Bringing Clarity, Integrity and Trust
to your Pharmacy Benefits

2026 AffirmedRx Choice Drug List

AffirmedRx
PUBLIC BENEFIT CORPORATION

AffirmedRx
PUBLIC BENEFIT CORPORATION

The AffirmedRx Choice Drug List (also known as a formulary) is a list of covered medications. Unless specifically noted, drug list products will include all dosage forms. Your plan will generally cover these medications if the drug is medically necessary and other plan rules are followed. This list can change throughout the year. New medications can be added, or medications can be removed. Medications will be removed if the Food and Drug Administration (FDA) or the drug's manufacturer deems it unsafe. Medications may also be removed when a lower-cost generic with the same active ingredient is added. Other changes may occur based on new clinical guidelines. You can view the most up-to-date Medication List on **AffirmedRx.com**.

Your specific plan may not cover certain products or categories, regardless of their appearance in this document. Reference your benefit documentation for full coverage details.

Medications are grouped into one of four tiers:

Tier 1
Low-cost generic drugs
Generic drugs have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generics to be safe and work the same as brand drugs. Generic drugs often cost much less.

Tier 2
Higher-cost generic and preferred brand drugs

Tier 3
High-cost, mostly brand drugs
These drugs may have generic or brand alternatives in Tier 1 or 2

Tier 4
Highest-cost, mostly specialty drugs

Medications may have additional requirements or limits on coverage:

Prior authorization (PA)
Some medications need approval before being covered by your plan. Your doctor will need to submit information for approval to make sure the medication is being used and covered correctly for your medical condition.

Step therapy (ST)
There is often more than one medication that works to treat a health condition, and costs can vary. Before a prescription is filled for a drug that costs more, you may be asked to try at least one lower-cost medication first. If you have already tried other medications or your doctor thinks they are not right for you, your doctor can submit a request for approval.

Quantity limits (QL)
There may be a limit on how much you can get of certain medications at one time. These limits help prevent misuse, and are in place to ensure safe and effective use. If your doctor thinks the limit is not right for your situation, they can submit a request for approval of the additional amount.

Specialty

Specialty medications are used to treat complex or rare conditions such as hemophilia, cancer, multiple sclerosis, hepatitis C and others. They often require special handling and are high cost.

(SP) To help reduce waste, each fill of these medications is limited to a 30-day supply.

(SPP) These medications must be filled at a designated specialty pharmacy equipped for special handling and trained to help educate patients on these medications.

Affordable Care Act (ACA)

Eligible benefit plans include $0 coverage for these drugs in accordance with the Affordable Care Act. Please reference your benefit materials for full coverage details.

What if my medication is not on the list?

1. Check this list for covered medications in the same drug class or call Customer Care for help identifying alternatives.
2. You or your doctor can request a coverage exception.

Your doctor can visit paforms.com/affirmedrx/ to obtain forms for approvals and exceptions or to submit a request electronically. Submit completed forms by fax to 833-347-0611.

Requests will be reviewed and our decision communicated within 24-72 hours after the request is received from your doctor.
For more detailed information about your plan's prescription medication coverage, please review your Certificate of Coverage/Insurance or Summary Plan Description/Policy of Insurance.

If you have questions about your coverage, please call AffirmedRx Customer Care at 888-460-1579, TTY 711, 24 hours a day, 7 days a week.

This medication list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. Your specific plan may not cover certain products or categories, regardless of their appearance in this document. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of the drug's manufacturer. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. The information contained in this document is proprietary and may not be copied in whole or in part without written permission.

Lowercase = generic
Uppercase BOLD = brand name

Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants - Drugs For The Nervous System 6
Aminoglycosides - Drugs For Infections 7
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever 7
Analgesics - Nonnarcotic - Drugs For Pain And Fever 8
Analgesics - Opioid - Drugs For Pain And Fever 9
Androgens-Anabolic - Hormones 10
Anorectal And Related Products - Rectal Preparations 11
Anthelmintics - Drugs For Infections 11
Antianginal Agents - Drugs For The Heart 11
Antianxiety Agents - Drugs For The Nervous System 11
Antiarrhythmics - Drugs For The Heart 12
Antiasthmatic And Bronchodilator Agents - Drugs For The Lungs 12
Anticoagulants - Drugs For The Blood 13
Anticonvulsants - Drugs For The Nervous System 14
Antidepressants - Drugs For The Nervous System 15
Antidiabetics - Hormones 16
Antidiarrheal/Probiotic Agents - Drugs For The Stomach 20
Antidotes And Specific Antagonists - Drugs For Overdose Or Poisoning 20
Antiemetics - Drugs For The Stomach 21
Antifungals - Drugs For Infections 21
Antihistamines - Drugs For The Lungs 21
Antihyperlipidemics - Drugs For The Heart 22
Antihypertensives - Drugs For The Heart 23
Anti-Infective Agents - Misc. - Drugs For Infections 24
Antimalarials - Drugs For Infections 25
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles 25
Antimycobacterial Agents - Drugs For Infections 25
Antineoplastics And Adjunctive Therapies - Drugs For Cancer 25
Antiparkinson And Related Therapy Agents - Drugs For The Nervous System 29
Antipsychotics/Antimanic Agents - Drugs For The Nervous System 30
Antivirals - Drugs For Infections 31
Beta Blockers - Drugs For The Heart 33
Calcium Channel Blockers - Drugs For The Heart 34
Cardiotonics - Drugs For The Heart 34
Cardiovascular Agents - Misc. - Drugs For The Heart 34
Cephalosporins - Drugs For Infections 35
Contraceptives - Drugs For Women 35
Corticosteroids - Hormones 43
Cough/Cold/Allergy - Drugs For The Lungs 44
Dermatologicals - Drugs For The Skin 44
Diagnostic Products 48
Dietary Products/Dietary Management Products - Drugs For Nutrition 48
Digestive Aids - Drugs For The Stomach 48
Diuretics - Drugs For The Heart 48
Endocrine And Metabolic Agents - Misc. - Hormones 49
Estrogens - Hormones 51
Fluoroquinolones - Drugs For Infections 52
Gastrointestinal Agents - Misc. - Drugs For The Stomach 52
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System 53
Gout Agents - Drugs For Pain And Fever 54
Hematological Agents - Misc. - Drugs For The Blood 54
Hematopoietic Agents - Drugs For Nutrition 55
Hemostatics - Drugs For The Blood 56
Hypnotics/Sedatives/Sleep Disorder Agents - Drugs For The Nervous System 56
Laxatives - Drugs For The Stomach 56
Macrolides - Drugs For Infections 56
Medical Devices And Supplies - Medical Supplies And Durable Medical Equipment 57
Migraine Products - Drugs For The Nervous System 68

Minerals & Electrolytes - Drugs For Nutrition 68
Miscellaneous Therapeutic Classes - Vitamins And Minerals 69
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat 70
Musculoskeletal Therapy Agents - Drugs For Muscles, Ligaments, Tendons, And Bones 70
Nasal Agents - Systemic And Topical - Drugs For The Nose 70
Neuromuscular Agents - Drugs For Nerves And Muscles 71
Nutrients - Drugs For Nutrition 71
Ophthalmic Agents - Drugs For The Eye 71
Otic Agents - Drugs For The Ear 73
Oxytocics - Hormones 73
Passive Immunizing And Treatment Agents - Biological Agents 73
Penicillins - Drugs For Infections 73
Progestins - Hormones 74
Psychotherapeutic And Neurological Agents - Misc. - Drugs For The Nervous System 74
Respiratory Agents - Misc. - Drugs For The Lungs 75
Sulfonamides - Drugs For Infections 75
Tetracyclines - Drugs For Infections 75
Thyroid Agents - Hormones 76
Toxoids - Biological Agents 76
Ulcer Drugs/Antispasmodics/Anticholinergics - Drugs For The Stomach 76
Urinary Antispasmodics - Drugs For The Urinary System 77
Vaccines - Biological Agents 77
Vaginal And Related Products - Drugs For Women 78
Vasopressors - Drugs For The Heart 78
Vitamins - Drugs For Nutrition 78

Drug Name	Tier	Restrictions
***Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants* - Drugs For The Nervous System**		
amphetamine sulfate	1	QL
amphetamine-dextroamphet er	1	QL
amphetamine-dextroamphetamine	1	QL
amphet-dextroamphet 3-bead er	2	QL
armodafinil	1	QL
atomoxetine hcl oral capsule	1	QL
clonidine hcl er oral tablet extended release 12 hour	1	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral solution	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
diethylpropion hcl er	1	PA; QL; Coverage is determined by your prescription medication benefit plan
diethylpropion hcl oral	1	PA; QL; Coverage is determined by your prescription medication benefit plan
guanfacine hcl er	1	QL
lisdexamfetamine dimesylate	2	QL
methamphetamine hcl	1	QL
methylphenidate	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm)	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral	1	QL
modafinil oral	3	QL
orlistat oral	3	PA; Coverage is determined by your prescription medication benefit plan
phendimetrazine tartrate	1	Coverage is determined by your prescription medication benefit plan
phendimetrazine tartrate er	1	PA; Coverage is determined by your prescription medication benefit plan
phentermine hcl oral capsule	1	Coverage is determined by your prescription medication benefit plan
phentermine hcl oral tablet 37.5 mg	1	Coverage is determined by your prescription medication benefit plan
AZSTARYS	3	
MYDAYIS	3	QL

