



2024 Essential Plus Prescription Drug List

Individual & Family plans

Washington

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**United
Healthcare**

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL or a formulary is a list of covered prescribed medications or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Individual and Family Plan Pharmacy Management Committee. This group reviews which medications will be covered, based on how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your healthcare provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. You can reference this list when you see your healthcare provider. If your medication is not listed here, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications can help you pay your lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you should discuss with your healthcare provider if a lower tier medication may be appropriate for your condition. In the chart below, the overall value is based on factors such as medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

Tier	Cost-share	Includes
1	\$0	\$0 Cost-share Preventive medications are available at no cost to you.
2	\$	Lower cost-shares Medications that offer the greatest overall value, which includes mainly generic medications.
3	\$\$	Mid-range cost-share Medications that offer good overall value, which includes preferred brand name medications.
4	\$\$\$	Highest cost-shares
5	\$\$\$\$	Medications that offer the lowest overall value.

Coverage details

What are coverage requirements or limits?

Some medications on your PDL have extra requirements before they can be covered. A few of the most common coverage requirements or limits are prior authorization (PA), step therapy (ST), and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information.

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage requirement or limit, see the "Prior authorization and exception requests" section.



PA	Prior authorization required UnitedHealthcare requires you or your healthcare provider to obtain prior authorization for certain drugs to be sure the drug is most appropriate for your condition. This means that you will need to get approval from UnitedHealthcare before you fill your prescriptions. If you don't get approval, the drug may not be covered.
QL	Quantity limit For certain drugs, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time. We update quantity limits based on medical guidance and Food and Drug Administration (FDA) recommendations. This helps reduce waste and ensures medications are used appropriately.
ST	Step therapy In some cases, UnitedHealthcare requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step Therapy makes sure you are filling medically appropriate and affordable medications.
SP	Specialty medication Limited to a 1-month supply per prescription. Your plan may allow more than a 1-month supply. Refer to your Benefit Plan Documents.
MME	Morphine milligram equivalent Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your healthcare provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your healthcare provider can ask the plan to cover the additional quantity.
7D	7-day limit if you have not filled an opioid prescription recently If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy.

Can the PDL change?

Most changes in drug coverage happen on January 1, but during the year UnitedHealthcare may add or remove drugs on the PDL, move them to different cost-sharing tiers, or add or remove restrictions.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your healthcare provider to learn about alternatives.

Why are some medications not covered?

A medication may not be covered under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Breast cancer preventive medications



- Bowel preparation for a colonoscopy needed for colon cancer screening
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your healthcare provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the “Prior authorization and exception requests” section below. If you qualify, you can receive these drugs at \$0 cost-share. If you do not qualify, you are responsible for the customary cost-share amount for your plan.

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
 - 7-day supply limit for members who have not filled an opioid prescription recently or
 - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met such as preventive medications.

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your healthcare provider to submit a request. Healthcare providers can submit a request:

- Online: professionals.optumrx.com/prior-authorization.html
- Phone: **1-800-711-4555**

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your healthcare provider and request additional information.

If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your ID card, and we can contact your healthcare provider for information to help process the request.

We'll send written notification of the decision to both you and your healthcare provider. If your healthcare provider does not agree with the decision, this notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

How can I get a medication not listed on the PDL covered?

You, your authorized representative or your healthcare provider can ask for a coverage request by following the instructions above. Once the request is received, a decision will be provided within 72 hours, unless there are exigent circumstances and an expedited review is requested, in which case a decision will be provided in 24 hours. These responses may be shorter based on state laws. If the request is denied, information will be provided describing the process to appeal that decision and request an external review.



Medication tips

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less.

What if my healthcare provider writes a brand-name prescription?

If your healthcare provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Specialty medications are indicated with SP throughout the PDL.

Please note, not all specialty medications may be available at a retail pharmacy. If you have a question on how to access covered specialty medications, call the number on your health plan ID card or visit myuhc.com/exchange.

Reading your PDL

The PDL gives you choices so you and your healthcare provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, BREO ELLIPTA). Generic medications are shown in lowercase (for example, atorvastatin). There are two ways to find your drug within the PDL:

1. The drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug.
2. Alphabetical Listing – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list.

Questions



Review your Policy for more information about your pharmacy benefit.



Call the Member Services number on your health plan ID card.



Register or login to your online account at myuhc.com/exchange to:

- Find a current list of covered medications
- Find a participating retail pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



Drug name	Drug tier	Notes
Analgesics		
Nonsteroidal anti-inflammatory drugs		
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 16 to 49.
aspirin adult low dose	1	\$0 Copay for members between ages of 16 to 49.
aspirin adult low strength	1	\$0 Copay for members between ages of 16 to 49.
aspirin childrens	1	\$0 Copay for members between ages of 16 to 49.
aspirin ec low dose	1	\$0 Copay for members between ages of 16 to 49.
aspirin ec low strength	1	\$0 Copay for members between ages of 16 to 49.
aspirin low dose	1	\$0 Copay for members between ages of 16 to 49.
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49.
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 16 to 49.
aspirin regimen	1	\$0 Copay for members between ages of 16 to 49.
celecoxib oral	2	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	2	
diclofenac sodium external gel 1 %	3	QL
diclofenac sodium oral	2	
diclofenac-misoprostol	3	
diflunisal oral	2	
ec-naproxen	2	
etodolac	2	
etodolac er	3	
fenoprofen calcium oral tablet	4	
flurbiprofen oral tablet 100 mg	2	
goodsense aspirin low dose	1	\$0 Copay for members between ages of 16 to 49.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin er	2	
indomethacin oral	2	QL
ketoprofen er	4	ST
ketoprofen oral	3	ST
ketorolac tromethamine oral	2	
meclofenamate sodium oral	4	
mefenamic acid oral	4	
meloxicam oral tablet	2	
mm aspirin	1	\$0 Copay for members between ages of 16 to 49.

Drug name	Drug tier	Notes
Opioid analgesics, long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D
hydromorphone hcl er	4	PA; QL; MME; 7D
methadone hcl intensol	2	PA; QL; MME; 7D
methadone hcl oral concentrate	2	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D
NUCYNTA ER	4	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
Opioid analgesics, short-acting		
acetaminophen-codeine	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet	3	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	2	QL
codeine sulfate oral tablet 30 mg, 60 mg	2	QL; MME; 7D
endocet	2	QL; MME; 7D
fentanyl citrate buccal lozenge on a handle	4	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate)	3	QL; MME; 7D



KEY: **7D**—7 Day limit
QL—Quantity Limit

MME—Morphine milligram equivalent
SP—Specialty medication

PA—Prior authorization required
ST—Step Therapy

Drug name	Drug tier	Notes
morphine sulfate oral solution	3	QL; MME; 7D
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate 100 mg/5ml	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
TENCON	3	QL
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local anesthetics		
glydo	2	
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
premium lidocaine	2	QL
Anti-addiction/substance abuse treatment agents		
Alcohol deterrents/anti-craving		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid dependence treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
ZUBSOLV	3	
Opioid reversal agents		
naloxone hcl injection	2	
naloxone hcl nasal	2	\$0 Copay
NARCAN	2	\$0 Copay
Smoking cessation agents		
bupropion hcl er (smoking det)	1	QL
goodsense nicotine mouth/throat lozenge 4 mg	1	QL
habitrol	1	QL
NICORETTE MOUTH/THROAT GUM 2 MG	1	QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	1	QL
nicotine mini	1	QL
nicotine polacrilex mini	1	QL
nicotine polacrilex mouth/throat	1	QL
nicotine step 1	1	QL
nicotine step 2	1	QL

Drug name	Drug tier	Notes
nicotine step 3	1	QL
nicotine transdermal kit	1	QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	QL
NICOTROL	1	PA; QL
NICOTROL NS	1	PA; QL
varenicline tartrate	1	PA; QL
varenicline tartrate (starter)	1	PA; QL
Antibacterials		
Aminoglycosides		
ARIKAYCE	5	PA; QL; SP
gentamicin sulfate external	3	
neomycin sulfate oral	2	
Antibacterials, other		
ALTABAX	4	QL
clindamycin hcl oral	2	
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
FIRVANQ	3	
fosfomycin tromethamine	4	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
mafénide acetate external	4	
methenamine hippurate	2	
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin calcium	4	QL
mupirocin external	2	QL
NEO-SYNALAR	4	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
ssd	2	
SULFAMYLYON EXTERNAL CREAM	4	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE	2	
XEPI	4	QL
Beta-lactam, cephalosporins		
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	



