



2024 Essential Plus Prescription Drug List

Individual & Family plans

Washington

Effective as of Jan. 1, 2024

**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
\$0	\$0	\$0 Cost-share Preventive medications are available at no cost to you.
1	\$	Lower cost-shares Medications that offer the greatest overall value, which includes mainly generic medications.
2	\$\$	Mid-range cost-share Medications that offer good overall value, which includes preferred brand name medications.
3	\$\$\$	Highest cost-shares
4	\$\$\$\$	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)
- Bowel preparation for a colonoscopy needed for colon cancer screening



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

Drug name	Drug tier	Notes
nabumetone oral		
naproxen dr		
naproxen oral suspension		
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg	3	ST; QL
oxaprozin	2	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	\$0	\$0 Copay for members between ages of 16 to 49.
sulindac oral	1	
tolmetin sodium	3	
Opioid analgesics, long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL; MME; 7D
hydromorphone hcl er	3	PA; QL; MME; 7D
methadone hcl intensol	1	PA; QL; MME; 7D
methadone hcl oral concentrate	1	PA; QL; MME; 7D
methadone hcl oral solution	1	PA; QL; MME; 7D
methadone hcl oral tablet	1	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	1	PA; QL; MME; 7D
NUCYNTA ER	3	PA; QL; MME; 7D
oxymorphone hcl er	3	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	PA; QL; MME; 7D
tramadol hcl er	2	PA; QL; MME; 7D
XTAMPZA ER	3	PA; QL; MME; 7D
Opioid analgesics, short-acting		
acetaminophen-codeine	1	QL; MME; 7D
apap-caff-dihydrocodeine	3	QL; MME; 7D
ascomp-codeine	2	QL; MME; 7D
bac	1	QL
butalbital-acetaminophen oral tablet	2	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	2	QL; MME; 7D
butalbital-aspirin-caffeine	1	QL
codeine sulfate oral tablet 30 mg, 60 mg	1	QL; MME; 7D
endocet	1	QL; MME; 7D
fentanyl citrate buccal lozenge on a handle	3	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
hydrocodone-ibuprofen	3	QL; MME; 7D
hydromorphone hcl oral liquid	2	QL; MME; 7D
hydromorphone hcl oral tablet	1	QL; MME; 7D
morphine sulfate (concentrate)	2	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	2	QL; MME; 7D
morphine sulfate oral tablet	1	QL; MME; 7D
oxycodone hcl oral capsule	1	QL; MME; 7D
oxycodone hcl oral concentrate 100 mg/5ml	3	QL; MME; 7D
oxycodone hcl oral solution	1	QL; MME; 7D
oxycodone hcl oral tablet	1	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL; MME; 7D
oxymorphone hcl	2	QL; MME; 7D
pentazocine-naloxone hcl	2	QL; MME; 7D
TENCON	2	QL
tramadol hcl oral tablet 50 mg	1	QL; MME; 7D
tramadol-acetaminophen	1	QL; MME; 7D
Anesthetics		
Local anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	2	PA; QL
lidocaine hcl external solution	2	
lidocaine hcl mouth/throat	2	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
premium lidocaine	1	QL
Anti-addiction/substance abuse treatment agents		
Alcohol deterrents/anti-craving		
acamprosate calcium	2	
disulfiram oral	1	
naltrexone hcl oral	1	
Opioid dependence treatments		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
ZUBSOLV	2	
Opioid reversal agents		
naloxone hcl injection	1	
naloxone hcl nasal	1	\$0 Copay
NARCAN	1	\$0 Copay
Smoking cessation agents		
bupropion hcl er (smoking det)	\$0	QL
goodsense nicotine mouth/throat lozenge 4 mg	\$0	QL
habitrol	\$0	QL
NICORETTE MOUTH/THROAT GUM 2 MG	\$0	QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	\$0	QL
nicotine mini	\$0	QL
nicotine polacrilex mini	\$0	QL
nicotine polacrilex mouth/throat	\$0	QL
nicotine step 1	\$0	QL
nicotine step 2	\$0	QL

Drug name	Drug tier	Notes
nicotine step 3	\$0	QL
nicotine transdermal kit	\$0	QL
nicotine transdermal patch 24 hour 21 mg/24hr	\$0	QL
NICOTROL	\$0	PA; QL
NICOTROL NS	\$0	PA; QL
varenicline tartrate	\$0	PA; QL
varenicline tartrate (starter)	\$0	PA; QL
Antibacterials		
Aminoglycosides		
ARIKAYCE	4	PA; QL; SP
gentamicin sulfate external	2	
neomycin sulfate oral	1	
Antibacterials, other		
ALTABAX	3	QL
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	1	
FIRVANQ	2	
fosfomycin tromethamine	3	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	2	QL
mafénide acetate external	3	
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
mupirocin calcium	3	QL
mupirocin external	1	QL
NEO-SYNALAR	3	QL
nitrofurantoin macrocrystal	2	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
silver sulfadiazine external	1	
ssd	1	
SULFAMYLYON EXTERNAL CREAM	3	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl oral capsule	1	QL
vancomycin hcl oral solution reconstituted	2	
VANDAZOLE	1	
XEPI	3	QL
Beta-lactam, cephalosporins		
cefaclor er	2	
cefaclor oral capsule	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	2	
cefdinir	1	
cefixime oral capsule	2	
cefixime oral suspension reconstituted	3	



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	2	
cefprozil	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
Beta-lactam, penicillins		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
dicloxacillin sodium	1	
penicillin v potassium	1	
Macrolides		
azithromycin oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFCID	3	QL
ERYTHROCIN STEARATE	3	
erythromycin base oral capsule delayed release particles	3	
erythromycin base oral tablet	2	
erythromycin base oral tablet delayed release	2	
erythromycin ethylsuccinate oral	3	
erythromycin oral	2	
Quinolones		
BAXDELA ORAL	3	
ciprofloxacin hcl oral	1	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl oral	1	
ofloxacin oral	2	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
Tetracyclines		
avidoxy	1	
demeocycline hcl	3	
doxycycline hydiate oral capsule	1	
doxycycline hydiate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	1	
minocycline hcl oral capsule	1	
monodoxine nl	1	
NUZYRA ORAL	4	QL
tetracycline hcl oral	1	