Drug Name	Tier	Restrictions
QELBREE	3	QL
SUNOSI	4	PA; QL
VYVANSE	3	QL
WAKIX	4	PA; QL; SP; SPP
WEGOVY HD	2	PA; QL
WEGOVY SUBCUTANEOUS	2	PA; QL; Coverage is determined by your prescription medication benefit plan
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL; Coverage is determined by your prescription medication benefit plan
***Aminoglycosides* - Drugs For Infections**		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1	
neomycin sulfate oral	1	
tobramycin inhalation	4	PA; QL; SP; SPP
ARIKAYCE	4	PA; QL; SP; SPP
***Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever**		
adalimumab-aaty (1 pen)	4	PA; QL; SP
adalimumab-aaty (2 pen)	4	PA; QL; SP
adalimumab-aaty (2 syringe)	4	PA; QL; SP
adalimumab-aaty cd/uc/hs start	4	PA; QL; SP
adalimumab-fkjp (2 pen)	4	PA; QL; SP
adalimumab-fkjp (2 syringe)	4	PA; QL; SP
celecoxib oral	1	QL
diclofenac potassium oral capsule	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
etodolac er	1	
etodolac oral	1	
flurbiprofen oral	1	
ibuprofen oral suspension 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er	3	
ketorolac tromethamine oral	1	
leflunomide oral	1	QL
meclofenamate sodium oral	2	
mefenamic acid oral	1	
meloxicam oral suspension	2	

Drug Name	Tier	Restrictions
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	1	
tofacitinib citrate er	4	PA; QL; SP; SPP
tofacitinib citrate oral	4	PA; QL; SP; SPP
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 600 mg	1	
ABRILADA (1 PEN)	4	PA; QL; SP
ABRILADA (2 PEN)	4	PA; QL; SP
ABRILADA (2 SYRINGE)	4	PA; QL; SP
ARCALYST	4	PA; QL; SP; SPP
HADLIMA	4	PA; QL; SP
HADLIMA PUSHTOUCH	4	PA; QL; SP
IBU	1	
ORENCIA CLICKJECT	4	PA; QL; SP; SPP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP; SPP
OTEZLA ORAL TABLET	4	PA; QL; SP
OTEZLA ORAL TABLET THERAPY PACK	4	PA; QL; SP
OTEZLA XR	4	PA; QL; SP
OTEZLA/OTEZLA XR INITIATION PK	4	PA; QL; SP
RINVOQ	4	PA; QL; SP
RINVOQ LQ	4	PA; QL; SP
SIMLANDI (1 PEN)	4	PA; QL; SP
SIMLANDI (2 PEN)	4	PA; QL; SP
SIMLANDI (2 SYRINGE)	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
TYENNE SUBCUTANEOUS	4	PA; QL; SP; SPP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
***Analgesics - Nonnarcotic* - Drugs For Pain And Fever**		
butalbital-acetaminophen oral capsule	1	QL
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	QL
butalbital-apap-caffeine oral capsule	1	QL

Drug Name	Tier	Restrictions
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL
butalbital-aspirin-caffeine oral capsule	1	QL
diflunisal oral	1	
salsalate oral	1	
BAYER ASPIRIN EC LOW DOSE	1	ACA
BAYER LOW DOSE	1	ACA
ECOTRIN LOW STRENGTH	1	ACA
JOURNAVX	3	QL
***Analgesics - Opioid* - Drugs For Pain And Fever**		
acetaminophen-codeine	1	QL
apap-caff-dihydrocodeine oral capsule	2	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
buprenorphine transdermal	1	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-asa-caff-codeine	1	QL
butorphanol tartrate nasal	1	QL
codeine sulfate oral tablet	1	QL
duramorph	1	
fentanyl	1	QL
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml	1	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL
hydromorphone hcl oral liquid 1 mg/ml	1	QL
hydromorphone hcl oral tablet	1	QL
hydromorphone hcl rectal	1	QL
meperidine hcl oral solution	1	QL
meperidine hcl oral tablet 50 mg	1	QL
methadone hcl oral	1	QL

Drug Name	Tier	Restrictions
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er beads	1	QL
morphine sulfate er oral tablet extended release	1	QL
morphine sulfate oral solution	1	
morphine sulfate oral tablet	1	QL
morphine sulfate rectal	1	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral solution 5-325 mg/5ml	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxymorphone hcl	1	QL
oxymorphone hcl er oral tablet extended release 12 hour 30 mg	1	QL
pentazocine-naloxone hcl	1	QL
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	1	QL
tramadol hcl er	1	QL
tramadol hcl oral solution	1	QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
ASCOMP-CODEINE	1	QL
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL
METHADONE HCL INTENSOL	1	QL
METHADOSE ORAL TABLET SOLUBLE	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
***Androgens-Anabolic* - Hormones**		
danazol oral	1	
methyltestosterone oral	3	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	QL
testosterone enanthate intramuscular solution	1	PA; QL
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	1	QL
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	1	PA; QL
testosterone transdermal gel 20.25 mg/act (1.62%)	1	
testosterone transdermal solution	1	

Drug Name	Tier	Restrictions
***Anorectal And Related Products* - Rectal Preparations**		
budesonide rectal	1	
hydrocortisone (perianal)	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal enema	1	
lidocaine-hydrocort (perianal)	1	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
***Anthelmintics* - Drugs For Infections**		
albendazole oral	1	
benznidazole	2	QL
ivermectin oral tablet 3 mg	1	QL
ivermectin oral tablet 6 mg	3	QL
praziquantel oral	1	
EGATEN	2	
***Antianginal Agents* - Drugs For The Heart**		
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	QL
nitroglycerin translingual solution	1	
ranolazine er	1	QL
NITRO-BID	3	
***Antianxiety Agents* - Drugs For The Nervous System**		
alprazolam er	1	QL
alprazolam oral	1	QL
alprazolam xr	1	QL
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl	1	QL
clorazepate dipotassium	1	
diazepam oral concentrate	1	QL
diazepam oral solution 5 mg/5ml	1	QL
diazepam oral tablet	1	QL
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam injection	1	
lorazepam oral concentrate 2 mg/ml	1	QL

Drug Name	Tier	Restrictions
lorazepam oral tablet	1	QL
meprobamate	1	
oxazepam	1	
ALPRAZOLAM INTENSOL	1	
DIAZEPAM INTENSOL	1	QL
LORAZEPAM INTENSOL	1	QL
***Antiarrhythmics* - Drugs For The Heart**		
amiodarone hcl oral	1	
disopyramide phosphate oral	1	
dofetilide	2	QL
flecainide acetate	1	
mexiletine hcl oral	1	
propafenone hcl	1	
propafenone hcl er	1	
quinidine gluconate er	1	
quinidine sulfate oral	1	
MULTAQ	3	
***Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs**		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	QL
albuterol sulfate inhalation	1	QL
albuterol sulfate oral	1	
arformoterol tartrate	1	QL
budesonide inhalation	1	QL; Preventive Drugs and coverage may differ based on your specific plan
budesonide-formoterol fumarate	1	QL
cromolyn sodium inhalation	1	QL
fluticasone furoate ellipta	2	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	2	QL
fluticasone propionate diskus	2	QL; Preventive Drugs and coverage may differ based on your specific plan
fluticasone propionate hfa	2	QL; Preventive Drugs and coverage may differ based on your specific plan
fluticasone-salmeterol inhalation aerosol	3	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
formoterol fumarate inhalation	1	QL
ipratropium bromide inhalation	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
isoproterenol hcl injection	1	

Drug Name	Tier	Restrictions
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	QL
levalbuterol tartrate	1	QL
montelukast sodium oral	1	
roflumilast	2	QL
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour	1	
theophylline oral solution	1	
tiotropium bromide	2	QL
zafirlukast	1	
BREYNA	1	QL
ELIXOPHYLLIN	1	
FASENRA	4	PA; QL; SP; SPP
FASENRA PEN	4	PA; QL; SP; SPP
OMLYCLO	4	PA; QL; SP; SPP
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
STRIVERDI RESPIMAT	2	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1	QL
XOLAIR	4	PA; QL; SP; SPP
***Anticoagulants* - Drugs For The Blood**		
dabigatran etexilate mesylate	1	
enoxaparin sodium injection solution 300 mg/3ml	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
rivaroxaban oral tablet	2	QL
warfarin sodium oral	1	
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL
ELIQUIS ORAL CAPSULE SPRINKLE	2	
ELIQUIS ORAL TABLET	2	QL
ELIQUIS ORAL TABLET SOLUBLE	2	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Drug Name	Tier	Restrictions
***Anticonvulsants* - Drugs For The Nervous System**		
carbamazepine er	1	
carbamazepine oral	1	
clobazam oral suspension 2.5 mg/ml	1	QL
clobazam oral tablet	1	QL
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible	1	
diazepam rectal	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
ethosuximide oral	1	
felbamate	1	
fosphenytoin sodium	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	QL
lacosamide oral tablet	1	
lamotrigine er	1	
lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
oxcarbazepine	1	
perampanel oral tablet	2	QL
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
pregabalin oral	2	QL
primidone oral	1	
rufinamide oral suspension 40 mg/ml	4	QL