KEY: 7D—7 Day limit
QL—Quantity Limit

MME—Morphine milligram equivalent
SP—Specialty medication

PA—Prior authorization required
ST—Step Therapy

Drug name	Drug tier	Notes
cefpodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, penicillins		
amoxicillin	2	
amoxicillin-potassium clavulanate	2	
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
Macrolides		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
DIFCID	4	QL
ERYTHROCIN STEARATE	4	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral	4	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral	2	
sulfatrim pediatric	2	
Tetracyclines		
avidoxy	2	
demeocycline hcl	4	
doxycycline hydiate oral capsule	2	
doxycycline hydiate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
monodoxine nl	2	
NUZYRA ORAL	5	QL
tetracycline hcl oral	2	

Drug name	Drug tier	Notes
Anticonvulsants		
Anticonvulsants, other		
EPIDIOLEX	5	PA; SP
levetiracetam er	2	
levetiracetam oral	2	
roweepra	2	
Calcium channel modifying agents		
CELONTIN	3	
ethosuximide oral	3	
methsuximide	3	
zonisamide oral	2	
Gamma-aminobutyric acid (GABA) augmenting agents		
clobazam	4	PA; QL
DIACOMIT	5	PA; QL; SP
diazepam rectal	4	QL
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
phenobarbital oral	2	
primidone oral	2	
tiagabine hcl	4	
valproic acid oral	2	
vigabatrin	5	PA; QL; SP
vigadron	5	PA; QL; SP
Glutamate reducing agents		
felbamate	4	
FYCOMPA ORAL SUSPENSION	4	PA; QL
lamotrigine oral kit	4	PA
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
lamotrigine oral tablet dispersible	4	PA
lamotrigine starter kit-blue	4	
lamotrigine starter kit-green	4	
lamotrigine starter kit-orange	4	
subvenite	2	
subvenite starter kit-blue	4	
subvenite starter kit-green	4	
subvenite starter kit-orange	4	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium channel agents		
APTIOM	4	PA; QL
carbamazepine er	3	
carbamazepine oral suspension	3	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable	2	
DILANTIN ORAL CAPSULE 30 MG	4	
epitol	2	
lacosamide oral	4	PA; QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytoin infatabs	2	
phenytoin oral suspension 125 mg/5ml	2	



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Drug name	Drug tier	Notes
phenytoin oral tablet chewable	2	
phenytoin sodium extended	2	
rufinamide	4	PA
Antidementia agents		
Cholinesterase inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL
galantamine hydrobromide oral tablet	3	QL
rivastigmine	4	QL
rivastigmine tartrate	2	QL
N-methyl-D-aspartate (NMDA) receptor antagonist		
memantine hcl oral solution	4	QL
memantine hcl oral tablet	2	QL
Antidepressants		
Antidepressants, other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
bupropion hcl oral	2	
chlor Diazepoxide-amitriptyline	2	
mirtazapine oral	2	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	2	
Monoamine oxidase inhibitors		
EMSAM	4	QL
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
desvenlafaxine succinate er	2	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
FETZIMA	4	ST; QL
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate	2	
fluvoxamine maleate er	4	QL
nefazodone hcl	3	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	4	

Drug name	Drug tier	Notes
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
VIBRYD STARTER PACK	4	QL
vilazodone hcl	4	QL
Tricyclics		
amitriptyline hcl oral	2	
amoxapine	2	
clomipramine hcl oral	4	
desipramine hcl oral	3	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
imipramine hcl oral	2	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
trimipramine maleate oral	4	
Antiemetics		
Antiemetics, other		
compro	3	
meclizine hcl oral tablet 25 mg	2	
metoclopramide hcl oral solution	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
promethegan	3	QL
scopolamine	3	
trimethobenzamide hcl oral	2	
Emetogenic therapy adjuncts		
aprepitant	4	QL
dronabinol	4	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
gransetron hcl oral	3	QL
ondansetron hcl oral	2	
ondansetron odt	2	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	2	
ciclopirox external	2	
ciclopirox olamine external	2	
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL
clotrimazole-betamethasone external lotion	3	
econazole nitrate external	3	QL



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Drug name	Drug tier	Notes
EXELDERM	4	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYZNAZOLE-1	4	
itraconazole oral	4	QL
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
LULICONAZOLE	4	QL
miconazole 3	2	
naftifine hcl external cream	4	
nyamyc	2	QL
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL
nystatin mouth/throat	2	
nystatin oral	2	
nystatin-triamcinolone	3	
nystop	2	QL
oxiconazole nitrate	4	QL
posaconazole oral tablet delayed release	3	QL
SULCONAZOLE NITRATE	4	
terbinafine hcl oral	2	QL
terconazole vaginal cream	2	
terconazole vaginal suppository	3	
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
Antigout agents		
allopurinol oral tablet 100 mg, 300 mg	2	
COLCHICINE ORAL CAPSULE	2	QL
colchicine-probenecid	2	
febuxostat	3	ST; QL
MITIGARE	3	QL
probenecid	2	
Antimigraine agents		
Calcitonin gene-related peptide (CGRP) receptor antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	QL
Ergot alkaloids		
dihydroergotamine mesylate injection	4	QL
ergotamine-caffeine	4	
MIGERGOT	4	
Serotonin (5-HT) receptor agonists		
almotriptan malate	3	QL
eletriptan hydrobromide	3	QL
frovatriptan succinate	4	QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL

Drug name	Drug tier	Notes
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	QL
zolmitriptan nasal	4	ST; QL
zolmitriptan oral	3	QL
Antimyasthenic agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, other		
dapsone oral	2	
rifabutin	4	
Antituberculars		
cycloserine oral	4	
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN	3	
pyrazinamide oral	3	
rifampin oral	2	
SIRTURO	4	PA
TRECATOR	3	
Antineoplastics		
Alkylating agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
MATULANE	5	SP
melphalan	4	
MYLERAN	4	
temozolomide	5	PA; SP
VALCHLOR	5	PA; QL; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
ERLEADA	5	PA; QL; SP
nilutamide	5	SP
NUBEQA	5	PA; QL; SP
Antiangiogenic agents		
lenalidomide	5	PA; QL; SP
POMALYST	5	PA; QL; SP
REVLIMID	5	PA; QL; SP
THALOMID	5	PA; QL; SP
Antiestrogens/modifiers		
EMCYT	4	
tamoxifen citrate oral tablet 10 mg	2	



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Drug name	Drug tier	Notes	Drug name	Drug tier	Notes
tamoxifen citrate oral tablet 20 mg	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	gefitinib	5	PA; QL; SP
toremifene citrate	4		imatinib mesylate	5	PA; QL; SP
Antimetabolites			IMBRUVICA	5	PA; QL; SP
capecitabine	5	SP	IRESSA	5	PA; QL; SP
DROXIA	4		JAKAFI	5	PA; QL; SP
hydroxyurea oral	2		LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA; QL; SP
mercaptopurine oral	2		LORBRENA	5	PA; QL; SP
TABLOID	5	SP	sorafenib tosylate	5	PA; QL; SP
Antineoplastics, other			SPRYCEL	5	PA; QL; SP
AMELUZ	4		STIVARGA	5	PA; QL; SP
BESREMI	5	PA; SP	sunitinib malate	5	PA; QL; SP
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	QL	VENCLEXTA	5	PA; QL; SP
fluorouracil external cream 5 %	2	QL	VENCLEXTA STARTING PACK	5	PA; QL; SP
fluorouracil external solution	2		VITRAKVI	5	PA; QL; SP
leucovorin calcium oral	2		XOSPATA	5	PA; QL; SP
PIQRAY	5	PA; QL; SP	ZELBORAF	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP	ZYKADIA	5	PA; QL; SP
SYNRIBO	5	PA; QL; SP	Retinoids		
VERZENIO	5	PA; QL; SP	bexarotene external	5	QL; SP
ZOLINZA	5	QL; SP	bexarotene oral	5	SP
Aromatase inhibitors, 3rd generation			PANRETIN	4	
anastrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	tretinoin oral	5	QL; SP
exemestane	4	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	Antiparasitics		
letrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	albendazole oral	4	PA; QL
Enzyme inhibitors			EGATEN	4	PA
etoposide oral	5	SP	ivermectin oral	2	PA; QL
HYCAMTIN ORAL	5	PA; QL; SP	praziquantel oral	4	
TALZENNA	5	PA; QL; SP	Antiprotozoals		
Molecular target inhibitors			ALINIA ORAL SUSPENSION RECONSTITUTED	3	QL
ALECensa	5	PA; QL; SP	atovaquone-proguanil hcl	3	
BOSULIF	5	PA; QL; SP	BENZNIDAZOLE	3	PA; QL
CAPRELSA	5	PA; QL; SP	chloroquine phosphate oral	2	QL
COMETRIQ	5	PA; QL; SP	hydroxychloroquine sulfate oral tablet 200 mg	2	QL
erlotinib hcl	5	PA; QL; SP	KRINTAFEL	3	QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL; SP	mefloquine hcl	2	