Drug name	Drug tier	Notes
Anticonvulsants		
Anticonvulsants, other		
EPIDIOLEX	4	PA; SP
levetiracetam er	1	
levetiracetam oral	1	
roweepra	1	
Calcium channel modifying agents		
CELONTIN	2	
ethosuximide oral	2	
methsuximide	2	
zonisamide oral	1	
Gamma-aminobutyric acid (GABA) augmenting agents		
clobazam	3	PA; QL
DIACOMIT	4	PA; QL; SP
diazepam rectal	3	QL
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
phenobarbital oral	1	
primidone oral	1	
tiagabine hcl	3	
valproic acid oral	1	
vigabatrin	4	PA; QL; SP
vigadron	4	PA; QL; SP
Glutamate reducing agents		
felbamate	3	
FYCOMPA ORAL SUSPENSION	3	PA; QL
lamotrigine oral kit	3	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
lamotrigine starter kit-blue	3	
lamotrigine starter kit-green	3	
lamotrigine starter kit-orange	3	
subvenite	1	
subvenite starter kit-blue	3	
subvenite starter kit-green	3	
subvenite starter kit-orange	3	
topiramate oral capsule sprinkle	2	
topiramate oral tablet	1	
Sodium channel agents		
APTIOM	3	PA; QL
carbamazepine er	2	
carbamazepine oral suspension	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
lacosamide oral	3	PA; QL
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	



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Drug name	Drug tier	Notes
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
rufinamide	3	PA
Antidementia agents		
Cholinesterase inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	1	QL
donepezil hcl oral tablet dispersible	1	QL
galantamine hydrobromide er	2	QL
galantamine hydrobromide oral solution	3	QL
galantamine hydrobromide oral tablet	2	QL
rivastigmine	3	QL
rivastigmine tartrate	1	QL
N-methyl-D-aspartate (NMDA) receptor antagonist		
memantine hcl oral solution	3	QL
memantine hcl oral tablet	1	QL
Antidepressants		
Antidepressants, other		
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlor Diazepoxide-amitriptyline	1	
mirtazapine oral	1	
olanzapine-fluoxetine hcl	3	QL
perphenazine-amitriptyline	1	
Monoamine oxidase inhibitors		
EMSAM	3	QL
MARPLAN	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	3	
SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)		
citalopram hydrobromide oral solution	2	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
fluoxetine hcl (pmdd)	2	QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	2	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 20 mg	2	QL
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
nefazodone hcl	2	
paroxetine hcl er	2	QL
paroxetine hcl oral suspension	3	

Drug name	Drug tier	Notes
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIBRYD STARTER PACK	3	QL
vilazodone hcl	3	QL
Tricyclics		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	3	
desipramine hcl oral	2	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	
imipramine pamoate	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	2	
protriptyline hcl	2	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, other		
compro	2	
meclizine hcl oral tablet 25 mg	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	1	
prochlorperazine	2	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	2	QL
promethegan	2	QL
scopolamine	2	
trimethobenzamide hcl oral	1	
Emetogenic therapy adjuncts		
aprepitant	3	QL
dronabinol	3	
EMEND ORAL SUSPENSION RECONSTITUTED	2	QL
gransetron hcl oral	2	QL
ondansetron hcl oral	1	
ondansetron odt	1	
VARUBI (180 MG DOSE)	2	QL
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	2	
econazole nitrate external	2	QL



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

Drug name	Drug tier	Notes
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	3	QL
sumatriptan succinate subcutaneous	3	QL
sumatriptan-naproxen sodium	3	QL
zolmitriptan nasal	3	ST; QL
zolmitriptan oral	2	QL
Antimyasthenic agents		
Parasympathomimetics		
pyridostigmine bromide er	3	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
Antimycobacterials, other		
dapsone oral	1	
rifabutin	3	
Antituberculars		
cycloserine oral	3	
ethambutol hcl oral	1	
isoniazid oral syrup	3	
isoniazid oral tablet	1	
PRIFTIN	2	
pyrazinamide oral	2	
rifampin oral	1	
SIRTURO	3	PA
TRECATOR	2	
Antineoplastics		
Alkylating agents		
cyclophosphamide oral capsule	3	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
GLEOSTINE	4	SP
LEUKERAN	3	
MATULANE	4	SP
melphalan	3	
MYLERAN	3	
temozolomide	4	PA; SP
VALCHLOR	4	PA; QL; SP
Antiandrogens		
abiraterone acetate	4	PA; QL; SP
bicalutamide	1	
ERLEADA	4	PA; QL; SP
nilutamide	4	SP
NUBEQA	4	PA; QL; SP
Antiangiogenic agents		
lenalidomide	4	PA; QL; SP
POMALYST	4	PA; QL; SP
REVLIMID	4	PA; QL; SP
THALOMID	4	PA; QL; SP
Antiestrogens/modifiers		
EMCYT	3	
tamoxifen citrate oral tablet 10 mg	1	



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Drug name	Drug tier	Notes	Drug name	Drug tier	Notes
tamoxifen citrate oral tablet 20 mg	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	gefitinib	4	PA; QL; SP
toremifene citrate	3		imatinib mesylate	4	PA; QL; SP
Antimetabolites			IMBRUVICA	4	PA; QL; SP
capecitabine	4	SP	IRESSA	4	PA; QL; SP
DROXIA	3		JAKAFI	4	PA; QL; SP
hydroxyurea oral	1		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	4	PA; QL; SP
mercaptopurine oral	1		LORBRENA	4	PA; QL; SP
TABLOID	4	SP	sorafenib tosylate	4	PA; QL; SP
Antineoplastics, other			SPRYCEL	4	PA; QL; SP
AMELUZ	3		STIVARGA	4	PA; QL; SP
BESREMI	4	PA; SP	sunitinib malate	4	PA; QL; SP
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	QL	VENCLEXTA	4	PA; QL; SP
fluorouracil external cream 5 %	1	QL	VENCLEXTA STARTING PACK	4	PA; QL; SP
fluorouracil external solution	1		VITRAKVI	4	PA; QL; SP
leucovorin calcium oral	1		XOSPATA	4	PA; QL; SP
PIQRAY	4	PA; QL; SP	ZELBORAF	4	PA; QL; SP
ROZLYTREK	4	PA; QL; SP	ZYKADIA	4	PA; QL; SP
SYNRIBO	4	PA; QL; SP	Retinoids		
VERZENIO	4	PA; QL; SP	bexarotene external	4	QL; SP
ZOLINZA	4	QL; SP	bexarotene oral	4	SP
Aromatase inhibitors, 3rd generation			PANRETIN	3	
anastrozole oral	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	tretinoin oral	4	QL; SP
exemestane	3	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	Antiparasitics		
letrozole oral	1	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.	albendazole oral	3	PA; QL
Enzyme inhibitors			EGATEN	3	PA
etoposide oral	4	SP	ivermectin oral	1	PA; QL
HYCAMTIN ORAL	4	PA; QL; SP	praziquantel oral	3	
TALZENNA	4	PA; QL; SP	Antiprotozoals		
Molecular target inhibitors			ALINIA ORAL SUSPENSION RECONSTITUTED	2	QL
ALECensa	4	PA; QL; SP	atovaquone-proguanil hcl	2	
BOSULIF	4	PA; QL; SP	BENZNIDAZOLE	2	PA; QL
CAPRELSA	4	PA; QL; SP	chloroquine phosphate oral	1	QL
COMETRIQ	4	PA; QL; SP	hydroxychloroquine sulfate oral tablet 200 mg	1	QL
erlotinib hcl	4	PA; QL; SP	KRINTAFEL	2	QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP	mefloquine hcl	1	
			nitazoxanide oral	2	QL
			pentamidine isethionate inhalation	2	QL
			primaquine phosphate	1	
			pyrimethamine oral	4	PA; SP
			quinine sulfate	2	
Pediculicides/scabicides			Anti-Parkinson's agents		
CROTAN	3		benztropine mesylate oral	1	
malathion	3		trihexyphenidyl hcl	1	
permethrin external	1				
spinosad	3				
Anticholinergics					