Drug Name	Tier	Restrictions
rufinamide oral tablet	4	QL
tiagabine hcl	2	QL
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg	1	
topiramate er oral capsule er 24 hour sprinkle 200 mg, 25 mg, 50 mg	1	QL
topiramate er oral capsule extended release 24 hour	3	QL
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral solution	1	QL
topiramate oral tablet	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
vigabatrin	4	QL; SP
zonisamide oral	1	
EPIDIOLEX	4	PA; SP; SPP
FYCOMPA	2	QL
NAYZILAM	2	QL
PHENYTOIN INFATABS	1	
ROWEEPRA ORAL TABLET 500 MG	1	
SUBVENITE ORAL TABLET	1	
SUBVENITE STARTER KIT-BLUE	1	
SUBVENITE STARTER KIT-GREEN	1	
SUBVENITE STARTER KIT-ORANGE	1	
VALTOCO 10 MG DOSE	2	QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	2	QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	2	QL
VALTOCO 5 MG DOSE	2	QL
XCOPRI	2	QL
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	2	QL
XCOPRI (350 MG DAILY DOSE)	2	QL
***Antidepressants* - Drugs For The Nervous System**		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	Preventive Drugs and coverage may differ based on your specific plan
citalopram hydrobromide oral tablet	1	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
escitalopram oxalate oral solution 5 mg/5ml	1	Preventive Drugs and coverage may differ based on your specific plan
escitalopram oxalate oral tablet	1	Preventive Drugs and coverage may differ based on your specific plan
fluoxetine hcl oral	1	Preventive Drugs and coverage may differ based on your specific plan
fluvoxamine maleate	1	QL
fluvoxamine maleate er	2	QL
imipramine hcl oral	1	
imipramine pamoate	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	Preventive Drugs and coverage may differ based on your specific plan
paroxetine hcl er	1	Preventive Drugs and coverage may differ based on your specific plan
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral concentrate	1	Preventive Drugs and coverage may differ based on your specific plan
sertraline hcl oral tablet	1	Preventive Drugs and coverage may differ based on your specific plan
tranylcypromine sulfate	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine maleate oral	1	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	QL
vilazodone hcl	2	
SPRAVATO (56 MG DOSE)	4	PA; QL
SPRAVATO (84 MG DOSE)	4	PA; QL
TRINTELLIX	2	PA; QL
***Antidiabetics* - Hormones**		
acarbose oral	1	
dapagliflozin	1	QL
dapagliflozin-metformin hcl er	2	QL

Drug Name	Tier	Restrictions
diazoxide oral	1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	3	QL
glipizide er	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency injection solution reconstituted 1 mg	2	
glyburide oral	1	
glyburide-metformin	1	
insulin asp prot & asp flexpen	2	Preventive Drugs and coverage may differ based on your specific plan
insulin aspart flexpen	2	Preventive Drugs and coverage may differ based on your specific plan
insulin aspart injection	2	Preventive Drugs and coverage may differ based on your specific plan
insulin degludec flextouch	2	Preventive Drugs and coverage may differ based on your specific plan
insulin glargine max solostar	2	
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	2	
insulin glargine-yfgn subcutaneous solution	2	Preventive Drugs and coverage may differ based on your specific plan
insulin glargine-yfgn subcutaneous solution pen-injector	1	Preventive Drugs and coverage may differ based on your specific plan
insulin lispro (1 unit dial)	1	Preventive Drugs and coverage may differ based on your specific plan
insulin lispro injection	1	Preventive Drugs and coverage may differ based on your specific plan
insulin lispro junior kwikpen	1	Preventive Drugs and coverage may differ based on your specific plan
insulin lispro prot & lispro	1	Preventive Drugs and coverage may differ based on your specific plan
metformin hcl er	1	Preventive Drugs and coverage may differ based on your specific plan
metformin hcl oral solution	2	QL
metformin hcl oral tablet 1000 mg, 500 mg	1	Preventive Drugs and coverage may differ based on your specific plan
metformin hcl oral tablet 850 mg	1	ACA; Preventive Drugs and coverage may differ based on your specific plan
metformin hcl tablet 1000 mg oral	1	Preventive Drugs and coverage may differ based on your specific plan
mifepristone oral tablet 300 mg	4	PA; QL; SP; SPP
miglitol	1	
nateglinide	1	
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	2	QL

Drug Name	Tier	Restrictions
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
sitaglip phos-metformin hcl er	2	QL
sitaglipt base-metform hcl er	2	QL
sitagliptin	2	QL
sitagliptin base-metformin hcl	2	QL
sitagliptin phos-metformin hcl	2	QL
sitagliptin phosphate	2	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLYXAMBI	2	QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	
HUMALOG INJECTION	2	Preventive Drugs and coverage may differ based on your specific plan
HUMALOG JUNIOR KWIKPEN	2	Preventive Drugs and coverage may differ based on your specific plan
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	Preventive Drugs and coverage may differ based on your specific plan
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
HUMALOG MIX 75/25	2	Preventive Drugs and coverage may differ based on your specific plan
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	Preventive Drugs and coverage may differ based on your specific plan
HUMULIN 70/30	2	Preventive Drugs and coverage may differ based on your specific plan
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
HUMULIN N	2	Preventive Drugs and coverage may differ based on your specific plan
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
HUMULIN R	2	Preventive Drugs and coverage may differ based on your specific plan
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
JARDIANCE	2	QL
KIRSTY	2	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
LANTUS	2	Preventive Drugs and coverage may differ based on your specific plan
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
MERILOG	2	Preventive Drugs and coverage may differ based on your specific plan
MERILOG SOLOSTAR	2	Preventive Drugs and coverage may differ based on your specific plan
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
NOVOLIN 70/30	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN 70/30 FLEXPEN	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN 70/30 FLEXPEN RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN 70/30 RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN N	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN N FLEXPEN	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN N FLEXPEN RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN N RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN R	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN R FLEXPEN	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN R FLEXPEN RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLIN R RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG 70/30 FLEXPEN RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG FLEXPEN RELION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG INJECTION	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG MIX 70/30	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG MIX 70/30 RELION	2	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	Preventive Drugs and coverage may differ based on your specific plan
NOVOLOG RELION INJECTION	2	Preventive Drugs and coverage may differ based on your specific plan
OZEMPIC	2	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL
OZEMPIC (2 MG/DOSE)	2	PA; QL
RYBELSUS	2	PA; QL
SOLIQUA	2	PA; QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRESIBA	2	Preventive Drugs and coverage may differ based on your specific plan
TRESIBA FLEXTOUCH	2	Preventive Drugs and coverage may differ based on your specific plan
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL
XULTOPHY	2	PA; QL
***Antidiarrheal/Probiotic Agents* - Drugs For The Stomach**		
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
loperamide hcl oral capsule	1	
***Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning**		
deferasirox granules	4	PA; QL; SP
deferasirox oral packet	4	PA; QL; SP
deferasirox oral tablet	3	PA; QL; SP
deferasirox oral tablet soluble	4	PA; QL; SP
deferiprone	4	PA; QL; SP; SPP
deferoxamine mesylate	3	SP; SPP
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
pyridostigmine bromide er oral tablet extended release 24 hour	3	
CHEMET	4	
FERRIPROX ORAL SOLUTION	4	PA; QL; SP; SPP

Drug Name	Tier	Restrictions
FERRIPROX TWICE-A-DAY	4	PA; QL; SP; SPP
KLOXXADO	3	QL
RADIOGARDASE	4	
REXTOVY	1	QL
VISTOGARD	4	QL; SP; SPP
VIVITROL	3	QL
***Antiemetics* - Drugs For The Stomach**		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
aprepitant oral capsule therapy pack	2	QL
doxylamine-pyridoxine	1	
dronabinol oral capsule	2	QL
meclizine hcl oral tablet 50 mg	1	
ondansetron hcl +rfid injection solution prefilled syringe	1	
ondansetron hcl injection solution 4 mg/2ml	1	QL
ondansetron hcl injection solution 40 mg/20ml	1	
ondansetron hcl injection solution prefilled syringe	1	
ondansetron hcl oral solution 4 mg/5ml	2	QL
ondansetron hcl oral tablet 24 mg, 4 mg	1	
ondansetron hcl oral tablet 8 mg	1	QL
ondansetron oral tablet dispersible 4 mg, 8 mg	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
BONJESTA	3	QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
SANCUSO	3	QL
VARUBI (180 MG DOSE)	3	QL
***Antifungals* - Drugs For Infections**		
fluconazole oral	1	
flucytosine oral	4	
griseofulvin microsize oral	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
itraconazole oral	2	QL
ketoconazole oral	1	
nystatin oral tablet	1	
posaconazole oral tablet delayed release	4	QL
terbinafine hcl oral	1	
voriconazole oral suspension reconstituted	4	QL
voriconazole oral tablet	2	QL
CRESEMBA ORAL	4	
***Antihistamines* - Drugs For The Lungs**		
carbinoxamine maleate er	3	
carbinoxamine maleate oral solution	1	

Drug Name	Tier	Restrictions
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral syrup	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral solution	1	
promethazine hcl injection	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN	1	
***Antihyperlipidemics* - Drugs For The Heart**		
atorvastatin calcium oral	1	ACA; Preventive Drugs and coverage may differ based on your specific plan
cholestyramine light	1	
cholestyramine oral	1	
colesevelam hcl	1	
colestipol hcl	1	
ezetimibe oral	1	QL
ezetimibe-simvastatin	2	QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
fluvastatin sodium	2	QL; ACA
fluvastatin sodium er	2	QL; ACA
gemfibrozil oral	1	
icosapent ethyl	2	QL
lovastatin oral	1	ACA; Preventive Drugs and coverage may differ based on your specific plan
niacin er (antihyperlipidemic)	1	
omega-3-acid ethyl esters	1	
pravastatin sodium	1	ACA; Preventive Drugs and coverage may differ based on your specific plan
rosuvastatin calcium oral	1	ACA; Preventive Drugs and coverage may differ based on your specific plan
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; Preventive Drugs and coverage may differ based on your specific plan
simvastatin oral tablet 80 mg	1	Preventive Drugs and coverage may differ based on your specific plan
NEXLETOL	2	QL