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Anti-Parkinson's agents, other		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
tolcapone	4	QL
Dopamine agonists		
apomorphine hcl subcutaneous	5	QL; SP
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	3	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
Dopamine precursors/L-amino acid decarboxylase inhibitors		
carbidopa oral	4	
carbidopa-levodopa er	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	3	
DUOPA	4	PA
Monoamine oxidase B (MAO-B) inhibitors		
rasagiline mesylate oral	4	ST
selegiline hcl oral	3	
Antipsychotics		
1st generation/typical		
ADASUVE	4	
chlorpromazine hcl oral tablet	2	
fluphenazine hcl oral concentrate	3	
fluphenazine hcl oral elixir	3	
fluphenazine hcl oral tablet	2	
haloperidol lactate oral	2	
haloperidol oral	2	
loxapine succinate	2	
molindone hcl	4	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	
2nd generation/atypical		
ariPIPrazole oral solution	4	QL
ariPIPrazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral	2	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	2	QL
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	2	QL
Treatment-resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL

Drug name	Drug tier	Notes
Antivirals		
LAGEVRIA	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100)	4	QL
Anti-cytomegalovirus (CMV) agents		
valganciclovir hcl	4	QL
Anti-hepatitis B (HBV) agents		
adefovir dipivoxil	5	SP
BARACLUDE ORAL SOLUTION	5	SP
entecavir	3	SP
lamivudine oral tablet 100 mg	3	
VEMLIDY	5	ST; QL; SP
Anti-hepatitis C (HCV) agents		
EPCLUSA	4	PA; QL; SP
HARVONI	4	PA; QL; SP
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	5	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
Antiherpetic agents		
acyclovir external ointment	4	QL
acyclovir oral capsule	2	
acyclovir oral suspension	4	
acyclovir oral tablet	2	
famciclovir oral	2	QL
penciclovir	4	QL
valacyclovir hcl oral	2	QL
Anti-HIV agents, integrase inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
ISENTRESS ORAL PACKET	4	QL
ISENTRESS ORAL TABLET	4	QL
JULUCA	4	QL
STRIBILD	4	QL
Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)		
COMPLERA	4	QL
EDURANT	4	QL
efavirenz	4	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine	2	QL
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)		
abacavir sulfate oral solution	4	QL
abacavir sulfate oral tablet	2	QL
abacavir sulfate-lamivudine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	QL



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emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at high risk of HIV infection.	alprazolam xr	2	QL
lamivudine oral solution	2	QL	chlor diazepoxide hcl	2	
lamivudine oral tablet 150 mg, 300 mg	2	QL	clonazepam oral	2	QL
lamivudine-zidovudine	3	QL	clorazepate dipotassium	3	QL
ODEFSEY	4	QL	diazepam intensol	2	QL
tenofovir disoproxil fumarate	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at high risk of HIV infection.	diazepam oral concentrate	2	QL
TRIUMEQ	4	QL	diazepam oral solution	2	
zidovudine oral capsule	3	QL	diazepam oral tablet	2	
zidovudine oral syrup	3	QL	diazepam oral tablet	2	QL
zidovudine oral tablet	2	QL	estazolam	2	QL
Anti-HIV agents, other			lorazepam intensol	2	QL
FUZEON	5	QL	lorazepam oral concentrate 2 mg/ml	2	QL
maraviroc	4	QL	lorazepam oral tablet	2	QL
Anti-HIV agents, protease inhibitors			oxazepam	2	
APTIVUS	4	QL	quazepam	4	
atazanavir sulfate	4	QL			
darunavir	4	QL	Bipolar agents		
fosamprenavir calcium	4	QL	Mood stabilizers		
LEXIVA ORAL SUSPENSION	4	QL	divalproex sodium er	2	
lopinavir-ritonavir	4	QL	divalproex sodium oral	2	
NORVIR ORAL PACKET	4	QL	EQUETRO	4	
PREZISTA ORAL SUSPENSION	4	QL	lithium	2	
REYATAZ ORAL PACKET	4	QL	lithium carbonate er	2	
ritonavir	4	QL	lithium carbonate oral	2	
VIRACEPT	4	QL			
Anti-influenza agents			Blood glucose monitoring		
oseltamivir phosphate oral	3	QL	ACCU-CHEK AVIVA DEVICE	3	QL
RELENZA DISKHALER	4	QL	ACCU-CHEK AVIVA PLUS TEST STRIPS	3	QL
rimantadine hcl	2		ACCU-CHEK FASTCLIX LANCET KIT	3	QL
Anxiolytics			ACCU-CHEK GUIDE TEST STRIPS	3	QL
Anxiolytics, other			ACCU-CHEK GUIDE CONTROL	3	QL
buspirone hcl oral	2		ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
hydroxyzine hcl oral	2		ACCU-CHEK SMARTVIEW CONTROL	3	QL
hydroxyzine pamoate oral	2		ACCU-CHEK SMARTVIEW TEST STRIPS	3	QL
meprobamate	4		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	3	QL
Benzodiazepines			AUTOLET LANCING DEVICE	3	QL
alprazolam er	2	QL	CARETOUCH CONTROL SOL LEVEL 2	3	QL
alprazolam intensol	3	QL	CARETOUCH LANCING/EJECTOR	3	QL
alprazolam oral tablet	2	QL	CHEMSTRIP K	3	
alprazolam oral tablet dispersible	3	QL	CHEMSTRIP MICRAL	3	
			CHEMSTRIP UGK	3	
			CLEVER CHOICE COMFORT EZ	3	
			CONTOUR CONTROL SOLUTION	3	QL
			CONTOUR NEXT CONTROL SOLUTION	3	QL
			CVS KETONE CARE	3	
			EASYMAX 15 LEVEL 2-3 CONTROL	3	QL
			EASYMAX CONTROL	3	QL
			GLUCOSE CONTROL SOLUTIONS	3	QL
			FORA TEST N'GO ADV-VOICE-6 CON	3	
			FORTISCARE CONTROL	3	QL
			KETO-DIASTIX	3	
			KETONE TEST	3	
			KETOSTIX	3	



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Drug name	Drug tier	Notes
LANCETS	3	
MICROLET NEXT LANCING DEVICE	3	QL
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	QL
ONETOUCH DELICA SAFETY LANCING	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL
ONETOUCH VERIO IN VITRO SOLUTION HIGH	3	QL
PIP GLUCOSE CONTROL SOLUTION	3	QL
TRUE METRIX LEVEL 1	3	QL
TRUE METRIX LEVEL 2	3	QL
TRUE METRIX LEVEL 3	3	QL
UNISTRIP CONTROL IN VITRO SOLUTION LOW	3	QL
VERIFINE SAFE LANCET MINI 21G	3	
VERIFINE SAFE LANCET MINI 23G	3	
VERIFINE SAFE LANCET MINI 28G	3	
VERIFINE SAFE LANCET MINI 30G	3	
Blood glucose regulators		
Antidiabetic agents		
acarbose oral	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL
FARXIGA	3	QL
glimepiride	2	QL
glipizide er	2	QL
glipizide ir	2	QL
glipizide xl	2	QL
glyburide micronized	2	QL
glyburide oral	2	QL
JARDIANCE	3	QL
JENTADUETO	3	QL
JENTADUETO XR	3	QL
metformin hcl er	2	QL
metformin hcl oral solution	4	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL
MOUNJARO	3	PA; QL
nateglinide	3	QL
OZEMPIC	3	PA; QL
pioglitazone hcl	2	QL
repaglinide	2	QL
RYBELSUS	3	PA; QL
saxagliptin hcl	3	QL
saxagliptin-metformin er	3	QL
SOLIQUA	3	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRADJENTA	3	QL
TRULICITY	3	PA; QL
VICTOZA	3	PA; QL
XIGDUO XR	3	QL