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

Drug name	Drug tier	Notes
Antivirals		
LAGEVRIA	3	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
Anti-cytomegalovirus (CMV) agents		
valganciclovir hcl	3	QL
Anti-hepatitis B (HBV) agents		
adefovir dipivoxil	4	SP
BARACLUDE ORAL SOLUTION	4	SP
entecavir	2	SP
lamivudine oral tablet 100 mg	2	
VEMLIDY	4	ST; QL; SP
Anti-hepatitis C (HCV) agents		
EPCLUSA	3	PA; QL; SP
HARVONI	3	PA; QL; SP
LEDIPASVIR-SOFOSBUVIR	3	PA; QL; SP
PEGASYS	4	PA; QL; SP
ribavirin oral	2	
SOFOSBUVIR-VELPATASVIR	3	PA; QL; SP
Antiherpetic agents		
acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension	3	
acyclovir oral tablet	1	
famciclovir oral	1	QL
penciclovir	3	QL
valacyclovir hcl oral	1	QL
Anti-HIV agents, integrase inhibitors (INSTI)		
BIKTARVY	3	QL
DOVATO	3	QL
GENVOYA	3	QL
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	3	QL
JULUCA	3	QL
STRIBILD	3	QL
Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)		
COMPLERA	3	QL
EDURANT	3	QL
efavirenz	3	QL
etravirine	3	QL
INTELENCE ORAL TABLET 25 MG	3	QL
nevirapine	1	QL
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)		
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	1	QL
abacavir sulfate-lamivudine	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL



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emtricitabine-tenofovir df oral tablet 200-300 mg	1	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	1	QL
lamivudine oral solution	1	QL	chlor diazepoxide hcl	1	
lamivudine oral tablet 150 mg, 300 mg	1	QL	clonazepam oral	1	QL
lamivudine-zidovudine	2	QL	clorazepate dipotassium	1	QL
ODEFSEY	3	QL	diazepam intensol	1	QL
tenofovir disoproxil fumarate	1	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	1	QL
TRIUMEQ	3	QL	diazepam oral solution	1	
zidovudine oral capsule	2	QL	diazepam oral tablet	1	
zidovudine oral syrup	2	QL	estazolam	1	QL
zidovudine oral tablet	1	QL	lorazepam intensol	1	QL
Anti-HIV agents, other			lorazepam oral concentrate 2 mg/ml	1	QL
FUZEON	4	QL	lorazepam oral tablet	1	QL
maraviroc	3	QL	oxazepam	1	
Anti-HIV agents, protease inhibitors			quazepam	3	
APTIVUS	3	QL	Bipolar agents		
atazanavir sulfate	3	QL	Mood stabilizers		
darunavir	3	QL	divalproex sodium er	1	
fosamprenavir calcium	3	QL	divalproex sodium oral	1	
LEXIVA ORAL SUSPENSION	3	QL	EQUETRO	3	
lopinavir-ritonavir	3	QL	lithium	1	
NORVIR ORAL PACKET	3	QL	lithium carbonate er	1	
PREZISTA ORAL SUSPENSION	3	QL	lithium carbonate oral	1	
REYATAZ ORAL PACKET	3	QL	Blood glucose monitoring		
ritonavir	3	QL	ACCU-CHEK AVIVA DEVICE	2	QL
VIRACEPT	3	QL	ACCU-CHEK AVIVA PLUS TEST STRIPS	2	QL
Anti-influenza agents			ACCU-CHEK FASTCLIX LANCET KIT	2	QL
oseltamivir phosphate oral	2	QL	ACCU-CHEK GUIDE TEST STRIPS	2	QL
RELENZA DISKHALER	3	QL	ACCU-CHEK GUIDE CONTROL	2	QL
rimantadine hcl	1		ACCU-CHEK GUIDE KIT W/DEVICE	2	QL
Anxiolytics			ACCU-CHEK SMARTVIEW CONTROL	2	QL
Anxiolytics, other			ACCU-CHEK SMARTVIEW TEST STRIPS	2	QL
buspirone hcl oral	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	QL
hydroxyzine hcl oral	1		AUTOLET LANCING DEVICE	2	QL
hydroxyzine pamoate oral	1		CARETOUCH CONTROL SOL LEVEL 2	2	QL
meprobamate	3		CARETOUCH LANCING/EJECTOR	2	QL
Benzodiazepines			CHEMSTRIP K	2	
alprazolam er	1	QL	CHEMSTRIP MICRAL	2	
alprazolam intensol	2	QL	CHEMSTRIP UGK	2	
alprazolam oral tablet	1	QL	CLEVER CHOICE COMFORT EZ	2	
alprazolam oral tablet dispersible	2	QL	CONTOUR CONTROL SOLUTION	2	QL