Drug Name	Tier	Restrictions
NEXLIZET	2	QL
PREVALITE ORAL PACKET	1	
REPATHA SURECLICK	2	QL
***Antihypertensives* - Drugs For The Heart**		
aliskiren fumarate	1	
amlodipine besy-benazepril hcl	1	Preventive Drugs and coverage may differ based on your specific plan
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	2	QL
amlodipine-valsartan-hctz	2	QL
atenolol-chlorthalidone	1	Preventive Drugs and coverage may differ based on your specific plan
benazepril hcl oral	1	Preventive Drugs and coverage may differ based on your specific plan
benazepril-hydrochlorothiazide	1	Preventive Drugs and coverage may differ based on your specific plan
bisoprolol-hydrochlorothiazide	1	Preventive Drugs and coverage may differ based on your specific plan
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	Preventive Drugs and coverage may differ based on your specific plan
captopril-hydrochlorothiazide	2	
clonidine	2	QL
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
doxazosin mesylate oral	1	
enalapril maleate oral	1	Preventive Drugs and coverage may differ based on your specific plan
enalapril-hydrochlorothiazide	1	Preventive Drugs and coverage may differ based on your specific plan
eplerenone	1	
fosinopril sodium	1	Preventive Drugs and coverage may differ based on your specific plan
fosinopril sodium-hctz	1	Preventive Drugs and coverage may differ based on your specific plan
guanfacine hcl oral	1	
hydralazine hcl oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
lisinopril oral	1	Preventive Drugs and coverage may differ based on your specific plan
lisinopril-hydrochlorothiazide	1	Preventive Drugs and coverage may differ based on your specific plan
losartan potassium oral	1	
losartan potassium-hctz	1	
methyldopa oral	1	

Drug Name	Tier	Restrictions
metoprolol-hydrochlorothiazide	1	Preventive Drugs and coverage may differ based on your specific plan
metyrosine	1	
minoxidil oral	1	
moexipril hcl	1	Preventive Drugs and coverage may differ based on your specific plan
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	2	QL
perindopril erbumine oral tablet 2 mg, 4 mg	2	
phenoxybenzamine hcl oral	1	
prazosin hcl oral	1	
quinapril hcl	1	Preventive Drugs and coverage may differ based on your specific plan
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	Preventive Drugs and coverage may differ based on your specific plan
ramipril	1	Preventive Drugs and coverage may differ based on your specific plan
telmisartan	1	
telmisartan-amlodipine	3	QL
telmisartan-hctz	2	QL
terazosin hcl oral	1	
trandolapril	1	Preventive Drugs and coverage may differ based on your specific plan
trandolapril-verapamil hcl er	3	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
***Anti-Infective Agents - Misc.* - Drugs For Infections**		
atovaquone oral	3	QL
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
dapsone oral	1	
fosfomycin tromethamine	1	
linezolid oral	3	QL
methenamine hippurate	1	
methenamine mandelate oral tablet	1	
metronidazole oral capsule	1	
metronidazole oral tablet 250 mg, 500 mg	1	
nitazoxanide oral	3	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohyd macro	1	
nitrofurantoin oral suspension 25 mg/5ml	4	QL
pentamidine isethionate inhalation	1	
sulfamethoxazole-trimethoprim oral	1	

Drug Name	Tier	Restrictions
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl oral capsule 125 mg	1	QL
vancomycin hcl oral capsule 250 mg	2	QL
vancomycin hcl oral solution reconstituted 250 mg/5ml	2	
IMPAVIDO	4	QL
LAMPIT	3	
SIVEXTRO ORAL	4	QL
SULFATRIM PEDIATRIC	1	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL
XIFAXAN ORAL TABLET 550 MG	4	PA; QL
***Antimalarials* - Drugs For Infections**		
atovaquone-proguanil hcl	3	QL
chloroquine phosphate oral	1	
hydroxychloroquine sulfate oral	1	
mefloquine hcl	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	1	
quinine sulfate oral	2	QL
***Antimyasthenic/Cholinergic Agents* - Drugs For Nerves And Muscles**		
pyridostigmine bromide er oral tablet extended release	3	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet	3	
FIRDAPSE	4	QL; SP; SPP
***Antimycobacterial Agents* - Drugs For Infections**		
cycloserine oral	1	
ethambutol hcl oral	1	
isoniazid injection	1	
isoniazid oral	1	
pretomanid	3	QL
pyrazinamide oral	1	
rifabutin	1	
rifampin oral	1	
rifapentine	3	
PRIFTIN	3	
SIRTURO	3	QL
***Antineoplastics And Adjunctive Therapies* - Drugs For Cancer**		
abiraterone acetate	4	PA; QL; SP
anastrozole oral	1	QL; ACA
bexarotene oral	4	PA; QL; SP; SPP
bicalutamide	1	QL

Drug Name	Tier	Restrictions
bosutinib	4	PA; QL; SP
capecitabine	2	PA; QL
cyclophosphamide oral capsule	3	QL
cyclophosphamide oral tablet 50 mg	3	QL
dasatinib	4	PA; QL; SP
erlotinib hcl	4	PA; QL; SP
etoposide oral	4	QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP
everolimus oral tablet soluble	4	PA; QL; SP
exemestane	3	QL; ACA
gefitinib	4	PA; QL; SP; SPP
hydroxyurea oral	1	
imatinib mesylate oral	4	PA; QL; SP
lapatinib ditosylate	4	PA; QL; SP
letrozole oral	1	
leucovorin calcium injection solution	1	
leucovorin calcium oral	1	
leuprolide acetate injection	4	PA; QL; SP
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
mercaptopurine oral suspension	4	QL; SP; SPP
mercaptopurine oral tablet	2	QL
mesna oral	2	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
nilotinib hcl	4	PA; QL; SP
nilutamide	4	QL
pazopanib hcl	4	PA; QL; SP; SPP
pomalidomide	4	PA; QL; SP; SPP
sorafenib tosylate	4	PA; QL; SP
sunitinib malate	4	PA; QL; SP
tamoxifen citrate oral	1	ACA
temozolomide	3	PA; QL; SP
toremifene citrate	4	QL
tretinoin oral	4	PA; QL
ABIRTEGA	4	PA; QL; SP
ACTIMMUNE	4	PA; QL; SP; SPP
ALECENSA	4	PA; QL; SP; SPP

Drug Name	Tier	Restrictions
ALUNBRIG	4	PA; QL; SP; SPP
AUGTYRO	4	PA; SP
AYVAKIT	4	PA; QL; SP; SPP
BALVERSA	4	PA; QL; SP; SPP
BESREMI	4	PA; QL; SP; SPP
BESREMI PEN	4	PA; QL; SP; SPP
BOSULIF ORAL CAPSULE	4	PA; QL; SP
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL; SP; SPP
BRUKINSA	4	PA; QL; SP; SPP
CABOMETYX	4	PA; QL; SP; SPP
CALQUENCE ORAL TABLET	4	PA; QL; SP; SPP
CAPRELSA	4	PA; QL; SP; SPP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL; SP; SPP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL; SP; SPP
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL; SP; SPP
COPIKTRA	4	PA; QL; SP; SPP
COTELLIC	4	PA; QL; SP; SPP
DANZITEN	4	PA; QL; SP; SPP
DAURISMO	4	PA; QL; SP; SPP
ELIGARD	4	PA; QL; SP
EPKINLY	4	SP; SPP
ERIVEDGE	4	PA; QL; SP; SPP
FOTIVDA	4	PA; QL; SP; SPP
FRUZAQLA	4	PA; QL; SP; SPP
GAVRETO	4	PA; QL; SP; SPP
GILOTRIF	4	PA; QL; SP; SPP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	QL; SP
GOMEKLI	4	PA; QL; SP; SPP
HERCEPTIN HYLECTA	4	PA; SP; SPP
HYCAMTIN ORAL	4	PA; QL; SP
IBRANCE ORAL CAPSULE 125 MG	4	PA; QL; SP; SPP
IBRANCE ORAL TABLET	4	PA; QL; SP; SPP
ICLUSIG	4	PA; QL; SP; SPP
IDHIFA	4	PA; QL; SP; SPP
ITOVEBI	4	PA; QL; SP; SPP
IWILFIN	4	PA; SP
JAKAFI	4	PA; QL; SP; SPP
JAKAFI XR	4	PA; QL; SP; SPP
JAYPIRCA	4	PA; QL; SP; SPP
JYLAMVO	4	PA; SP

Drug Name	Tier	Restrictions
KISQALI (200 MG DOSE)	4	PA; QL; SP
KISQALI (400 MG DOSE)	4	PA; QL; SP
KISQALI (600 MG DOSE)	4	PA; QL; SP
KOSELUGO	4	PA; QL; SP; SPP
LAZCLUZE	4	PA; QL; SP; SPP
LEUKERAN	4	QL
LONSURF	4	PA; QL; SP; SPP
LORBRENA	4	PA; QL; SP; SPP
LUMAKRAS	4	PA; QL; SP; SPP
LUTRATE DEPOT	4	PA; QL
LYNPARZA ORAL TABLET	4	PA; QL; SP; SPP
LYSODREN	4	PA; SP; SPP
LYTGOBI (12 MG DAILY DOSE)	4	PA; QL; SP; SPP
LYTGOBI (16 MG DAILY DOSE)	4	PA; QL; SP; SPP
LYTGOBI (20 MG DAILY DOSE)	4	PA; QL; SP; SPP
MATULANE	4	PA; SP; SPP
MEKINIST	4	PA; QL; SP; SPP
MEKTOVI	4	PA; QL; SP; SPP
MYLERAN	4	QL
NERLYNX	4	PA; QL; SP; SPP
ODOMZO	4	PA; QL; SP; SPP
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL; SP
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; SP; SPP
OJEMDA ORAL TABLET 100 MG	4	PA; SP; SPP
ORSERDU	4	PA; QL; SP; SPP
PEMAZYRE	4	PA; QL; SP; SPP
PIQRAY (200 MG DAILY DOSE)	4	PA; QL; SP
PIQRAY (250 MG DAILY DOSE)	4	PA; QL; SP
PIQRAY (300 MG DAILY DOSE)	4	PA; QL; SP
QINLOCK	4	PA; QL; SP; SPP
RETEVMO ORAL TABLET	4	PA; QL; SP; SPP
REVUFORJ	4	PA; QL; SP; SPP
REZLIDHIA	4	QL; SP; SPP
RITUXAN HYCELA	4	PA; SP; SPP
ROZLYTREK ORAL CAPSULE	4	PA; QL; SP; SPP
ROZLYTREK ORAL PACKET	4	PA; QL
RYDAPT	4	PA; QL; SP; SPP
SCEMBLIX ORAL TABLET 100 MG	4	PA; SP; SPP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; QL; SP; SPP
SOLTAMOX	4	QL
STIVARGA	4	PA; QL; SP; SPP
TABLOID	4	QL
TABRECTA	4	PA; QL; SP

