAMBER PLUS FLO-VU SMALL	3		EASIVENT	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3		EASIVENT MASK LARGE	3	
AEROCHAMBER2GO ANTI-STATIC	3		EASIVENT MASK MEDIUM	3	
AIRDUO RESPICLICK	E	QL	EASIVENT MASK SMALL	3	
AIRSUPRA	3	QL	FASENRA PEN	4	PA, QL, SP
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	FLEXICHAMBER	3	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
albuterol sulfate oral syrup 2 mg/5ml	1		FLUTICASONE PROPIONATE HFA	E	QL
ANORO ELLIPTA	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ARNUITY ELLIPTA	1	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
ASMANEX HFA	E	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ATROVENT HFA	3	QL	INSPIREASE	3	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	3		ipratropium-albuterol	2	
BREATHE COMFORT CHAMBER/CHILD	3		levalbuterol hcl inhalation	3	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breyna	E	QL, RS	MICROCHAMBER	3	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral packet	2	
			montelukast sodium oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	4	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	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, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	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

Drug Name	Drug Tier	Requirements & Limits
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone	2	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	2	PA, QL, 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	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	

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Drug Name	Drug Tier	Requirements & Limits
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	
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Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	QL
DAYVIGO	E	QL
doxepin hcl oral tablet	E	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	QL
ramelteon	3	QL

Drug Name	Drug Tier	Requirements & Limits
RESTORIL	4	
ROZEREM	E	QL
SILENOR	E	QL
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
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Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



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TECHLITE PEN NEEDLES (Arkray).....	29	testosterone gel 20.25 mg/act (1.62%) transdermal	41	tizanidine hcl oral capsule.....	50
TECHLITE PLUS PEN NEEDLES (Arkray).....	29	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%).....	41	tizanidine hcl oral tablet.....	50
TEGLUTIK.....	23	testosterone transdermal gel 1.62 %.....	41	TLANDO.....	41
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tramadol hcl oral tablet 50 mg.....	8	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	27	TRUE METRIX BLOOD GLUCOSE TEST.....	29
tramadol-acetaminophen	8	triamcinolone acetonide external ointment 0.05 %.....	27	TRUE METRIX GO GLUCOSE METER.....	29
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