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

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



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XARELTO STARTER PACK	2	QL
Blood formation modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	3	QL; SP
LEUKINE	4	SP
MULPLETA	4	PA; QL; SP
PROMACTA	4	PA; QL; SP
RETACRIT	3	QL; SP
ZARXIO	4	SP
Hemostasis agents		
aminocaproic acid oral	3	
RECOETHROM	3	
RECOETHROM SPRAY KIT	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBIN-JMI EXTERNAL KIT	3	
tranexamic acid oral	2	QL
Platelet modifying agents		
aspirin-dipyridamole er	3	QL
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	QL
dipyridamole oral	1	
prasugrel hcl	1	QL
YOSPRALA	2	QL
Cardiovascular agents		
Alpha-adrenergic agonists		
clonidine	2	
clonidine hcl oral	1	
guanfacine hcl	1	QL
METHYLDOPA	1	
midodrine hcl	1	
Alpha-adrenergic blocking agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	3	
prazosin hcl oral	1	
Angiotensin II receptor antagonists		
candesartan cilexetil	1	QL
EDARBI	3	QL
irbesartan	1	QL
losartan potassium oral	1	QL
olmesartan medoxomil oral	1	QL
telmisartan	1	QL
valsartan oral tablet	1	QL
Angiotensin-converting enzyme (ACE) inhibitors		
benazepril hcl oral	1	QL
captotril oral	1	QL
enalapril maleate oral tablet	1	QL
fosinopril sodium	1	QL
lisinopril oral	1	QL
moexipril hcl	1	QL
perindopril erbumine	1	QL
quinapril hcl	1	QL

Drug name	Drug tier	Notes
ramipril	1	QL
trandolapril	1	QL
Antiarrhythmics		
amiodarone hcl oral	1	
disopyramide phosphate	2	
dofetilide	3	QL
flecainide acetate	1	
mexiletine hcl oral	2	
MULTAQ	3	PA; QL
NORPACE CR	2	
propafenone hcl	1	
propafenone hcl er	3	
quinidine gluconate er	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
Beta-adrenergic blocking agents		
acebutolol hcl oral	1	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral	1	
nebivolol hcl	3	QL
pindolol	1	
propranolol hcl er	1	
propranolol hcl oral	1	
timolol maleate oral	1	
Calcium channel blocking agents		
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
isradipine	1	
matzim la	1	
nicardipine hcl oral	2	
nifedipine er	1	QL
nifedipine er osmotic release	1	QL
nifedipine oral	1	
nimodipine oral	3	
nisoldipine er	2	
NYMALIZE	2	
tazzia xt	1	
tiadylt er	1	
verapamil hcl er oral capsule extended release 24 hour	2	



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verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular agents, other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	QL
amlodipine besylate-valsartan	1	QL
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	QL
bisoprolol-hydrochlorothiazide	1	QL
candesartan cilexetil-hctz	2	QL
captotril-hydrochlorothiazide	2	QL
CORLANOR	3	PA; QL
digoxin oral solution	2	
digoxin oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet 62.5 mcg	3	
EDARBYCLOR	3	QL
enalapril-hydrochlorothiazide	1	QL
ENTRESTO	3	PA; QL
fosinopril sodium-hctz	1	QL
irbesartan-hydrochlorothiazide	1	QL
isosorb dinitrate-hydralazine	2	QL
lisinopril-hydrochlorothiazide	1	QL
losartan potassium-hctz	1	QL
metoprolol-hydrochlorothiazide	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	QL
ranolazine er	3	QL
spironolactone-hctz	1	
telmisartan-hctz	2	QL
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	QL
Diuretics, carbonic anhydrase inhibitors		
acetazolamide er	2	
acetazolamide oral	2	
methazolamide oral	3	
Diuretics, loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide oral	1	
torsemide	1	
Diuretics, potassium-sparing		
amiloride hcl oral	1	
eplerenone	2	
spironolactone oral	1	
triamterene oral	2	
Diuretics, thiazide		
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	1	
Dyslipidemics, fibric acid derivatives		
fenofibrate oral tablet 160 mg, 54 mg	3	
gemfibrozil oral	1	

Drug name	Drug tier	Notes
Dyslipidemics, HMG COA reductase inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL; \$0 Copay for members between ages 40 to 75 years.
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
fluvastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	1	QL; \$0 Copay for members between ages 40 to 75 years.
pravastatin sodium	1	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL; \$0 Copay for members between ages 40 to 75 years.
simvastatin oral tablet 80 mg	1	QL
Dyslipidemics, other		
cholestyramine light	2	
cholestyramine oral	2	
colesevelam hcl	2	
colestipol hcl oral granules	2	
colestipol hcl oral packet	2	
colestipol hcl oral tablet	1	
ezetimibe	1	QL
ezetimibe-simvastatin	2	QL
icosapent ethyl	3	PA
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	2	
niacor	2	
prevalite	2	
REPATHA	3	PA; QL
REPATHA PUSHTRONEX SYSTEM	3	PA; QL
REPATHA SURECLICK	3	PA; QL
VASCEPA	3	PA
Vasodilators, direct-acting arterial/venous		
isosorbide dinitrate	1	



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Drug name	Drug tier	Notes
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
RECTIV	3	QL
Vasodilators, direct-acting arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Central nervous system agents		
Attention deficit hyperactivity disorder agents, amphetamines		
amphetamine sulfate	3	PA
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	2	PA; QL
dextroamphetamine sulfate er	2	PA; QL
dextroamphetamine sulfate oral solution	2	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA; QL
methamphetamine hcl	3	PA
Attention deficit hyperactivity disorder agents, non-amphetamines		
atomoxetine hcl	2	QL
clonidine hcl er oral tablet extended release 12 hour	2	
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	2	PA; QL
guanfacine hcl er	1	QL
methylphenidate hcl er (cd)	2	PA; QL
methylphenidate hcl er (la)	2	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	PA; QL
methylphenidate hcl oral solution	2	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
methylphenidate hcl oral tablet chewable	2	PA; QL
Central nervous system, other		
AUSTEDO	4	PA; QL; SP
caffeine citrate oral	1	
INGREZZA	4	PA; QL; SP
riluzole	3	SP
tetrabenazine	4	PA; QL; SP
TIGLUTIK	4	PA; SP
Fibromyalgia agents		
pregabalin oral capsule	1	QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
Multiple sclerosis agents		
AVONEX PEN	4	PA; QL; SP
AVONEX PREFILLED	4	PA; QL; SP
BETASERON	4	PA; QL; SP
dalfampridine er	3	PA; QL; SP