Drug Name	Tier	Restrictions
TAFINLAR	4	PA; QL; SP; SPP
TAGRISSO	4	PA; QL; SP; SPP
TECVAYLI	4	SP; SPP
TEPMETKO	4	PA; QL; SP; SPP
TIBSOVO	4	PA; QL; SP; SPP
TREXALL	3	
TRUQAP ORAL TABLET THERAPY PACK	4	PA; SP
TUKYSA	4	PA; QL; SP; SPP
VENCLEXTA	4	PA; QL; SP; SPP
VENCLEXTA STARTING PACK	4	PA; QL; SP; SPP
VITRAKVI	4	PA; QL; SP; SPP
VONJO	4	PA; QL; SP; SPP
VORANIGO	4	PA; QL; SP; SPP
WELIREG	4	PA; QL; SP; SPP
XATMEP	3	QL
XOSPATA	4	PA; QL; SP; SPP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL; SP; SPP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	4	PA; QL; SP; SPP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL; SP; SPP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL; SP; SPP
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL; SP; SPP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	4	PA; QL; SP; SPP
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL; SP; SPP
XTANDI	4	PA; QL; SP; SPP
YULITHIRA	3	PA; QL; SP
ZELBORAF	4	PA; QL; SP; SPP
ZOLINZA	4	PA; QL; SP
ZYDELIG	4	PA; QL; SP; SPP
ZYKADIA ORAL TABLET	4	PA; QL; SP; SPP
***Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System**		
amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet	1	
benztropine mesylate injection	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	

Drug Name	Tier	Restrictions
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone	2	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	3	QL
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	2	QL
selegiline hcl oral	1	
trihexyphenidyl hcl	1	
INBRIJA	4	PA; QL; SP; SPP
NOURIANZ	4	PA; QL
ONGENTYS	3	PA; QL
***Antipsychotics/Antimanic Agents* - Drugs For The Nervous System**		
aripiprazole oral solution	3	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
asenapine maleate	3	
chlorpromazine hcl oral concentrate	3	
chlorpromazine hcl oral tablet	1	
clozapine	2	
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
lithium carbonate er	1	
lithium carbonate oral	1	
loxapine succinate oral	1	
lurasidone hcl	1	QL
molindone hcl	3	QL
olanzapine oral	1	
paliperidone er	2	QL
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
risperidone microspheres er	3	QL
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet	1	

Drug Name	Tier	Restrictions
risperidone oral tablet dispersible	2	QL
thioridazine hcl oral	1	
thiothixene oral	1	
trifluoperazine hcl oral	1	
ziprasidone hcl	1	QL
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	QL
ARISTADA	3	QL
ARISTADA INITIO	3	QL
COMPRO	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
NUPLAZID ORAL CAPSULE	4	PA; QL; SP; SPP
NUPLAZID ORAL TABLET 10 MG	4	PA; QL; SP; SPP
REXULTI	3	QL
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA RELPREVV	3	QL
***Antivirals* - Drugs For Infections**		
abacavir sulfate	2	QL
abacavir sulfate-lamivudine	3	QL
acyclovir oral	1	
adefovir dipivoxil	1	
atazanavir sulfate	3	QL
darunavir	3	QL
efavirenz oral tablet	2	QL
efavirenz-emtricitab-tenofo df	3	QL
efavirenz-lamivudine-tenofovir	3	QL
emtricitabine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL; ACA
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL; ACA
entecavir	3	QL
etravirine	3	QL
famciclovir oral	2	QL
fosamprenavir calcium	3	QL
lamivudine oral solution 10 mg/ml	2	QL
lamivudine oral tablet	2	QL
lamivudine-zidovudine	2	QL
ledipasvir-sofosbuvir	4	PA; QL; SP; SPP
lopinavir-ritonavir oral tablet	3	QL
maraviroc	3	QL

Drug Name	Tier	Restrictions
nevirapine er oral tablet extended release 24 hour 400 mg	2	QL
nevirapine oral suspension	2	QL
nevirapine oral tablet	1	QL
oseltamivir phosphate oral	1	QL
rilpivirine hcl	3	QL
rimantadine hcl	1	
ritonavir	2	QL
sofosbuvir-velpatasvir	4	PA; QL; SP
tenofovir disoproxil fumarate	2	QL
triumeq pd	3	QL
valacyclovir hcl oral	1	
valganciclovir hcl	4	QL
zidovudine oral capsule	2	QL
zidovudine oral syrup	1	
zidovudine oral tablet	1	QL
APRETUDE	3	ACA; SP; SPP
BIKTARVY	3	QL
CIMDUO	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL; ACA
DOVATO	3	QL
EDURANT PED	3	QL
EMTRIVA ORAL SOLUTION	2	QL
EVOTAZ	3	QL
GENVOYA	3	QL
INTELENCE ORAL TABLET 25 MG	3	QL
ISENTRESS	3	QL
ISENTRESS HD	3	QL
JULUCA	3	QL
MAVYRET	4	PA; QL; SP
ODEFSEY	3	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	QL
PREVYMIS ORAL	3	QL
PREZCOBIX	3	QL
PREZISTA ORAL SUSPENSION	3	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	3	QL
REYATAZ ORAL PACKET	3	
RUKOBIA	3	QL
STRIBILD	3	QL
SYMTUZA	3	QL

Drug Name	Tier	Restrictions
TEMBEXA	4	
TIVICAY ORAL TABLET 50 MG	3	QL
TIVICAY PD	3	QL
TPOXX ORAL	3	
TRIUMEQ	3	QL
VIREAD ORAL POWDER	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
***Beta Blockers* - Drugs For The Heart**		
acebutolol hcl oral	1	Preventive Drugs and coverage may differ based on your specific plan
atenolol oral	1	Preventive Drugs and coverage may differ based on your specific plan
betaxolol hcl oral	1	Preventive Drugs and coverage may differ based on your specific plan
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	Preventive Drugs and coverage may differ based on your specific plan
bisoprolol fumarate oral tablet 2.5 mg	1	
carvedilol	1	Preventive Drugs and coverage may differ based on your specific plan
carvedilol phosphate er	3	
labetalol hcl oral	1	Preventive Drugs and coverage may differ based on your specific plan
metoprolol succinate er	1	Preventive Drugs and coverage may differ based on your specific plan
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	Preventive Drugs and coverage may differ based on your specific plan
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	Preventive Drugs and coverage may differ based on your specific plan
nebivolol hcl	1	Preventive Drugs and coverage may differ based on your specific plan
pindolol	1	Preventive Drugs and coverage may differ based on your specific plan
propranolol hcl er	1	Preventive Drugs and coverage may differ based on your specific plan
propranolol hcl oral	1	Preventive Drugs and coverage may differ based on your specific plan
sotalol hcl (af)	1	Preventive Drugs and coverage may differ based on your specific plan
sotalol hcl oral	1	Preventive Drugs and coverage may differ based on your specific plan
timolol maleate oral	1	Preventive Drugs and coverage may differ based on your specific plan
HEMANGEOL	3	
SOTYLIZE	3	

Drug Name	Tier	Restrictions
***Calcium Channel Blockers* - Drugs For The Heart**		
amlodipine besylate oral	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
isradipine	1	
levamlodipine maleate	2	
nicardipine hcl oral	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral capsule	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	3	QL
verapamil hcl er oral capsule extended release 24 hour	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
CARTIA XT	1	
MATZIM LA	1	
TIADYLT ER	1	
***Cardiotonics* - Drugs For The Heart**		
digoxin oral	1	
DIGOX	1	
***Cardiovascular Agents - Misc.* - Drugs For The Heart**		
ambrisentan	4	PA; QL; SP
amlodipine-atorvastatin	2	QL
bosentan oral tablet	4	PA; QL; SP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
ivabradine hcl	3	QL
macitentan	4	PA; QL; SP; SPP
sacubitril-valsartan	2	QL
sildenafil citrate oral suspension reconstituted	4	PA; QL; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL; Coverage is determined by your prescription medication benefit plan
sildenafil citrate oral tablet 20 mg	1	PA; QL