Drug name	Drug tier	Notes
Glycemic agents		
BAQSIMI ONE PACK	2	QL; \$0 Copay
BAQSIMI TWO PACK	2	QL; \$0 Copay
diazoxide oral	4	
glucagon emergency kit 1 mg injection	2	QL; \$0 Copay
GLUCAGON EMERGENCY KIT 1 MG INJECTION	2	QL; \$0 Copay
GLUCAGON EMERGENCY KIT	2	QL; \$0 Copay
GLUCO TO GO	3	
GVOKE HYPOOPEN 1-PACK	2	QL; \$0 Copay
GVOKE HYPOOPEN 2-PACK	2	QL; \$0 Copay
GVOKE KIT	2	QL; \$0 Copay
GVOKE PFS	2	QL; \$0 Copay
ZEGALOGUE	2	QL; \$0 Copay
Insulins		
BASAGLAR KWIKPEN	3	QL
HUMALOG	3	QL
HUMALOG KWIKPEN	3	QL
HUMALOG MIX 50/50 KWIKPEN	3	QL
HUMALOG MIX 50/50 VIAL	3	QL
HUMALOG MIX 75/25 KWIKPEN	3	QL
HUMALOG MIX 75/25 VIAL	3	QL
HUMALOG U-100 JUNIOR KWIKPEN	3	QL
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN 70/30 VIAL	3	QL
HUMULIN N KWIKPEN	3	QL
HUMULIN N VIAL	3	QL
HUMULIN R U-500 KWIKPEN	3	QL
HUMULIN R U-500 VIAL	3	QL
HUMULIN R VIAL	3	QL
INSULIN ASPART PROT & ASPART	3	QL
INSULIN DEGLUDEC	3	QL
INSULIN DEGLUDEC FLEXTOUCH	3	QL
INSULIN LISPRO	3	QL
INSULIN LISPRO (1 UNIT DIAL)	3	QL
INSULIN LISPRO JUNIOR KWIKPEN	3	QL
INSULIN LISPRO PROT & LISPRO	3	QL
LEVEMIR FLEXPEN	3	QL
LEVEMIR U-100 VIAL	3	QL
REZVOGLAR KWIKPEN	3	QL
TRESIBA	3	QL
TRESIBA FLEXTOUCH	3	QL
Blood products and modifiers		
Anticoagulants		
ELIQUIS	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
enoxaparin sodium	3	QL
fondaparinux sodium	4	QL
FRAGMIN	5	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) pf	2	
jantoven	2	
warfarin sodium oral	2	
XARELTO	3	QL



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XARELTO STARTER PACK	3	QL
Blood formation modifiers		
anagrelide hcl	4	
ARANESP (ALBUMIN FREE)	4	QL; SP
LEUKINE	5	SP
MULPLETA	5	PA; QL; SP
PROMACTA	5	PA; QL; SP
RETACRIT	4	QL; SP
ZARXIO	5	SP
Hemostasis agents		
aminocaproic acid oral	4	
RECOTHROM	4	
RECOTHROM SPRAY KIT	4	
THROMBIN-JMI EPISTAXIS	4	
THROMBIN-JMI EXTERNAL KIT	4	
tranexamic acid oral	3	QL
Platelet modifying agents		
aspirin-dipyridamole er	4	QL
BRILINTA	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
YOSPRALA	3	QL
Cardiovascular agents		
Alpha-adrenergic agonists		
clonidine	3	
clonidine hcl oral	2	
guanfacine hcl	2	QL
METHYLDOPA	2	
midodrine hcl	2	
Alpha-adrenergic blocking agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II receptor antagonists		
candesartan cilexetil	2	QL
EDARBI	4	QL
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
telmisartan	2	QL
valsartan oral tablet	2	QL
Angiotensin-converting enzyme (ACE) inhibitors		
benazepril hcl oral	2	QL
captotril oral	2	QL
enalapril maleate oral tablet	2	QL
fosinopril sodium	2	QL
lisinopril oral	2	QL
moexipril hcl	2	QL
perindopril erbumine	2	QL
quinapril hcl	2	QL

Drug name	Drug tier	Notes
ramipril	2	QL
trandolapril	2	QL
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ	4	PA; QL
NORPACE CR	3	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	
SOTYLIZE	4	PA
Beta-adrenergic blocking agents		
acebutolol hcl oral	2	
atenolol oral	2	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	2	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
nadolol oral	2	
nebivolol hcl	4	QL
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral	2	
timolol maleate oral	2	
Calcium channel blocking agents		
amlodipine besylate oral	2	
cartia xt	2	
diltiazem hcl er	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	2	
dilt-xr	2	
felodipine er	2	
isradipine	2	
matzim la	2	
nicardipine hcl oral	3	
nifedipine er	2	QL
nifedipine er osmotic release	2	QL
nifedipine oral	2	
nimodipine oral	4	
nisoldipine er	3	
NYMALIZE	3	
tazzia xt	2	
tiadylt er	2	
verapamil hcl er oral capsule extended release 24 hour	3	



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verapamil hcl er oral tablet extended release	2		Dyslipidemics, HMG COA reductase inhibitors					
verapamil hcl oral	2		atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.			
Cardiovascular agents, other								
amiloride-hydrochlorothiazide	2		atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL			
amlodipine besylate-benazepril hcl	2	QL	fluvastatin sodium	3	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.			
amlodipine besylate-valsartan	2	QL	lovastatin oral	2	QL; \$0 Copay for members between ages 40 to 75 years.			
atenolol-chlorthalidone	2		pravastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.			
benazepril-hydrochlorothiazide	2	QL	rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.			
bisoprolol-hydrochlorothiazide	2	QL	rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL			
candesartan cilexetil-hctz	3	QL	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.			
captotril-hydrochlorothiazide	3	QL	simvastatin oral tablet 80 mg	2	QL			
CORLANOR	4	PA; QL	Dyslipidemics, other					
digoxin oral solution	3		cholestyramine light	3				
digoxin oral tablet 125 mcg, 250 mcg	2		cholestyramine oral	3				
digoxin oral tablet 62.5 mcg	4		colesevelam hcl	3				
EDARBYCLOL	4	QL	colestipol hcl oral granules	3				
enalapril-hydrochlorothiazide	2	QL	colestipol hcl oral packet	3				
ENTRESTO	4	PA; QL	colestipol hcl oral tablet	2				
fosinopril sodium-hctz	2	QL	ezetimibe	2	QL			
irbesartan-hydrochlorothiazide	2	QL	ezetimibe-simvastatin	3	QL			
isosorb dinitrate-hydralazine	3	QL	icosapent ethyl	4	PA			
lisinopril-hydrochlorothiazide	2	QL	niacin (antihyperlipidemic)	3				
losartan potassium-hctz	2	QL	niacin er (antihyperlipidemic)	3				
metoprolol-hydrochlorothiazide	2		niacor	3				
pentoxifylline er	2		prevelite	3				
quinapril-hydrochlorothiazide	2	QL	REPATHA	4	PA; QL			
ranolazine er	4	QL	REPATHA PUSHTRONEX SYSTEM	4	PA; QL			
spironolactone-hctz	2		REPATHA SURECLICK	4	PA; QL			
telmisartan-hctz	3	QL	VASCEPA	4	PA			
triamterene-hctz	2		Vasodilators, direct-acting arterial/venous					
valsartan-hydrochlorothiazide	2	QL	isosorbide dinitrate	2				
Diuretics, carbonic anhydrase inhibitors								
acetazolamide er	3							
acetazolamide oral	3							
methazolamide oral	4							
Diuretics, loop								
bumetanide oral	2							
ethacrynic acid	4							
furosemide oral	2							
torsemide	2							
Diuretics, potassium-sparing								
amiloride hcl oral	2							
eplerenone	3							
spironolactone oral	2							
triamterene oral	3							
Diuretics, thiazide								
chlorthalidone	2							
hydrochlorothiazide oral	2							
indapamide	2							
metolazone	2							
Dyslipidemics, fibric acid derivatives								
fenofibrate oral tablet 160 mg, 54 mg	4							
gemfibrozil oral	2							



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Drug name	Drug tier	Notes
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual	2	
nitroglycerin transdermal	2	
RECTIV	4	QL
Vasodilators, direct-acting arterial		
hydralazine hcl oral	2	
minoxidil oral	2	
Central nervous system agents		
Attention deficit hyperactivity disorder agents, amphetamines		
amphetamine sulfate	4	PA
amphetamine-dextroamphetamine	2	PA; QL
amphetamine-dextroamphetamine er	3	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL
methamphetamine hcl	4	PA
Attention deficit hyperactivity disorder agents, non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er oral tablet extended release 12 hour	3	
dexmethylphenidate hcl	2	PA; QL
dexmethylphenidate hcl er	3	PA; QL
guanfacine hcl er	2	QL
methylphenidate hcl er (cd)	3	PA; QL
methylphenidate hcl er (la)	3	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
methylphenidate hcl oral solution	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
methylphenidate hcl oral tablet chewable	3	PA; QL
Central nervous system, other		
AUSTEDO	5	PA; QL; SP
caffeine citrate oral	2	
INGREZZA	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	5	PA; QL; SP
TIGLUTIK	5	PA; SP
Fibromyalgia agents		
pregabalin oral capsule	2	QL
SAVELLA	4	QL
SAVELLA TITRATION PACK	4	QL
Multiple sclerosis agents		
AVONEX PEN	5	PA; QL; SP
AVONEX PREFILLED	5	PA; QL; SP
BETASERON	5	PA; QL; SP
dalfampridine er	4	PA; QL; SP