Drug name	Drug tier	Notes
dimethyl fumarate oral	3	PA; QL; SP
dimethyl fumarate starter pack	3	PA; QL; SP
fingolimod hcl	4	PA; QL; SP
glatiramer acetate	3	PA; QL; SP
glatopa	3	PA; QL; SP
Dental and oral agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
kourzeq	1	
oralone	1	
periogard	1	
pilocarpine hcl oral	2	
triamcinolone acetonide mouth/throat	1	
Dermatological agents		
accutane	3	
acitretin	3	
adapalene external cream	3	PA; QL
adapalene external gel	3	PA; QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
ammonium lactate external cream	1	
amnesteem	3	
azelaic acid external	3	QL
benzoyl peroxide-erythromycin	2	QL
calcipotriene external cream	3	QL
calcipotriene external ointment	3	QL
calcipotriene external solution	2	QL
calcipotriene-betameth diprop	3	QL
calcitriol external	3	QL
claravis	3	
clindacin etz external swab	1	QL
clindacin-p	1	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	2	QL
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	QL
CONDYLOX	3	
doxepin hcl external	3	PA; QL
DUPIXENT	3	PA; QL; SP
EPIFOAM	2	
ery	1	
erythromycin external	2	
ESKATA	3	
HYDRO 40	3	
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ivermectin external cream	3	QL
methoxsalen rapid	3	
metronidazole external cream	2	
metronidazole external gel 0.75 %	2	
metronidazole external lotion	2	
pimecrolimus	3	ST; QL
PODOCON-25	1	



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Drug name	Drug tier	Notes
podofilox external	1	
PRAMOSONE EXTERNAL LOTION	2	
RHOFADE	3	PA; QL
SANTYL	3	QL
selenium sulfide external lotion	1	
selenium sulfide external shampoo 2.25 %	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL; SP
sodium sulfacetamide external shampoo 10 %	1	
STELARA SUBCUTANEOUS	3	PA; QL; SP
sulfacetamide sodium (acne)	1	
tacrolimus external	3	ST; QL
tazarotene external cream	3	PA; QL
tazarotene external gel	3	PA; QL
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; QL
tretinoin external cream	2	PA; QL
zenatane	3	
Electrolytes/minerals/metals/vitamins		
Electrolyte/mineral replacement		
carglumic acid	4	PA; SP
EFFER-K ORAL TABLET	2	
EFFERVESCENT 10 MEQ, 20 MEQ		
effer-k oral tablet effervescent 25 meq	1	
GALZIN	3	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
klor-con/ef	1	
k-prime	1	
levocarnitine oral solution	2	
levocarnitine sf	2	
PHOSPHA 250 NEUTRAL	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	2	
sodium fluoride oral	\$0	\$0 Copay for members ages 0 to 16 years.
Electrolyte/mineral/metal modifiers		
CHEMET	2	
deferasirox	4	PA; SP
deferasirox granules	4	PA; SP
LOKELMA	3	PA; QL
sodium polystyrene sulfonate	1	
sps	1	
VELTASSA	3	PA; QL
Phosphate binders		
AURYXIA	3	

Drug name	Drug tier	Notes
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
lanthanum carbonate	3	
sevelamer carbonate	3	
sevelamer hcl	3	
VELPHORO	2	
Vitamins		
ATABEX OB	2	
CITRANATAL BLOOM	2	
CITRANATAL MEDLEY	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
DODEX	2	
ELITE-OB	2	
ENBRACE HR	2	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	\$0	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
NESTABS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	3	QL
pnv prenatal plus multivit+dha	1	
PREMESISRX	2	
PRENAISSANCE	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
PRENATE	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRIMACARE	2	
RELNATE DHA	2	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	2	
TRINATE	2	
TRISTART DHA	2	
VINATE ONE	2	
VITAFOL FE+	2	
VITAFOL STRIPS	2	
VITAFOL-NANO	2	
VITAFOL-OB+DHA	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	2	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
WESNATAL DHA COMPLETE	2	



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WESNATE DHA	2		gavilyte-g	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
WESTAB PLUS	2		generlac	1				
WESTGEL DHA	2		gentle laxative oral	\$0	QL			
Gastrointestinal agents								
Antispasmodics, gastrointestinal								
dicyclomine hcl oral capsule	1		gentlelax	\$0	QL			
dicyclomine hcl oral solution	2		glycolax	\$0	QL			
dicyclomine hcl oral tablet	1		KRISTALOSE	3				
glycopyrrolate oral tablet 1 mg, 2 mg	1		lactulose encephalopathy	1				
methscopolamine bromide oral	2		lactulose oral packet	3				
OSCIMIN SUBLINGUAL	1		lactulose oral solution	1				
Gastrointestinal agents, other								
alvimopan	3		magnesium citrate oral solution	\$0	QL			
amoxicill-clarithro-lansopraz	3	QL	mm clearlax	\$0	QL			
cromolyn sodium oral	3		na sulfate-k sulfate-mg sulf	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
diphenoxylate-atropine oral liquid	2		ONELAX MAGNESIUM CITRATE	\$0	QL			
diphenoxylate-atropine oral tablet	1		peg 3350-kcl-na bicarb-nacl	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
loperamide hcl oral capsule	1		peg-3350/electrolytes	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
MOTOFEN	4	PA	peg-3350/electrolytes/ascorbat	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
opium	3	QL	peg-kcl-nacl-nasulf-na asc-c	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
RELISTOR SUBCUTANEOUS	3	PA; QL	PEG-PREP	1	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
SYMPROIC	2	PA; QL	PLENUVU	3	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
ursodiol oral capsule 300 mg	3		polyethylene glycol 3350 oral powder	\$0	QL			
ursodiol oral tablet	2		qc magnesium citrate	\$0	QL			
XERMELO	4	PA; QL; SP	Protectants					
Histamine2 (H2) receptor antagonists								
cimetidine oral	1		misoprostol oral	1				
famotidine oral suspension reconstituted	2		sucralfate oral suspension	3	PA			
famotidine oral tablet 20 mg, 40 mg	1		sucralfate oral tablet	1				
Irritable bowel syndrome agents			Proton pump inhibitors					
alosetron hcl	3	PA; QL	dexlansoprazole	3	QL			
LINZESS	2	PA; QL						
lubiprostone	3	QL						
Laxatives								
bisacodyl ec	\$0	QL						
bisacodyl oral	\$0	QL						
citroma	\$0	QL						
clearlax	\$0	QL						
CLENPIQ	3	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.						
constulose	1							
enulose	1							
ft clearlax	\$0	QL						
ft laxative	\$0	QL						
ft magnesium citrate	\$0	QL						
gavilax oral powder	\$0	QL						
gavilyte-c	1	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	1	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release 10 mg	1	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	1	
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	1	QL
sm lansoprazole	2	QL
Genetic or enzyme disorder: replacement, modifiers, treatment		
CREON	2	
CYSTAGON	4	SP
MYALEPT	4	PA; QL; SP
ZENPEP	2	
Genitourinary agents		
Antispasmodics, urinary		
darifenacin hydrobromide er	3	ST; QL
fesoterodine fumarate er	3	QL
flavoxate hcl	1	
MYRBETRIQ	3	
oxybutynin chloride er	1	QL
oxybutynin chloride oral solution	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacain succinate	3	ST; QL
tolterodine tartrate	1	ST
trospium chloride	1	
trospium chloride er	2	
Benign prostatic hypertrophy agents		
alfuzosin hcl er	1	
CARDURA XL	3	QL
dutasteride oral	1	QL
finasteride oral tablet 5 mg	1	
silodosin	2	QL
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary agents, other		
bethanechol chloride oral	1	
ELMIRON	2	
ENCARE	\$0	QL
LITHOSTAT	3	
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	\$0	