Drug Name	Tier	Restrictions
tadalafil (pah)	1	PA; QL
tadalafil oral tablet 10 mg, 20 mg	1	QL; Coverage is determined by your prescription medication benefit plan
vardenafil hcl oral	2	QL; Coverage is determined by your prescription medication benefit plan
ADEMPAS	4	PA; QL; SP; SPP
ATTRUBY	4	PA; QL; SP; SPP
CAMZYOS	4	QL; SP; SPP
CORLANOR ORAL SOLUTION	3	QL
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ORENITRAM	4	PA; QL; SP; SPP
ORENITRAM MONTH 1	4	PA; QL; SP; SPP
ORENITRAM MONTH 2	4	PA; QL; SP; SPP
ORENITRAM MONTH 3	4	PA; QL; SP; SPP
TYVASO	4	PA; QL; SP; SPP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	4	PA; QL; SP; SPP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; QL; SP; SPP
TYVASO REFILL KIT	4	PA; QL; SP; SPP
TYVASO STARTER KIT	4	PA; QL; SP; SPP
UPTRAVI ORAL	4	PA; QL; SP; SPP
UPTRAVI TITRATION	4	PA; QL; SP; SPP
VERQUVO	2	PA; QL
VYNDAMAX	4	PA; QL; SP; SPP
***Cephalosporins* - Drugs For Infections**		
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin	1	
***Contraceptives* - Drugs For Women**		
alyacen 1/35	1	ACA; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
alyacen 7/7/7	1	ACA; Coverage is determined by your prescription medication benefit plan
briellyn	1	ACA; Coverage is determined by your prescription medication benefit plan
desogestrel-ethinyl estradiol	1	ACA; Coverage is determined by your prescription medication benefit plan
drospiren-eth estrad-levomefol	1	ACA; Coverage is determined by your prescription medication benefit plan
drospirenone-ethinyl estradiol	1	ACA; Coverage is determined by your prescription medication benefit plan
etonogestrel-ethinyl estradiol	1	ACA; Coverage is determined by your prescription medication benefit plan
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	ACA; Coverage is determined by your prescription medication benefit plan
levonorgestrel-ethinyl estrad	1	ACA; Coverage is determined by your prescription medication benefit plan
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; Coverage is determined by your prescription medication benefit plan
marlissa	1	ACA; Coverage is determined by your prescription medication benefit plan
medroxyprogesterone acetate intramuscular	1	ACA; Coverage is determined by your prescription medication benefit plan
norelgestromin-eth estradiol	1	ACA; Coverage is determined by your prescription medication benefit plan
norethin ace-eth estrad-fe oral capsule	1	ACA; Coverage is determined by your prescription medication benefit plan
norethin ace-eth estrad-fe oral tablet chewable	1	ACA; Coverage is determined by your prescription medication benefit plan
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	ACA; Coverage is determined by your prescription medication benefit plan
norethindrone oral	1	ACA; Coverage is determined by your prescription medication benefit plan
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; Coverage is determined by your prescription medication benefit plan
norgestim-eth estrad triphasic	1	ACA; Coverage is determined by your prescription medication benefit plan
viorele	1	ACA; Coverage is determined by your prescription medication benefit plan
AFIRMELLE	1	ACA; Coverage is determined by your prescription medication benefit plan
ALTAVERA	1	ACA; Coverage is determined by your prescription medication benefit plan
AMETHYST	1	ACA; Coverage is determined by your prescription medication benefit plan
ANNOVERA	3	QL; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
APRI	1	ACA; Coverage is determined by your prescription medication benefit plan
ARANELLE	1	ACA; Coverage is determined by your prescription medication benefit plan
ASHLYNA	1	ACA; Coverage is determined by your prescription medication benefit plan
AUBRA EQ	1	ACA; Coverage is determined by your prescription medication benefit plan
AUROVELA 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
AUROVELA 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
AUROVELA 24 FE	1	ACA; Coverage is determined by your prescription medication benefit plan
AUROVELA FE 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
AUROVELA FE 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
AVIANE	1	ACA; Coverage is determined by your prescription medication benefit plan
AYUNA	1	ACA; Coverage is determined by your prescription medication benefit plan
AZURETTE	1	ACA
BALCOLTRA	3	Coverage is determined by your prescription medication benefit plan
BALZIVA	1	ACA; Coverage is determined by your prescription medication benefit plan
BLISOVI 24 FE	1	ACA; Coverage is determined by your prescription medication benefit plan
BLISOVI FE 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
BLISOVI FE 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
CAMILA	1	ACA; Coverage is determined by your prescription medication benefit plan
CAMRESE	1	ACA; Coverage is determined by your prescription medication benefit plan
CAMRESE LO	1	ACA; Coverage is determined by your prescription medication benefit plan
CHARLOTTE 24 FE	1	ACA; Coverage is determined by your prescription medication benefit plan
CHATEAL EQ	1	ACA; Coverage is determined by your prescription medication benefit plan
CRYSELLE	1	ACA; Coverage is determined by your prescription medication benefit plan
CRYSELLE-28	1	ACA; Coverage is determined by your prescription medication benefit plan
CYRED EQ	1	ACA; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
DASETTA 1/35 (28)	1	ACA; Coverage is determined by your prescription medication benefit plan
DASETTA 7/7/7	1	ACA; Coverage is determined by your prescription medication benefit plan
DAYSEE	1	ACA; Coverage is determined by your prescription medication benefit plan
DEBLITANE	1	ACA; Coverage is determined by your prescription medication benefit plan
DELYLA	1	ACA; Coverage is determined by your prescription medication benefit plan
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	QL; Coverage is determined by your prescription medication benefit plan
DOLISHALE	1	ACA; Coverage is determined by your prescription medication benefit plan
ELINEST	1	ACA; Coverage is determined by your prescription medication benefit plan
ELLA	3	QL; Coverage is determined by your prescription medication benefit plan
ELURYNG	1	ACA; Coverage is determined by your prescription medication benefit plan
ENILLORING	1	ACA; Coverage is determined by your prescription medication benefit plan
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	ACA
ERRIN	1	ACA; Coverage is determined by your prescription medication benefit plan
ESTARYLLA	1	ACA; Coverage is determined by your prescription medication benefit plan
FALMINA	1	ACA; Coverage is determined by your prescription medication benefit plan
FEIRZA 1.5/30	1	ACA
FEIRZA 1/20	1	ACA
FINZALA	1	ACA; Coverage is determined by your prescription medication benefit plan
GEMMILY	1	ACA; Coverage is determined by your prescription medication benefit plan
HAILEY 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
HAILEY 24 FE	1	ACA; Coverage is determined by your prescription medication benefit plan
HAILEY FE 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
HAILEY FE 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
HEATHER	1	ACA; Coverage is determined by your prescription medication benefit plan
ICLEVIA	1	ACA; Coverage is determined by your prescription medication benefit plan
INCASSIA	1	ACA; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
INTROVALE	1	ACA; Coverage is determined by your prescription medication benefit plan
ISIBLOOM	1	ACA; Coverage is determined by your prescription medication benefit plan
JAIMIESS	1	ACA; Coverage is determined by your prescription medication benefit plan
JASMIEL	1	ACA; Coverage is determined by your prescription medication benefit plan
JENCYCLA	1	ACA; Coverage is determined by your prescription medication benefit plan
JOLESSA	1	ACA; Coverage is determined by your prescription medication benefit plan
JOYEAUX	3	Coverage is determined by your prescription medication benefit plan
JULEBER	1	ACA; Coverage is determined by your prescription medication benefit plan
JUNEL 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
JUNEL 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
JUNEL FE 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
JUNEL FE 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
JUNEL FE 24	1	ACA; Coverage is determined by your prescription medication benefit plan
KAITLIB FE	1	ACA; Coverage is determined by your prescription medication benefit plan
KALLIGA	1	ACA; Coverage is determined by your prescription medication benefit plan
KARIVA	1	ACA; Coverage is determined by your prescription medication benefit plan
KELNOR 1/35	1	ACA; Coverage is determined by your prescription medication benefit plan
KURVELO	1	ACA; Coverage is determined by your prescription medication benefit plan
LARIN 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
LARIN 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
LARIN 24 FE	1	ACA; Coverage is determined by your prescription medication benefit plan
LARIN FE 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
LARIN FE 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
LESSINA	1	ACA; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
LEVONEST	1	ACA; Coverage is determined by your prescription medication benefit plan
LEVORA 0.15/30 (28)	1	ACA; Coverage is determined by your prescription medication benefit plan
LO LOESTRIN FE	2	Coverage is determined by your prescription medication benefit plan
LOESTRIN 1.5/30 (21)	1	ACA; Coverage is determined by your prescription medication benefit plan
LOESTRIN 1/20 (21)	1	ACA; Coverage is determined by your prescription medication benefit plan
LOESTRIN FE 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
LOESTRIN FE 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
LOJAIMIESS	1	ACA; Coverage is determined by your prescription medication benefit plan
LORYNA	1	ACA; Coverage is determined by your prescription medication benefit plan
LOW-OGESTREL	1	ACA; Coverage is determined by your prescription medication benefit plan
LO-ZUMANDIMINE	1	ACA; Coverage is determined by your prescription medication benefit plan
LUIZZA 1.5/30	1	ACA
LUIZZA 1/20	1	ACA
LUTERA	1	ACA; Coverage is determined by your prescription medication benefit plan
LYLEQ	1	ACA; Coverage is determined by your prescription medication benefit plan
LYZA	1	ACA; Coverage is determined by your prescription medication benefit plan
MELEYA	1	ACA
MIBELAS 24 FE	1	ACA; Coverage is determined by your prescription medication benefit plan
MICROGESTIN 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
MICROGESTIN 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
MICROGESTIN FE 1.5/30	1	ACA; Coverage is determined by your prescription medication benefit plan
MICROGESTIN FE 1/20	1	ACA; Coverage is determined by your prescription medication benefit plan
MILI	1	ACA; Coverage is determined by your prescription medication benefit plan
MINZOYA	3	
MONO-LINYAH	1	ACA; Coverage is determined by your prescription medication benefit plan
MY CHOICE	1	ACA; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
NATAZIA	3	ACA; Coverage is determined by your prescription medication benefit plan
NECON 0.5/35 (28)	1	ACA; Coverage is determined by your prescription medication benefit plan
NEXTSTELLIS	3	Coverage is determined by your prescription medication benefit plan
NIKKI	1	ACA; Coverage is determined by your prescription medication benefit plan
NORA-BE	1	ACA; Coverage is determined by your prescription medication benefit plan
NORLYDA	1	ACA; Coverage is determined by your prescription medication benefit plan
NORLYROC	1	ACA; Coverage is determined by your prescription medication benefit plan
NORTREL 0.5/35 (28)	1	ACA; Coverage is determined by your prescription medication benefit plan
NORTREL 1/35 (21)	1	ACA; Coverage is determined by your prescription medication benefit plan
NORTREL 1/35 (28)	1	ACA; Coverage is determined by your prescription medication benefit plan
NORTREL 7/7/7	1	ACA; Coverage is determined by your prescription medication benefit plan
NYLIA 1/35	1	ACA; Coverage is determined by your prescription medication benefit plan
NYLIA 7/7/7	1	ACA; Coverage is determined by your prescription medication benefit plan
ORQUIDEA	1	
ORSYTHIA	1	ACA; Coverage is determined by your prescription medication benefit plan
PHILITH	1	ACA; Coverage is determined by your prescription medication benefit plan
PIMTREA	1	ACA; Coverage is determined by your prescription medication benefit plan
PIRMELLA 7/7/7	1	ACA; Coverage is determined by your prescription medication benefit plan
PORTIA-28	1	ACA; Coverage is determined by your prescription medication benefit plan
RECLIPSEN	1	ACA; Coverage is determined by your prescription medication benefit plan
RIVELSA	1	ACA; Coverage is determined by your prescription medication benefit plan
ROSYRAH	1	ACA
SETLAKIN	1	ACA; Coverage is determined by your prescription medication benefit plan
SHAROBEL	1	ACA; Coverage is determined by your prescription medication benefit plan
SIMLIYA	1	ACA; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
SIMPESSE	1	ACA; Coverage is determined by your prescription medication benefit plan
SLYND	3	Coverage is determined by your prescription medication benefit plan
SPRINTEC 28	1	ACA; Coverage is determined by your prescription medication benefit plan
SRONYX	1	ACA; Coverage is determined by your prescription medication benefit plan
SYEDA	1	ACA; Coverage is determined by your prescription medication benefit plan
TARINA 24 FE	1	ACA; Coverage is determined by your prescription medication benefit plan
TARINA FE 1/20 EQ	1	ACA; Coverage is determined by your prescription medication benefit plan
TAYSOFY	1	ACA; Coverage is determined by your prescription medication benefit plan
TILIA FE	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI FEMYNOR	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-ESTARYLLA	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-LEGEST FE	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-LINYAH	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-LO-ESTARYLLA	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-LO-MARZIA	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-LO-MILI	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-LO-SPRINTEC	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-MILI	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-SPRINTEC	1	ACA; Coverage is determined by your prescription medication benefit plan
TRIVORA (28)	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-VYLIBRA	1	ACA; Coverage is determined by your prescription medication benefit plan
TRI-VYLIBRA LO	1	ACA; Coverage is determined by your prescription medication benefit plan
TURQOZ	1	ACA; Coverage is determined by your prescription medication benefit plan
TWIRLA	3	QL; Coverage is determined by your prescription medication benefit plan