Drug name	Drug tier	Notes
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
fingolimod hcl	5	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
Dental and oral agents		
cevimeline hcl	4	
chlorhexidine gluconate mouth/throat	2	
kourzeq	2	
oralone	2	
periogard	2	
pilocarpine hcl oral	3	
triamcinolone acetonide mouth/throat	2	
Dermatological agents		
accutane	4	
acitretin	4	
adapalene external cream	4	PA; QL
adapalene external gel	4	PA; QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	4	QL
ammonium lactate external cream	2	
amnesteem	4	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop	4	QL
calcitriol external	4	QL
claravis	4	
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	4	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL
clindamycin phosphate external swab	2	QL
CONDYLOX	4	
doxepin hcl external	4	PA; QL
DUPIXENT	4	PA; QL; SP
EPIFOAM	3	
ery	2	
erythromycin external	3	
ESKATA	4	
HYDRO 40	4	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
methoxsalen rapid	4	
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
pimecrolimus	4	ST; QL
PODOCON-25	2	



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podofilox external	2		calcium acetate (phos binder)	2	
PRAMOSONE EXTERNAL LOTION	3		calcium acetate oral tablet 667 mg	2	
RHOFADE	4	PA; QL	FOSRENOL ORAL PACKET	4	
SANTYL	4	QL	lanthanum carbonate	4	
selenium sulfide external lotion	2		sevelamer carbonate	4	
selenium sulfide external shampoo 2.25 %	2		sevelamer hcl	4	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP	VELPHORO	3	
sodium sulfacetamide external shampoo 10 %	2		Vitamins		
STELARA SUBCUTANEOUS	4	PA; QL; SP	ATABEX OB	3	
sulfacetamide sodium (acne)	2		CITRANATAL BLOOM	3	
tacrolimus external	4	ST; QL	CITRANATAL MEDLEY	3	
tazarotene external cream	4	PA; QL	cyanocobalamin injection solution 1000 mcg/ml	2	
tazarotene external gel	4	PA; QL	DODEX	3	
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL	ELITE-OB	3	
tretinoin external cream	3	PA; QL	ENBRACE HR	3	
zenatane	4		ergocalciferol oral capsule	2	
Electrolytes/minerals/metals/vitamins			folic acid oral tablet 1 mg	2	
Electrolyte/mineral replacement			folic acid oral tablet 400 mcg, 800 mcg	1	
carglumic acid	5	PA; SP	M-NATAL PLUS	3	
EFFER-K ORAL TABLET	3		NEONATAL COMPLETE	3	
EFFERVESCENT 10 MEQ, 20 MEQ			NEONATAL PLUS	3	
effer-k oral tablet effervescent 25 meq	2		NESTABS	3	
GALZIN	4		ONE VITE WOMENS PLUS	3	
klor-con 10	2		phytonadione oral	4	QL
klor-con m10	2		pnv prenatal plus multivit+dha	2	
klor-con m15	2		PREMESISRX	3	
klor-con m20	2		PRENAISSANCE	3	
klor-con oral packet	4		prenatal oral tablet 27-1 mg	2	
klor-con oral tablet extended release	2		prenatal plus vitamin/mineral	2	
klor-con/ef	2		PRENATE	3	
k-prime	2		PRENATE DHA	3	
levocarnitine oral solution	3		PRENATE ELITE	3	
levocarnitine sf	3		PRENATE ENHANCE	3	
PHOSPHA 250 NEUTRAL	2		PRENATE ESSENTIAL	3	
potassium chloride crys er	2		PRENATE MINI	3	
potassium chloride er	2		PRENATE PIXIE	3	
potassium chloride oral packet	4		PRENATE RESTORE	3	
potassium chloride oral solution	2		PRIMACARE	3	
potassium citrate er	3		RELNATE DHA	3	
sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.	SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	3	
Electrolyte/mineral/metal modifiers			TRINATE	3	
CHEMET	3		TRISTART DHA	3	
deferasirox	5	PA; SP	VINATE ONE	3	
deferasirox granules	5	PA; SP	VITAFOL FE+	3	
LOKELMA	4	PA; QL	VITAFOL STRIPS	3	
sodium polystyrene sulfonate	2		VITAFOL-NANO	3	
sps	2		VITAFOL-OB+DHA	3	
VELTASSA	4	PA; QL	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
Phosphate binders			VITATHELY WITH GINGER	3	
AURYXIA	4		WESCAP-C DHA	4	
			WESCAP-PN DHA	4	
			WESNATAL DHA COMPLETE	3	



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WESNATE DHA	3				QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
WESTAB PLUS	3							
WESTGEL DHA	3							
Gastrointestinal agents								
Antispasmodics, gastrointestinal								
dicyclomine hcl oral capsule	2		gavilyte-g	2				
dicyclomine hcl oral solution	3		generlac	2				
dicyclomine hcl oral tablet	2		gentle laxative oral	1	QL			
glycopyrrolate oral tablet 1 mg, 2 mg	2		gentlelax	1	QL			
methscopolamine bromide oral	3		glycolax	1	QL			
OSCIMIN SUBLINGUAL	2		KRISTALOSE	4				
Gastrointestinal agents, other								
alvimopan	4		lactulose encephalopathy	2				
amoxicill-clarithro-lansopraz	4	QL	lactulose oral packet	4				
cromolyn sodium oral	4		lactulose oral solution	2				
diphenoxylate-atropine oral liquid	3		magnesium citrate oral solution	1	QL			
diphenoxylate-atropine oral tablet	2		mm clearlax	1	QL			
loperamide hcl oral capsule	2		na sulfate-k sulfate-mg sulf	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
MOTOFEN	5	PA	ONELAX MAGNESIUM CITRATE	1	QL			
opium	4	QL	peg 3350-kcl-na bicarb-nacl	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
RELISTOR SUBCUTANEOUS	4	PA; QL	peg-3350/electrolytes	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
SYMPROIC	3	PA; QL	peg-3350/electrolytes/ascorbat	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
ursodiol oral capsule 300 mg	4		peg-kcl-nacl-nasulf-na asc-c	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
ursodiol oral tablet	3		PEG-PREP	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
XERMELO	5	PA; QL; SP	PLENUVU	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
Histamine2 (H2) receptor antagonists								
cimetidine oral	2		polyethylene glycol 3350 oral powder	1	QL			
famotidine oral suspension reconstituted	3		qc magnesium citrate	1	QL			
famotidine oral tablet 20 mg, 40 mg	2		Protectants					
Irritable bowel syndrome agents								
alosetron hcl	4	PA; QL	misoprostol oral	2				
LINZESS	3	PA; QL	sucralfate oral suspension	4	PA			
lubiprostone	4	QL	sucralfate oral tablet	2				
Laxatives			Proton pump inhibitors					
bisacodyl ec	1	QL	dexlansoprazole	4	QL			
bisacodyl oral	1	QL						
citroma	1	QL						
clearlax	1	QL						
CLENPIQ	4	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.						
constulose	2							
enulose	2							
ft clearlax	1	QL						
ft laxative	1	QL						
ft magnesium citrate	1	QL						
gavilax oral powder	1	QL						
gavilyte-c	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.						



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esomeprazole magnesium oral capsule delayed release	2	QL
lansoprazole oral capsule delayed release	3	QL
omeprazole oral capsule delayed release 10 mg	2	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	2	
pantoprazole sodium oral tablet delayed release	2	QL
rabeprazole sodium oral tablet delayed release	2	QL
sm lansoprazole	3	QL

Genetic or enzyme disorder: replacement, modifiers, treatment

CREON	3	
CYSTAGON	5	SP
MYALEPT	5	PA; QL; SP
ZENPEP	3	

Genitourinary agents

Antispasmodics, urinary

darifenacin hydrobromide er	4	ST; QL
fesoterodine fumarate er	4	QL
flavoxate hcl	2	
MYRBETRIQ	4	
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	2	
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacina succinate	4	ST; QL
tolterodine tartrate	2	ST
trospium chloride	2	
trospium chloride er	3	

Benign prostatic hypertrophy agents

alfuzosin hcl er	2	
CARDURA XL	4	QL
dutasteride oral	2	QL
finasteride oral tablet 5 mg	2	
silodosin	3	QL
tamsulosin hcl	2	
terazosin hcl	2	

Genitourinary agents, other

bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	QL
LITHOSTAT	4	
OPTIONS GYNOL II CONTRACEPTIVE	1	
penicillamine oral	5	SP
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral	2	
PYRIDIUM	4	
tadalafil oral tablet 2.5 mg, 5 mg	4	QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	1	

Drug name	Drug tier	Notes
vcf vaginal contraceptive vaginal gel	1	
Hormonal agents, stimulant/replacement/modifying (adrenal)		

ALA SCALP	4	
alclometasone dipropionate	2	
amcinonide	4	
APEXICON E	3	QL
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
CAPEX	3	
clobetasol prop emollient base	4	QL
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
clocortolone pivalate	4	ST; QL
CORDRAN EXTERNAL TAPE	4	QL
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral	2	
diflorasone diacetate external cream	4	QL
EMFLAZA	5	PA; SP
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	2	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide external lotion	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halcinonide	4	ST; QL
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL



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hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
PANDEL	4	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisolone sodium phosphate oral tablet dispersible	4	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
TEXACORT	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal agents, stimulant/replacement/modifying (pituitary)		
cabergoline	3	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
NOCDURNA	4	PA; QL
Hormonal agents, stimulant/replacement/modifying (prostaglandins)		
MIFEPREX	3	
mifepristone	2	
PREPIDIL	4	
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)		
Androgens		
ANDRODERM	3	PA; QL
danazol oral	3	
INTRAROSA	4	
METHITEST	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	

Drug name	Drug tier	Notes
testosterone enanthate intramuscular	2	
testosterone transdermal gel 50 mg/5gm (1%)	3	PA; QL
Estrogens		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amabelz	3	
amethia	1	
amethyst	1	
ANGELIQ	4	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
COMBIPATCH	4	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
delyla	1	
DEPO-ESTRADIOL	4	
desogestrel-ethynodiol dihydrogen tablet 0.15-0.02/0.01 mg (21/5)	1	
dolishale	1	
dotti	3	QL
drospirenone estradiol-levomefol	1	
drospirenone-ethynodiol	1	
elonest	1	
eluryng	1	
enilloring	1	



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enpresse-28	1		levonorgest-eth est & eth est	1	
enskyce	1		levonorgest-eth estrad 91-day	1	
estarylla	1		levonorgest-eth estradiol-iron	1	
estradiol oral	2		levonorgestrel-ethinyl estrad	1	
estradiol transdermal patch twice weekly	3	QL	levonorg-eth estrad triphasic	1	
estradiol transdermal patch weekly	2	QL	levora 0.15/30 (28)	1	
estradiol vaginal cream	3		LO LOESTRIN FE	1	
estradiol vaginal tablet	3	QL	lojaimiess	1	
estradiol valerate intramuscular oil 10 mg/ml	4		loryna	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2		low-ogestrel	1	
estradiol-norethindrone acet	3		lo-zumandimine	1	
ESTRING	3	QL	lutera	1	
ethynodiol diac-eth estradiol	1		lyllana	3	QL
etonogestrel-ethinyl estradiol	1		marlissa	1	
falmina	1		merzee	1	
FEMRING	4	QL	mibelas 24 fe	1	
finzala	1		microgestin 1.5/30	1	
fyavolv	3		microgestin 1/20	1	
gemmaiy	1		microgestin 24 fe	1	
hailey 1.5/30	1		microgestin fe 1.5/30	1	
hailey 24 fe	1		microgestin fe 1/20	1	
hailey fe 1.5/30	1		mili	1	
hailey fe 1/20	1		mimvey	3	
haloette	1		mono-linyah	1	
iclevia	1		NATAZIA	1	
introvale	1		necon 0.5/35 (28)	1	
isibloom	1		NEXTSTELLIS	1	
jaimiess	1		nikki	1	
jasmiel	1		norethin ace-eth estrad-fe	1	
jinteli	3		norethindrone acet-ethinyl est	1	
jolessa	1		norethindrone-eth estradiol	3	
joyeaux	1		norethindron-ethinyl estrad-fe	1	
juleber	1		norethin-eth estradiol-fe	1	
junel 1.5/30	1		norgestimate-eth estradiol	1	
junel 1/20	1		norgestimate-ethinyl estradiol triphasic	1	
junel fe 1.5/30	1		nortrel 0.5/35 (28)	1	
junel fe 1/20	1		nortrel 1/35 (21)	1	
junel fe 24	1		nortrel 1/35 (28)	1	
kaitlib fe	1		nortrel 7/7/7	1	
kalliga	1		nylia 1/35	1	
kariva	1		nylia 7/7/7	1	
kelnor 1/35	1		nymyo	1	
kelnor 1/50	1		ocella	1	
kurvelo	1		philith	1	
larin 1.5/30	1		pimtreia	1	
larin 1/20	1		portia-28	1	
larin 24 fe	1		PREMARIN VAGINAL	4	
larin fe 1.5/30	1		PREMPHASE	4	QL
larin fe 1/20	1		recipsen	1	
layolis fe	1		rivelsa	1	
leena	1		setlakin	1	
lessina	1		simliya	1	
levonest	1		simpesee	1	
			sprintec 28	1	
			sronyx	1	



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Drug name	Drug tier	Notes
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarrylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarrylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
TWIRLA	1	
tyblume	1	
tydemy	1	
velivet	1	
vestura	1	
vienna	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL
econtra one-step	1	
ELLA	1	QL
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	
KYLEENA	1	
levonorgestrel	1	
LILETTA (52 MG)	1	
lyeq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension	1	QL

Drug name	Drug tier	Notes
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
MIRENA (52 MG)	1	
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
option 2	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SKYLA	1	
SLYND	1	
take action	1	
Selective estrogen receptor modifying agents		
OSPHENA	4	PA; QL
raloxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal agents, stimulant/replacement/modifying (thyroid)		
ARMOUR THYROID	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTHROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	
Hormonal agents, suppressant (adrenal)		
LYSODREN	4	
Hormonal agents, suppressant (pituitary)		
ELIGARD	5	PA; SP
leuprolide acetate injection	5	PA; SP



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octreotide acetate	4	PA; SP	ACTIMMUNE	5	PA; QL; SP
ORILISSA	4	PA; QL	ALFERON N	5	SP
SIGNIFOR	5	PA; QL; SP	BEYFORTUS	1	QL; \$0 copay for members 2 years of age and younger.
SOMAVERT	5	PA; QL; SP	leflunomide oral	4	
SYNAREL	3		OTEZLA	4	PA; QL; SP
Hormonal agents, suppressant (thyroid)			RIDAURA	5	SP
Antithyroid agents			RINVOQ	4	PA; QL; SP
methimazole oral	2		XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
propylthiouracil oral	2		Vaccines		
Immunological agents			ABRYSVO	1	QL; \$0 copay for members 60 years of age or older.
Angioedema agents			ACTHIB	1	QL
HAEGARDA	5	PA; QL; SP	ADACEL	1	QL
icatibant acetate	4	PA; QL; SP	AFLURIA QUADRIVALENT	1	QL
sajazir	4	PA; QL; SP	AREXVY	1	QL; \$0 copay for members 60 years of age or older.
Immune suppressants			BEXSERO	1	QL; \$0 copay for members 10 years of age or older.
ADALIMUMAB-ADAZ	4	PA; QL; SP	BOOSTRIX	1	QL
AMJEVITA	4	PA; QL; SP	COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
azathioprine oral tablet 50 mg	2		DAPTACEL	1	QL
CIMZIA	4	PA; QL; SP	DENGVAXIA	1	QL; \$0 copay for members between ages of 9 to 16.
CIMZIA STARTER KIT	4	PA; QL; SP	ENGERIX-B	1	QL
cyclosporine modified	4		FLUAD QUADRIVALENT	1	QL; \$0 copay for members 65 years of age or older.
cyclosporine oral	4		FLUARIX QUADRIVALENT	1	QL
gengraf	4		FLUBLOK QUADRIVALENT	1	QL; \$0 copay for members 18 years of age or older.
HADLIMA	4	PA; QL; SP	FLUCELVAX QUADRIVALENT	1	QL
HADLIMA PUSHTOUCH	4	PA; QL; SP	FLULALVAL QUADRIVALENT	1	QL
HUMIRA	4	PA; QL; SP	FLUMIST QUADRIVALENT	1	QL; \$0 copay for members between ages of 2 to 49.
HUMIRA PEDIATRIC CROHNS START	4	PA; QL; SP	FLUZONE HIGH-DOSE QUADRIVALENT	1	QL; \$0 copay for members 65 years of age or older.
HUMIRA PEN	4	PA; QL; SP	FLUZONE QUADRIVALENT	1	QL
HUMIRA PEN-CD/UC/HS STARTER	4	PA; SP	GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45.
HUMIRA PEN-PEDIATRIC UC START	4	PA; SP	HAVRIX	1	QL
HUMIRA PEN-PS/UV/ADOL HS START	4	PA; SP	HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.
HUMIRA PEN-PSOR/UVEIT STARTER	4	PA; QL; SP	HIBERIX	1	QL
methotrexate sodium	2		INFANRIX	1	QL
methotrexate sodium (pf)	2		IPOL	1	QL
mycophenolate mofetil oral capsule	3		MENACTRA	1	QL
mycophenolate mofetil oral suspension reconstituted	4				
mycophenolate mofetil oral tablet	3				
mycophenolate sodium	4				
OLUMIANT	4	PA; QL; SP			
SANDIMMUNE ORAL SOLUTION	5				
SIMPONI	4	PA; QL; SP			
sirolimus oral solution	5				
sirolimus oral tablet	4				
SKYRIZI PEN	4	PA; QL; SP			
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP			
tacrolimus oral	2				
XELJANZ	4	PA; QL; SP			
XELJANZ XR	4	PA; QL; SP			
Immunomodulators					
ACTEMRA ACTPEN	4	PA; QL; SP			
ACTEMRA SUBCUTANEOUS	4	PA; QL; SP			