Drug name	Drug tier	Notes
vcf vaginal contraceptive vaginal gel	\$0	
Hormonal agents, stimulant/replacement/modifying (adrenal)		
ALA SCALP	3	
alclometasone dipropionate	1	
amcinonide	3	
APEXICON E	2	QL
betamethasone dipropionate aug	2	
betamethasone dipropionate external	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
CAPEX	2	
clobetasol prop emollient base	3	QL
clobetasol propionate e	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clorcortolone pivalate	3	ST; QL
CORDRAN EXTERNAL TAPE	3	QL
desonide external cream	1	QL
desonide external lotion	2	QL
desonide external ointment	1	QL
desoximetasone external	2	QL
dexamethasone intensol	1	
dexamethasone oral	1	
diflorasone diacetate external cream	3	QL
EMFLAZA	4	PA; SP
fludrocortisone acetate oral	1	
fluocinolone acetonide body	2	QL
fluocinolone acetonide external cream	1	QL
fluocinolone acetonide external ointment	1	QL
fluocinolone acetonide external solution	2	QL
fluocinolone acetonide scalp	2	QL
fluocinonide emulsified base	2	QL
fluocinonide external cream 0.05 %	2	QL
fluocinonide external gel	2	QL
fluocinonide external ointment	2	QL
fluocinonide external solution	2	QL
flurandrenolide external lotion	3	ST; QL
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halcinonide	3	ST; QL
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL



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

Drug name	Drug tier	Notes
testosterone enanthate intramuscular	1	
testosterone transdermal gel 50 mg/5gm (1%)	2	PA; QL
Estrogens		
afirmelle	\$0	
altavera	\$0	
alyacen 1/35	\$0	
alyacen 7/7/7	\$0	
amabelz	2	
amethia	\$0	
amethyst	\$0	
ANGELIQ	3	
ANNOVERA	\$0	QL
apri	\$0	
aranelle	\$0	
ashlyna	\$0	
aubra eq	\$0	
aurovela 1.5/30	\$0	
aurovela 1/20	\$0	
aurovela 24 fe	\$0	
aurovela fe 1.5/30	\$0	
aurovela fe 1/20	\$0	
aviane	\$0	
ayuna	\$0	
azurette	\$0	
BALCOLTRA	\$0	
balziva	\$0	
blisovi 24 fe	\$0	
blisovi fe 1.5/30	\$0	
blisovi fe 1/20	\$0	
briellyn	\$0	
camrese	\$0	
camrese lo	\$0	
charlotte 24 fe	\$0	
chateal eq	\$0	
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
cryselle-28	\$0	
cyred eq	\$0	
dasetta 1/35	\$0	
dasetta 7/7/7	\$0	
daysee	\$0	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
delyla	\$0	
DEPO-ESTRADIOL	3	
desogestrel-ethynodiol dihydrogen tablet 0.15-0.02/0.01 mg (21/5)	\$0	
dolishale	\$0	
dotti	2	QL
drospirenone estradiol-levomefol	\$0	
drospirenone-ethynodiol	\$0	
elinet	\$0	
eluryng	\$0	
enilloring	\$0	



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enpresse-28	\$0		levonorgest-eth est & eth est	\$0	
enskyce	\$0		levonorgest-eth estrad 91-day	\$0	
estarylla	\$0		levonorgest-eth estradiol-iron	\$0	
estradiol oral	1		levonorgestrel-ethinyl estrad	\$0	
estradiol transdermal patch twice weekly	2	QL	levonorg-eth estrad triphasic	\$0	
estradiol transdermal patch weekly	1	QL	levora 0.15/30 (28)	\$0	
estradiol vaginal cream	2		LO LOESTRIN FE	\$0	
estradiol vaginal tablet	2	QL	lojaimiess	\$0	
estradiol valerate intramuscular oil 10 mg/ml	3		loryna	\$0	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1		low-ogestrel	\$0	
estradiol-norethindrone acet	2		lo-zumandimine	\$0	
ESTRING	2	QL	lutera	\$0	
ethynodiol diac-eth estradiol	\$0		lyllana	2	QL
etonogestrel-ethinyl estradiol	\$0		marlissa	\$0	
falmina	\$0		merzee	\$0	
FEMRING	3	QL	mibelas 24 fe	\$0	
finzala	\$0		microgestin 1.5/30	\$0	
fyavolv	2		microgestin 1/20	\$0	
gemmaiy	\$0		microgestin 24 fe	\$0	
hailey 1.5/30	\$0		microgestin fe 1.5/30	\$0	
hailey 24 fe	\$0		microgestin fe 1/20	\$0	
hailey fe 1.5/30	\$0		milli	\$0	
hailey fe 1/20	\$0		mimvey	2	
haloette	\$0		mono-linyah	\$0	
iclevia	\$0		NATAZIA	\$0	
introvale	\$0		necon 0.5/35 (28)	\$0	
isibloom	\$0		NEXTSTELLIS	\$0	
jaimiess	\$0		nikki	\$0	
jasmiel	\$0		norethin ace-eth estrad-fe	\$0	
jinteli	2		norethindrone acet-ethinyl est	\$0	
jolessa	\$0		norethindrone-eth estradiol	2	
joyeaux	\$0		norethindron-ethinyl estrad-fe	\$0	
juleber	\$0		norethin-eth estradiol-fe	\$0	
junel 1.5/30	\$0		norgestimate-eth estradiol	\$0	
junel 1/20	\$0		norgestimate-ethinyl estradiol triphasic	\$0	
junel fe 1.5/30	\$0		nortrel 0.5/35 (28)	\$0	
junel fe 1/20	\$0		nortrel 1/35 (21)	\$0	
junel fe 24	\$0		nortrel 1/35 (28)	\$0	
kaitlib fe	\$0		nortrel 7/7/7	\$0	
kalliga	\$0		nylia 1/35	\$0	
kariva	\$0		nylia 7/7/7	\$0	
kelnor 1/35	\$0		nymyo	\$0	
kelnor 1/50	\$0		ocella	\$0	
kurvelo	\$0		philith	\$0	
larin 1.5/30	\$0		pimtreia	\$0	
larin 1/20	\$0		portia-28	\$0	
larin 24 fe	\$0		PREMARIN VAGINAL	3	
larin fe 1.5/30	\$0		PREMPHASE	3	QL
larin fe 1/20	\$0		recipsen	\$0	
layolis fe	\$0		rivelsa	\$0	
leena	\$0		setlakin	\$0	
lessina	\$0		simliya	\$0	
levonest	\$0		simpesee	\$0	
			sprintec 28	\$0	
			sronyx	\$0	