Drug Name	Tier	Restrictions
TYDEMY	1	ACA; Coverage is determined by your prescription medication benefit plan
VALTYA 1/35	1	ACA
VALTYA 1/50	1	ACA
VELIVET	1	ACA; Coverage is determined by your prescription medication benefit plan
VESTURA	1	ACA; Coverage is determined by your prescription medication benefit plan
VIENVA	1	ACA; Coverage is determined by your prescription medication benefit plan
VOLNEA	1	ACA; Coverage is determined by your prescription medication benefit plan
VYFEMLA	1	ACA; Coverage is determined by your prescription medication benefit plan
VYLIBRA	1	ACA; Coverage is determined by your prescription medication benefit plan
WERA	1	ACA; Coverage is determined by your prescription medication benefit plan
WYMZYA FE	1	ACA; Coverage is determined by your prescription medication benefit plan
XARAH FE	1	ACA
XELRIA FE	1	ACA
XULANE	1	ACA; Coverage is determined by your prescription medication benefit plan
ZAFEMY	1	ACA; Coverage is determined by your prescription medication benefit plan
ZOVIA 1/35 (28)	1	ACA; Coverage is determined by your prescription medication benefit plan
ZUMANDIMINE	1	ACA; Coverage is determined by your prescription medication benefit plan
***Corticosteroids* - Hormones**		
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
budesonide er oral tablet extended release 24 hour	1	
budesonide oral	1	
deflazacort	4	PA; SP; SPP
dexamethasone oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
jaythari oral suspension	4	PA; SP; SPP
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	2	
prednisone oral solution	1	
prednisone oral tablet	1	

Drug Name	Tier	Restrictions
prednisone oral tablet therapy pack	1	
DEXAMETHASONE INTENSOL	1	
HIDEX 6-DAY	1	
KYMBEE	4	PA; SP; SPP
PREDNISONE INTENSOL	3	
PYQUVI	4	PA; SP; SPP
***Cough/Cold/Allergy* - Drugs For The Lungs**		
acetylcysteine inhalation	1	
benzonatate	1	
hydrocod poli-chlorphe poli er	1	QL
hydrocodone bit-homatrop mbr	1	QL
promethazine-codeine	1	QL
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	3	
NEBUSAL	1	
PULMOSAL	1	
TUXARIN ER	3	QL
***Dermatologicals* - Drugs For The Skin**		
acitretin	1	
acyclovir external	1	
adapalene external cream	3	
adapalene external gel 0.3 %	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	2	
alclometasone dipropionate	1	
amcinonide external ointment	3	
azelaic acid external	2	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	1	
benzoyl peroxide wash external liquid 10 %	1	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
bexarotene external	4	PA; QL; SP; SPP
calcipotriene external cream	3	QL
calcipotriene external ointment	3	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop external ointment	3	
clindamycin phos (once-daily)	2	

Drug Name	Tier	Restrictions
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	2	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	2	
clobetasol prop emollient base	1	
clobetasol propionate emulsion	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clocortolone pivalate	1	
clotrimazole-betamethasone	1	
dapsone external	3	
desonide external	1	
desoximetasone external	1	
diclofenac sodium external gel 3 %	1	
diclofenac sodium external solution	1	
diflorasone diacetate external	3	
doxepin hcl external	3	QL
econazole nitrate external cream	1	
ery	2	
erythromycin external gel	1	
erythromycin external solution	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
gentamicin sulfate external	1	

Drug Name	Tier	Restrictions
halcinonide external cream	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 3.75 %	3	QL
imiquimod external cream 5 %	2	QL
imiquimod pump	3	QL
iodoquinol-hydrocortisone-aloe	1	
isotretinoin oral	3	QL
ivermectin external cream	1	
ketoconazole external cream	1	
ketoconazole external shampoo 2 %	1	
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	QL
lidocaine hcl external solution	1	QL
lidocaine hcl urethral/mucosal external prefilled syringe	1	QL
lidocaine-prilocaine external cream	1	QL
lidopin external cream 3 %	1	
malathion external	1	
methoxsalen rapid	1	
metronidazole external	1	
miconazole-zinc oxide-petrolat	1	
mometasone furoate external	1	
mupirocin calcium	1	
mupirocin external	1	
naftifine hcl external cream	1	
nystatin external	1	
nystatin-triamcinolone	1	
penciclovir	1	
permethrin external cream	1	
pimecrolimus	2	
podofilox external gel	3	
podofilox external solution	1	
salicylic acid external shampoo	1	
salicylic acid external solution 26 %	1	
salicylic acid-cleanser external kit 6 % cream	1	
selenium sulfide external	1	

Drug Name	Tier	Restrictions
silver sulfadiazine external	1	
sodium sulfacetamide external shampoo	1	
spinosad	2	QL
sss 10-5 external cream	2	
sulfacetamide sodium (acne)	3	
sulfacetamide sodium (cleans)	1	
sulfacetamide sodium-sulfur external cream	3	
sulfacetamide sodium-sulfur external liquid	3	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external suspension 8-4 %	2	
sulfacetamide sod-sulfur wash external liquid	1	
tacrolimus external ointment	2	
tazarotene external cream 0.05 %	3	
tazarotene external cream 0.1 %	1	
tazarotene external gel	1	
topical l.e.t. external gel 4-0.09-0.5 %	1	
tretinoin external cream 0.025 %, 0.05 %	1	
tretinoin external cream 0.1 %	2	
tretinoin external gel 0.01 %, 0.025 %	3	
tretinoin external gel 0.05 %	2	
tretinoin microsphere	3	
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	3	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone in absorbase	1	
ustekinumab-aauz	4	PA; QL; SP
AMNESTEEM	3	QL
BENZEPRO EXTERNAL FOAM 5.3 %	3	
CALCITRENE	1	
CLARAVIS	3	QL
CLINDACIN	3	
CLODAN EXTERNAL SHAMPOO	3	
CROTAN	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP; SPP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; QL; SP; SPP
ICOTYDE	4	PA; QL; SP; SPP

Drug Name	Tier	Restrictions
KERALYT EXTERNAL SHAMPOO	2	
KETODAN EXTERNAL FOAM	3	
KLAYESTA	1	
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL	1	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 %	1	
MYCOZYL AL	3	
NYSTOP	2	
PLEXION NS	3	
SANTYL	3	
SKYRIZI PEN	4	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
SOTYKTU	4	PA; QL; SP; SPP
SSD	1	
STARJEMZA SUBCUTANEOUS	4	PA; QL; SP
TALTZ	4	PA; QL; SP; SPP
TOVET EXTERNAL FOAM	3	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL; SP
TRIDERM EXTERNAL CREAM 0.5 %	3	
VALCHLOR	4	PA; QL; SP; SPP
ZENATANE	3	QL
Diagnostic Products		
ACCU-CHEK GUIDE TEST	2	Preventive Drugs and coverage may differ based on your specific plan
Dietary Products/Dietary Management Products - Drugs For Nutrition		
AMINOPMRMS	2	
APP SLIM RMS	2	
ASILNASALRMS	1	
AVAILNEX	1	
AXONA	2	
Digestive Aids - Drugs For The Stomach		
CREON	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
Diuretics - Drugs For The Heart		
acetazolamide er	1	