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MENQUADFI	1	QL	VARIVAX	1	QL	
MENVEO	1	QL	VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.	
M-M-R II	1	QL	VAXNEUVANCE	1	QL	
MODERNA COVID-19 VAC 6M-11Y	1	QL	Inflammatory bowel disease agents			
NOVAVAX COVID-19 VACCINE	1	QL; \$0 copay for members 12 years of age or older.	Aminosalicylates			
PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.	balsalazide disodium	3		
PEDVAX HIB	1	QL	DIPENTUM	4		
PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.	mesalamine er	3	QL	
PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL; \$0 copay for members between ages of 5 to 11.	mesalamine oral tablet delayed release 1.2 gm	3	QL	
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL; \$0 copay for members 4 years of age or younger.	mesalamine rectal	4	QL	
PNEUMOVAX 23	1	QL	mesalamine-cleanser	4	QL	
PREHEVBRIOP	1	QL; \$0 copay for members 18 years of age or older.	Glucocorticoids			
PREVNAR 13	1	QL	ANALPRAM-HC EXTERNAL LOTION	4		
PREVNAR 20	1	QL; \$0 copay for members 19 years of age or older.	budesonide oral	4		
PRIORIX	1	QL	budesonide rectal	3		
PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12.	CORTIFOAM	3		
QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL	hydrocortisone (perianal) external cream 2.5 %	2		
RECOMBIVAX HB	1	QL	hydrocortisone ace-pramoxine external cream 1-1 %	3		
ROTARIX ORAL SUSPENSION	1	QL	hydrocortisone rectal	3		
ROTAPOQUE	1	QL	PROCTOFOAM HC	3		
SHINGRIX	1	QL; \$0 copay for members 50 years of age or older. \$0 Copay for members between ages 19 and 49 years once your healthcare provider confirms use is for an Advisory Committee on Immunization Practices (ACIP) recommended vaccine regimen.	procto-med hc	2		
SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.	proctosol hc	2		
TDVAX	1	QL	proctozone-hc	2		
TENIVAC	1	QL	UCERIS RECTAL	3		
TETANUS-DIPHTHERIA TOXOIDS TD	1	QL	Sulfonamides			
TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.	sulfasalazine oral	2		
TWINRIX	1	QL	Metabolic bone disease agents			
VAQTA	1	QL	alendronate sodium oral solution	3		
			alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL	
			calcitonin (salmon) injection	4		
			calcitonin (salmon) nasal	2	QL	
			calcitriol oral capsule	2		
			calcitriol oral solution	3		
			doxercalciferol oral	4		
			ibandronate sodium oral	2	QL	
			paricalcitol oral	3		
			risedronate sodium oral tablet	2	QL	
			Miscellaneous therapeutic agents			
			AEROCHAMBER PLUS FLO-VU	3		
			ALCOHOL PREP PADS PAD , 70 %	3		
			AQ INSULIN SYRINGE	3		
			AQINJECT PEN NEEDLE	3		
			ARTISS	4		
			AUM INSULIN SAFETY PEN NEEDLE	3		
			AUM MINI INSULIN PEN NEEDLE	3		
			AUM PEN NEEDLE	3		
			AUM READYGARD DUO PEN NEEDLE	3		
			AUM SAFETY PEN NEEDLE	3		



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BD AUTOSHIELD DUO PEN NEEDLES	3		NOVOFINE PEN NEEDLE	3	
BD SHARPS COLLECTOR	3		NOVOFINE PLUS PEN NEEDLE	3	
BD ULTRA-FINE INSULIN SYRINGES	3		OMNIPOD 5 G6 INTRO (GEN 5)	4	PA; QL
BD ULTRA-FINE PEN NEEDLES	3		OMNIPOD 5 G6 POD (GEN 5)	4	PA; QL
BREATHE COMFORT CHAMBER/ADULT	3		PARAGARD INTRAUTERINE COPPER	1	
BREATHE COMFORT CHAMBER/CHILD	3		PARI VORTEX ADULT MASK	3	
CAYA	1		PHEXXI	1	QL
COMFORT EZ PRO PEN NEEDLES	3		PKU EASY SHAKE & GO	4	
CONDOMS	1	QL	PURE COMFORT SAFETY PEN NEEDLE	3	
DROPSAFE ALCOHOL PREP	3		RADIOGARDASE	5	
DROPSAFE SAFETY SYRINGE/NEEDLE	3		RAYA SURE PEN NEEDLE	3	
DUREX EXTRA SENSITIVE THIN	1	QL	SAFETY PEN NEEDLES	3	
EASIVENT	3		SHARPS COLLECTOR	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3		SHARPS CONTAINER	3	
ENFAMIL HUMAN MILK FORTIFIER ORAL CONCENTRATE	4		TISSEEL EXTERNAL KIT	4	
ENFAMIL NEUROPRO GENTLEASE ORAL PACKET	4		TYROS 2	4	
ENFAMIL NEUROPRO INFANT ORAL PACKET	4		VERIFINE INSULIN PEN NEEDLE	3	
ENU PRO3 PLUS	4		VERIFINE INSULIN SYRINGE	3	
EQUACARE JR	4		VERIFINE PLUS PEN NEEDLE	3	
ergoloid mesylates oral	4		VORTEX VALVED HOLDING CHAMBER	3	
ESSENTIAL CARE JR	4		WIDE-SEAL DIAPHRAGM 60	1	
FC2 FEMALE CONDOM	1	QL	WIDE-SEAL DIAPHRAGM 65	1	
FEMCAP	1		WIDE-SEAL DIAPHRAGM 70	1	
FLEXICHAMBER	3		WIDE-SEAL DIAPHRAGM 75	1	
FLEXICHAMBER ADULT MASK/SMALL	3		WIDE-SEAL DIAPHRAGM 80	1	
FLEXICHAMBER CHILD MASK/LARGE	3		WIDE-SEAL DIAPHRAGM 85	1	
FLEXICHAMBER CHILD MASK/SMALL	3		WIDE-SEAL DIAPHRAGM 90	1	
INSPIREASE RESERVOIR BAGS	3		WIDE-SEAL DIAPHRAGM 95	1	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3		Ophthalmic agents		
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3		Aminoglycosides		
methergine	4	QL	gentamicin sulfate ophthalmic	2	
methylergonovine maleate oral	4	QL	neomycin-polymyxin-gramicidin	2	
NOVOFINE AUTOCOVER PEN NEEDLE	3		TOBRADEX	4	
			tobramycin ophthalmic	2	
			tobramycin-dexamethasone	3	
			TOBREX	4	
			Antibacterials, other		
			bacitracin ophthalmic	3	
			bacitracin-polymyxin b ophthalmic	2	
			bacitra-neomycin-polymyxin-hc	3	
			BETADINE OPHTHALMIC PREP	4	
			neomycin-bacitracin zn-polymyx	2	
			neomycin-polymyxin-dexameth ophthalmic ointment	2	
			neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
			neomycin-polymyxin-hc ophthalmic	3	
			neo-polycin	2	
			neo-polycin hc	3	
			polycin	2	
			polymyxin b-trimethoprim	2	
			POVIDONE-IODINE OPHTHALMIC	4	