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Drug name	Drug tier	Notes	Drug name	Drug tier	Notes
syeda	\$0		medroxyprogesterone acetate intramuscular suspension prefilled syringe	\$0	
tarina 24 fe	\$0		medroxyprogesterone acetate oral	1	
tarina fe 1/20 eq	\$0		megestrol acetate oral suspension 40 mg/ml	1	
taysofy	\$0		megestrol acetate oral suspension 625 mg/5ml	3	
tilia fe	\$0		megestrol acetate oral tablet	1	
tri-estarrylla	\$0		MIRENA (52 MG)	\$0	
tri-legest fe	\$0		my choice	\$0	
tri-linyah	\$0		my way	\$0	
tri-lo-estarrylla	\$0		new day	\$0	
tri-lo-marzia	\$0		NEXPLANON	\$0	QL
tri-lo-mili	\$0		nora-be	\$0	
tri-lo-sprintec	\$0		norethindrone acetate oral	1	
tri-mili	\$0		norethindrone oral	\$0	
tri-nymyo	\$0		norlyroc	\$0	
tri-sprintec	\$0		opcicon one-step	\$0	
trivora (28)	\$0		option 2	\$0	
tri-vylibra	\$0		PLAN B ONE-STEP	\$0	
tri-vylibra lo	\$0		progesterone intramuscular	1	
TWIRLA	\$0		progesterone oral	1	
tyblume	\$0		react	\$0	
tydemy	\$0		sharobel	\$0	
velivet	\$0		SKYLA	\$0	
vestura	\$0		SLYND	\$0	
vienna	\$0		take action	\$0	
viorele	\$0		Selective estrogen receptor modifying agents		
volnea	\$0		OSPHENA	3	PA; QL
vyfemla	\$0				QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
vylibra	\$0		raloxifene hcl	1	
wera	\$0				
wymzya fe	\$0				
xulane	\$0				
yuvafem	2	QL			
zafemy	\$0				
zovia 1/35 (28)	\$0				
zumandimine	\$0				
Progestins					
aftera	\$0		Hormonal agents, stimulant/replacement/modifying (thyroid)		
camila	\$0		ARMOUR THYROID	3	
curae	\$0		euthyrox	1	
deblitane	\$0		levo-t	1	
DEPO-SUBQ PROVERA 104	\$0	QL	levothyroxine sodium oral tablet	1	
econtra one-step	\$0		levoxyl	1	
ELLA	\$0	QL	liothyronine sodium oral	1	
errin	\$0		NIVA THYROID	3	
heather	\$0		np thyroid	3	
her style	\$0		SYNTHROID	2	
incassia	\$0		THYQUIDITY	3	PA
jencycla	\$0		thyroid oral	3	
KYLEENA	\$0		TIROSINT-SOL	3	PA
levonorgestrel	\$0		unithroid	1	
LILETTA (52 MG)	\$0		Hormonal agents, suppressant (adrenal)		
lyleq	\$0		LYSODREN	3	
lyza	\$0		Hormonal agents, suppressant (pituitary)		
medroxyprogesterone acetate intramuscular suspension	\$0	QL	ELIGARD	4	PA; SP
			leuprolide acetate injection	4	PA; SP



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



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



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Drug name	Drug tier	Notes
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD SHARPS COLLECTOR	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
CAYA	\$0	
COMFORT EZ PRO PEN NEEDLES	2	
CONDOMS	\$0	QL
DROPSAFE ALCOHOL PREP	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DUREX EXTRA SENSITIVE THIN	\$0	QL
EASIVENT	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
ENFAMIL HUMAN MILK FORTIFIER ORAL CONCENTRATE	3	
ENFAMIL NEUROPRO GENTLEASE ORAL PACKET	3	
ENFAMIL NEUROPRO INFANT ORAL PACKET	3	
ENU PRO3 PLUS	3	
EQUACARE JR	3	
ergoloid mesylates oral	3	
ESSENTIAL CARE JR	3	
FC2 FEMALE CONDOM	\$0	QL
FEMCAP	\$0	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INSPIREASE RESERVOIR BAGS	2	
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	2	
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" 0.3 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	2	
methergine	3	QL
methylergonovine maleate oral	3	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	

Drug name	Drug tier	Notes
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 G6 INTRO (GEN 5)	3	PA; QL
OMNIPOD 5 G6 POD (GEN 5)	3	PA; QL
PARAGARD INTRAUTERINE COPPER	\$0	
PARI VORTEX ADULT MASK	2	
PHEXXI	\$0	QL
PKU EASY SHAKE & GO	3	
PURE COMFORT SAFETY PEN NEEDLE	2	
RADIOGARDASE	4	
RAYA SURE PEN NEEDLE	2	
SAFETY PEN NEEDLES	2	
SHARPS COLLECTOR	2	
SHARPS CONTAINER	2	
TISSEEL EXTERNAL KIT	3	
TYROS 2	3	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
Ophthalmic agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX	3	
Antibacterials, other		
bacitracin ophthalmic	2	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	2	
BETADINE OPHTHALMIC PREP	3	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	2	
neo-polycin	1	
neo-polycin hc	2	
polycin	1	
polymyxin b-trimethoprim	1	
POVIDONE-IODINE OPHTHALMIC	3	



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Anti-cytomegalovirus (CMV) agents		
ZIRGAN	3	
Antifungals		
NATACYN	3	
Antiherpetic agents		
trifluridine	2	
Macrolides		
AZASITE	3	
		\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
KLARITY-A	3	
Ophthalmic agents, other		
AKTEN	3	
ALTACAINE	1	
atropine sulfate ophthalmic solution 1 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA; QL
CYSTARAN	4	PA; QL; SP
ISOPTO ATROPINE	3	
MITOSOL	3	
proparacaine hcl ophthalmic	1	
sulfacetamide-prednisolone	1	
tetracaine hcl ophthalmic	1	
ZYLET	3	
Ophthalmic anti-allergy agents		
ALOCRIL	3	
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
bepotastine besilate	3	QL
cromolyn sodium ophthalmic	1	
CYCLOMYDRIL	3	
epinastine hcl	1	ST; QL
olopatadine hcl ophthalmic solution 0.1 %	1	QL
phenylephrine hcl ophthalmic	1	
ZERVIATE	3	QL
Ophthalmic antiglaucoma agents		
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	2	QL
BETOPTIC-S	3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	2	QL
brinzolamide	2	QL
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	QL
dorzolamide hcl-timolol mal pf	2	QL

Drug name	Drug tier	Notes
Ophthalmic anti-inflammatories		
levobunolol hcl	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
SIMBRINZA	3	QL
timolol maleate (once-daily)	1	
timolol maleate ophthalmic gel forming solution	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
Ophthalmic prostaglandin and prostamide analogs		
latanoprost ophthalmic	1	
LUMIGAN	2	QL
tafluprost (pf)	3	ST; QL
travoprost (bak free)	2	QL
XELPROS	3	QL
Quinolones		
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	2	
levofloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic agents		
acetic acid otic	1	
ciprofloxacin hcl otic	2	
ciprofloxacin-dexamethasone	3	ST
CIPROFLOXACIN-FLUOCINOLONE PF	3	



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CORTISPORIN-TC	3	
flac	2	
fluocinolone acetonide otic	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory tract/pulmonary agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral solution	2	
levocetirizine dihydrochloride oral tablet	1	QL
olopatadine hcl nasal	2	QL
promethazine vc	1	
Anti-inflammatories, inhaled corticosteroids		
ARNUITY ELLIPTA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL
breyna	3	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	3	QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
flunisolide nasal	1	
FLUTICASONE FUROATE-VILANTEROL	3	QL
fluticasone propionate nasal	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	2	QL
wixela inhub	2	QL
Antileukotrienes		
montelukast sodium oral	1	QL
zafirlukast	2	QL
zileuton er	3	ST

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

Drug name	Drug tier	Notes
TYVASO REFILL	4	PA; QL; SP
TYVASO STARTER	4	PA; QL; SP
VENTAVIS	4	PA; QL; SP
Pulmonary fibrosis agents		
pirfenidone	3	PA; QL; SP
Respiratory tract agents, other		
acetylcysteine inhalation solution 20 %	1	
benzonatate oral capsule 100 mg, 200 mg	1	
GILPHEX TR ORAL TABLET 10-388 MG	3	
guaifenesin ac	1	PA; QL
guaifenesin-codeine	1	PA; QL
hydrocod poli-chlorphe poli er	3	PA; QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
HYPERSAL	2	
ipratropium-albuterol	1	
maxi-tuss ac	1	PA; QL
mometasone furoate nasal	2	QL
nebusal inhalation nebulization solution 3 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
promethazine vc/codeine	1	PA; QL
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
pulmosal	1	
sodium chloride inhalation	1	
TRELEGY ELLIPTA	3	QL
UXARIN ER	3	PA; QL
Skeletal muscle relaxants		
baclofen oral tablet	1	
carisoprodol oral tablet 350 mg	1	QL
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral	1	
dantrolene sodium oral	2	
metaxalone	2	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
orphenadrine-aspirin-caffeine	4	
tizanidine hcl oral capsule	2	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
GABA receptor modulators		
eszopiclone	1	QL
flurazepam hcl	1	QL
temazepam	1	QL
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate oral tablet	1	QL

Drug name	Drug tier	Notes
Sleep disorders, other		
doxepin hcl oral tablet	1	QL
ramelteon	3	ST; QL
tasimelteon	4	PA; QL; SP
Wakefulness promoting agents		
armodafinil	2	PA; QL
modafinil	1	PA; QL
SODIUM OXYBATE	4	PA; QL; SP
XYREM	4	PA; QL; SP



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norgestimate-eth estradiol	24	omeprazole oral capsule delayed release 10 mg	22	oxycodone hcl oral concentrate 100 mg/5ml	9
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በለላ ቁንቃ እርዳታ የሚረዳት ክሮን ወይም በለላ ፕሮግራም የተዘጋጀ ክስፋል ማቅረብ የተዘጋጀ እቅዱምን በኢትዮጵያ ከፍድ ሌሎች የአባል አገልግሎት መሰኞ ስልክ ቅጥር ይደውሉ፡ መሰኞ ለተሳናቸው (TTY/RTT) በ 711፡ የፋይና ተጠዋም አገልግሎት እንዲሁም የቁል አስተርጻሚያዎች ምንም ማቅረብ መጠቀም ይችላለ፡፡

Diné

Ła' nááná saad bee shika'a'doowot nínízingo doodago t'áá Łahgo át'éego anályago, nitsaago bee bik'e'ashchijígo da, t'áá shoödí nits'íísh nánel'íísh naaltsoos bee ha'dít'ehígíí bił ninaaltsoos nítł'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.

فارسي

اگر به زبان دیگری به کمک نیاز دارید یا به فرمت متقاوی از قبیل چاپ درشت نیاز دارید، لطفاً با شماره مرقوم شده بر روی کارت شناسایی برنامه درمانی خود، TTY / RTT 711 تماس بگیرید. خدمات ترجمه و مترجمین شفاهی بدون اخذ هزینه در اختیار شما می باشند.

اردو

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 بیلٹھ 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۔

Deutsch

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.

日本語

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。

ភាសាខ្មែរ

បើសិនអ្នកត្រូវការជំនួយ ជាកាសាមួយទៀត បុអ្នកត្រូវការចំង់មួយទៀត ដូចជាអក្សរពួក សូមទូរស័ព្ទទៅលេខសមាជិក មាននៅលើប័ណ្ណ ID គំរាងសុខភាពរបស់អ្នក, TTY / RTT 711។ សេវាការបកប្រឈប់ និងអ្នកបកប្រឈប់ គឺមានផ្តល់ជូនដោយ កំពងស៊ីដីលំអ្នក។



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