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Anti-cytomegalovirus (CMV) agents			levobunolol hcl	2	
ZIRGAN	4		PHOSPHOLINE IODIDE	3	
Antifungals			pilocarpine hcl ophthalmic	2	
NATACYN	4		SIMBRINZA	4	QL
Antiherpetic agents			timolol maleate (once-daily)	2	
trifluridine	3		timolol maleate ophthalmic gel forming solution	3	
Macrolides			timolol maleate ophthalmic solution	2	
AZASITE	4		timolol maleate pf	3	
		\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.	Ophthalmic anti-inflammatories		
erythromycin ophthalmic	2		ALREX	4	QL
KLARITY-A	4		bromfenac sodium (once-daily)	3	QL
Ophthalmic agents, other			dexamethasone sodium phosphate ophthalmic	2	
AKTEN	4		DEXTENZA	5	SP
ALTACAINE	2		diclofenac sodium ophthalmic	2	
atropine sulfate ophthalmic solution 1 %	2		difluprednate	4	
cyclopentolate hcl ophthalmic	2		FLAREX	3	
cyclosporine ophthalmic	4	PA; QL	fluorometholone	2	
CYSTARAN	5	PA; QL; SP	flurbiprofen sodium	2	
ISOPTO ATROPINE	4		FML FORTE	4	
MITOSOL	4		INVELTYS	4	QL
proparacaine hcl ophthalmic	2		ketorolac tromethamine ophthalmic	2	
sulfacetamide-prednisolone	2		LOTEMAX OPHTHALMIC OINTMENT	4	
tetracaine hcl ophthalmic	2		LOTEMAX SM	4	QL
ZYLET	4		loteprednol etabonate ophthalmic suspension	4	QL
Ophthalmic anti-allergy agents			MAXIDEX	3	
ALOCRIL	4		NEVANAC	4	
ALOMIDE	4		PRED MILD	4	
altafrin	2		prednisolone acetate ophthalmic	2	
azelastine hcl ophthalmic	2		prednisolone sodium phosphate ophthalmic	2	
bepotastine besilate	4	QL	Ophthalmic prostaglandin and prostamide analogs		
cromolyn sodium ophthalmic	2		latanoprost ophthalmic	2	
CYCLOMYDRIL	4		LUMIGAN	3	QL
epinastine hcl	2	ST; QL	tafluprost (pf)	4	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	2	QL	travoprost (bak free)	3	QL
phenylephrine hcl ophthalmic	2		XELPROS	4	QL
ZERVIATE	4	QL	Quinolones		
Ophthalmic antiglaucoma agents			BESIVANCE	4	
apraclonidine hcl	2		CILOXAN	4	
betaxolol hcl ophthalmic	2		ciprofloxacin hcl ophthalmic	2	
BETIMOL	3	QL	gatifloxacin ophthalmic	3	
BETOPTIC-S	4		levofloxacin ophthalmic	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	3	QL	moxifloxacin hcl (2x day)	2	
brimonidine tartrate-timolol	3	QL	moxifloxacin hcl ophthalmic	2	
brinzolamide	3	QL	ofloxacin ophthalmic	2	
carteolol hcl	2		Sulfonamides		
dorzolamide hcl ophthalmic	2		sulfacetamide sodium ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL	Otic agents		
dorzolamide hcl-timolol mal pf	3	QL	acetic acid otic	2	



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CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
OTOVEL	4	
Respiratory tract/pulmonary agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet 2.68 mg	2	
cyproheptadine hcl oral	2	
desloratadine oral tablet	2	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	QL
olopatadine hcl nasal	3	QL
promethazine vc	2	
Anti-inflammatories, inhaled corticosteroids		
ARNUITY ELLIPTA	3	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
flunisolide nasal	2	
FLUTICASONE FUROATE-VILANTEROL	4	QL
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
PULMICORT FLEXHALER	3	QL
QVAR REDIHALER	3	QL
wixela inhub	3	QL
Antileukotrienes		
montelukast sodium oral	2	QL
zafirlukast	3	QL
zileuton er	4	ST

Drug name	Drug tier	Notes
Bronchodilators, anticholinergic		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA HANDIHALER	3	QL
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
Bronchodilators, sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL; \$0 Copay
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	QL; \$0 Copay
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	\$0 Copay
albuterol sulfate oral syrup	3	
albuterol sulfate oral tablet 2 mg	3	
epinephrine injection solution auto-injector	2	QL; \$0 Copay
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
SYMJEPI	2	QL; \$0 Copay
terbutaline sulfate oral	4	
VENTOLIN HFA	2	QL; \$0 Copay
Cystic fibrosis agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
Mast cell stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase inhibitors, airways disease		
elizophyllin	3	
roflumilast	4	PA; QL
THEO-24	4	
theophylline	3	
theophylline er	2	
Pulmonary antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	3	PA; QL; SP
sildenafil citrate oral tablet 20 mg	3	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP



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Drug name	Drug tier	Notes
TYVASO REFILL	5	PA; QL; SP
TYVASO STARTER	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
Pulmonary fibrosis agents		
pirfenidone	4	PA; QL; SP
Respiratory tract agents, other		
acetylcysteine inhalation solution 20 %	2	
benzonatate oral capsule 100 mg, 200 mg	2	
GILPHEX TR ORAL TABLET 10-388 MG	4	
guaifenesin ac	2	PA; QL
guaifenesin-codeine	2	PA; QL
hydrocod poli-chlorphe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
nebusal inhalation nebulization solution 3 %	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	4	
promethazine vc/codeine	2	PA; QL
promethazine-codeine	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
pulmosal	2	
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UXARIN ER	4	PA; QL
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carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
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methocarbamol oral tablet 500 mg, 750 mg	2	
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Sleep disorder agents		
GABA receptor modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate oral tablet	2	QL

Drug name	Drug tier	Notes
Sleep disorders, other		
doxepin hcl oral tablet	2	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness promoting agents		
armodafinil	3	PA; QL
modafinil	2	PA; QL
SODIUM OXYBATE	5	PA; QL; SP
XYREM	5	PA; QL; SP



KEY: 7D—7 Day limit
QL—Quantity Limit

MME—Morphine milligram equivalent
SP—Specialty medication

PA—Prior authorization required
ST—Step Therapy

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norethin-eth estradiol-fe	24	OLUMIANT	26	oxycodone hcl oral capsule	9
norgestimate-eth estradiol	24	omeprazole oral capsule delayed release 10 mg	22	oxycodone hcl oral concentrate 100 mg/5ml	9
norgestimate-ethinyl estradiol triphasic	24	omeprazole oral capsule delayed release 20 mg, 40 mg	22	oxycodone hcl oral solution	9
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በለላ ቁንቃ እርዳታ የሚረዳት ካሆን ወይም በለላ ፕሮግራም የተዘጋጀ ክስልለማዋዎች፣ ለምሳሌ በትልቅ የተጋኘ፣ እባክዎን በኢትዮጵያ ከርድዋ ላይ ባለው የአባል አገልግሎት መሰኞ ስልክ ቅጥር ይደውሉ፣ መሰማት ለተናናቸው (TTY/RTT) በ 711፡፡ የፌዴራል ተጠዋም አገልግሎት እንዲሁም የቁል አስተርጻሚዎች ምንም ማረከፍለ መጠቀም ይችላለ፡፡

Diné	<p>ta' nááná saad bee shika'a'doowot nínízingo doodago t'áá tlahgo át'éego anályago, nitsaago bee bik'e'ashchijígo da, t'áá shoodí nits'íís nánel'íjj naaltsoos bee ha'dít'ehígíí bił ninaaltsoos nítl'izí bee nééhizinígíí béisht bee hane'í biká'ígíí bee hodíilnih, TTY / RTT 711. T'áá ni nizaad bee ha'dilyaago dóó atah hane'ígíí t'áá jiik'eh bee ná'agot'i.</p>
	فارسی
	<p>اگر بے زبان دیگری بے کمک نیاز دارید یا بے فرمت متقاوی از قبیل چاپ درشت نیاز دارید، لطفاً با شماره مرقوم شدہ بر روی کارت شناسابی برنامہ درمانی خود، TTY / RTT 711 تماس بگیرید۔ خدمات ترجمہ و مترجمین شفاهی بدون اخذ هزینہ در اختیار شما می باشند۔</p>
	اردو
	<p>اگر آپ کو کسی دوسری زبان میں معاونت کی ضرورت ہے یا آپ کو کسی اور فارمیٹ کی ضرورت ہے جیسے بڑے پرنٹ کی، تو براہ کرم اپنے بیلٹھے پلان ID کارڈ پر دئے گئے ممبر نمبر پر کال کریں، TTY / RTT 711۔ آپ کے لئے ترجمہ خدمات اور ترجمان بغیر کسی معاوضہ کے دستیاب ہیں۔</p>
Deutsch	
	<p>Wenn Sie Hilfe in einer anderen Sprache oder ein anderes Format benötigen, z. B. Großdruck, rufen Sie bitte die Telefonnummer für Mitglieder an, die auf Ihrer Versicherungskarte angegeben ist, TTY / RTT 711. Übersetzer- und Dolmetscherdienste stehen Ihnen kostenlos zur Verfügung.</p>
日本語	<p>他の言語でのお手伝いや他の形式（大きな文字など）が必要な場合は、医療保険プラン ID カードに記載されている電話番号（TTY／RTT は 711）にお電話ください。翻訳サービスと通訳は無料でご利用いただけます。</p>
ភាសាខ្មែរ	<p>បើសិនអ្នកត្រូវការជំនួយ ជាកាសាមូយទៅក្នុង បុអ្នកត្រូវការចំណែះមួយទៅក្នុង ដួចជាអក្សរពួក សូមទូរស័ព្ទទៅលេខសមាជិក មាននៅលើប័ណ្ណ ID គំនាងសុខភាពរបស់អ្នក, TTY / RTT 711។ សេវាការបកប្រឈប់ និងអ្នកបកប្រឈប់ គឺមានផ្តល់ជូនដោយ កំពងសំដ្ឋានអ្នក។</p>



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