Drug Name	Tier	Restrictions
acetazolamide oral	1	
acetazolamide sodium	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
bumetanide oral	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
dichlorphenamide	4	QL; SP; SPP
ethacrynic acid oral	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet	1	
hydrochlorothiazide oral	1	
indapamide oral	1	
methazolamide oral	2	
metolazone	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
torsemide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
HEMICLOR	1	
***Endocrine And Metabolic Agents - Misc.* - Hormones**		
alendronate sodium oral solution	1	Preventive Drugs and coverage may differ based on your specific plan
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	Preventive Drugs and coverage may differ based on your specific plan
cabergoline	1	QL
calcitonin (salmon) injection	4	QL
calcitonin (salmon) nasal	1	
calcitriol oral	1	
cetrorelix acetate	4	PA; SP; SPP
chorionic gonadotropin intramuscular	4	PA; SP; Coverage is determined by your prescription medication benefit plan
cinacalcet hcl	2	QL
desmopressin ace spray refrig	4	QL
desmopressin acetate injection	3	
desmopressin acetate nasal	3	QL
desmopressin acetate oral	2	QL
desmopressin acetate pf	3	
desmopressin acetate spray	3	QL
doxercalciferol oral	3	
ganirelix acetate subcutaneous solution prefilled syringe	3	PA

Drug Name	Tier	Restrictions
ibandronate sodium oral	1	QL; Preventive Drugs and coverage may differ based on your specific plan
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
mifepristone oral tablet 200 mg	1	Coverage is determined by your prescription medication benefit plan
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	PA; QL; SP; SPP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP; SPP
octreotide acetate subcutaneous	4	SP; SPP
paricalcitol oral	2	QL
raloxifene hcl	2	QL; ACA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	2	QL; Preventive Drugs and coverage may differ based on your specific plan
risedronate sodium oral tablet delayed release	2	QL; Preventive Drugs and coverage may differ based on your specific plan
sapropterin dihydrochloride oral packet	4	SP; SPP
sapropterin dihydrochloride oral tablet	4	SP; SPP
sodium phenylbutyrate oral powder 3 gm/tsp	4	PA; SP; SPP
sodium phenylbutyrate oral tablet	4	PA; SP; SPP
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	4	PA; QL; SP; SPP
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	4	PA; QL; SP
tolvaptan oral tablet	4	PA; QL; SP
tolvaptan oral tablet therapy pack	4	PA; QL; SP; SPP
ACTHAR	4	PA; QL; SP; SPP
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	4	PA; QL; SP; SPP
BILDYOS	4	PA; SP; SPP
BILPREVDA	4	PA; SP; SPP
BONSITY	4	PA; QL; SP; SPP
CLOMID	3	QL; Coverage is determined by your prescription medication benefit plan
CORTROPHIN	4	PA; QL; SP; SPP
CORTROPHIN GEL	4	PA; QL; SP; SPP
EGRIFTA SV	4	PA; QL; SP; SPP
EGRIFTA WR	4	PA; QL; SP; SPP
ENOBY	4	PA; SP; SPP
FOLLISTIM AQ SUBCUTANEOUS	4	PA; Coverage is determined by your prescription medication benefit plan
FYREMADEL	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; QL; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; QL; SP

Drug Name	Tier	Restrictions
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	4	PA; SP; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML	4	PA; SP; SPP; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 900 UNT/1.44ML	4	PA; SP; Coverage is determined by your prescription medication benefit plan
INCRELEX	4	QL; SP; SPP
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; QL; SP; SPP
JYNARQUE ORAL TABLET	4	PA; QL; SP; SPP
KERENDIA	4	PA; QL
MENOPUR	4	PA; SP; Coverage is determined by your prescription medication benefit plan
MILOPHENE	3	QL; Coverage is determined by your prescription medication benefit plan
MYALEPT	4	QL; SP; SPP
MYCAPSSA	4	QL; SP; SPP
NGENLA	4	PA; QL; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
ORILISSA	2	QL
OSPHENA	3	
OSPOMYV	4	PA; SP; SPP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP; Coverage is determined by your prescription medication benefit plan
PALYNZIQ	4	ST; QL; SP; SPP
RECORLEV	4	PA; QL; SP; SPP
SIGNIFOR	4	QL; SP; SPP
SOMATULINE DEPOT	4	QL; SP; SPP
SOMAVERT	4	QL; SP; SPP
STRENSIQ	4	PA; QL; SP; SPP
SYNAREL	4	QL
TYMLOS	4	PA; QL; SP
VOXZOGO	4	PA; QL; SP; SPP
XTRENBO	4	PA; SP; SPP
XURIDEN	4	QL; SP; SPP
***Estrogens* - Hormones**		
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
estradiol oral	1	

Drug Name	Tier	Restrictions
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
norethindrone-eth estradiol	1	
ABIGALE	1	
ABIGALE LO	1	
ANGELIQ	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	
CLIMARA PRO	3	
COMBIPATCH	3	
DOTTI	1	
ELESTRIN	3	QL
ESTROGEL	3	QL
EVAMIST	3	
FYAVOLV	1	
JINTELI	1	
LYLLANA	1	
MENOSTAR	3	QL
MIMVEY	1	
MYFEMBREE	2	QL
ORIAHNN	2	QL
PREMARIN INJECTION	2	
PREMARIN ORAL	2	
PREMPHASE	2	
PREMPRO	2	
***Fluoroquinolones* - Drugs For Infections**		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral	1	
moxifloxacin hcl oral	1	
ofloxacin oral tablet 400 mg	1	
BAXDELA ORAL	3	QL
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
***Gastrointestinal Agents - Misc.* - Drugs For The Stomach**		
alosetron hcl	2	QL
alvimopan	1	
balsalazide disodium	2	QL
calcium acetate (phos binder) oral capsule	1	

Drug Name	Tier	Restrictions
calcium acetate oral tablet 667 mg	1	
cromolyn sodium oral	1	
enulose	1	
generlac	1	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lanthanum carbonate	2	
lubiprostone	2	QL
mesalamine er oral capsule extended release 24 hour	2	QL
mesalamine er oral capsule extended release 500 mg	3	
mesalamine oral	2	QL
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
mesalamine-cleanser	2	QL
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
sevelamer carbonate	2	QL
sevelamer hcl	2	QL
sulfasalazine oral	1	
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	1	
BYLVAY	4	QL; SP; SPP
BYLVAY (PELLETS)	4	QL; SP; SPP
CHOLBAM	4	PA; QL; SP; SPP
GATTEX	4	QL; SP; SPP
LINZESS	2	QL
LIVMARLI ORAL SOLUTION	4	QL; SP; SPP
LIVMARLI ORAL TABLET	4	QL; SP
MOVANTIK	2	PA; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	4	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	4	PA; QL; SP
TREMFYA-CD/UC INDUCTION	4	PA; QL; SP
TRULANCE	2	QL
XERMELO	4	PA; QL; SP; SPP
***Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System**		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	2	QL
finasteride oral tablet 5 mg	1	

Drug Name	Tier	Restrictions
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
potassium citrate er	1	
potassium citrate-citric acid oral solution	1	
silodosin	1	QL
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium citrate-citric acid	1	
tamsulosin hcl	1	
tiopronin oral tablet	3	SP
CARDURA XL	3	
CYSTAGON	4	SP; SPP
DEFLUX	4	
LITHOSTAT	3	
PROCYSBI	4	PA; QL; SP; SPP
***Gout Agents* - Drugs For Pain And Fever**		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	2	QL
probenecid oral	2	
***Hematological Agents - Misc.* - Drugs For The Blood**		
anagrelide hcl	2	
aspirin-dipyridamole er	3	
cilostazol	1	
clopidogrel bisulfate oral tablet 300 mg	1	QL
clopidogrel bisulfate oral tablet 75 mg	1	
dipyridamole oral	1	
icatibant acetate subcutaneous solution prefilled syringe	4	PA; QL; SP; SPP
pentoxifylline er	1	
prasugrel hcl	1	QL
ticagrelor	2	QL
CABLIVI	4	QL; SP; SPP
HAEGARDA	4	PA; QL; SP; SPP
KALBITOR	4	PA; SP; SPP
PYRUKYND	4	QL; SP; SPP
PYRUKYND TAPER PACK	4	QL; SP; SPP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP; SPP
TAVALISSE	4	PA; QL; SP; SPP
TAVNEOS	4	QL; SP; SPP
ZONTIVITY	3	PA; QL

Drug Name	Tier	Restrictions
***Hematopoietic Agents* - Drugs For Nutrition**		
bp vit 3	2	
cvs folic acid oral tablet 800 mcg	1	ACA
cyanocobalamin injection solution 1000 mcg/ml	1	
eltrombopag olamine	4	PA; QL; SP; SPP
folate	1	ACA
folbee	1	
folic acid oral capsule 0.8 mg	1	ACA
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	1	ACA
folplex 2.2	1	
gnp folic acid	1	ACA
hematinic/folic acid	1	
kp folic acid oral tablet 800 mcg	1	ACA
miglustat	4	QL; SP
plerixafor	4	SP; SPP
purevit dualfe plus	1	
qc folic acid	1	ACA
trigels-f forte	1	
westab one	1	
yl folic acid	1	ACA
ABANEU-SL	1	
AIRAVITE	1	
CERDELGA	4	QL; SP; SPP
CHROMAGEN ORAL CAPSULE	1	
CORVITA 150	1	
DOPTELET ORAL TABLET 20 MG	4	PA; QL; SP; SPP
DOPTELET SPRINKLE	4	PA; QL; SP; SPP
DROXIA	2	
FA-8 ORAL CAPSULE	1	ACA
FERRALET 90	3	
FILKRI	4	PA; SP; SPP
FOLIVANE-F	1	
FOLIVANE-PLUS	1	
FULPHILA	4	QL; SP; SPP
HEMATOGEN FA	2	
HEMOCYTE PLUS	1	
INTEGRA F	1	
INTEGRA PLUS	1	
NUFOL	1	
NYPOZI	4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; QL; SP; SPP

Drug Name	Tier	Restrictions
***Hemostatics* - Drugs For The Blood**		
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
tranexamic acid oral	1	
***Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System**		
estazolam	1	QL
eszopiclone	1	QL
midazolam hcl oral	1	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet	1	
ramelteon	2	QL
temazepam	1	QL
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL
***Laxatives* - Drugs For The Stomach**		
constulose	1	
lactulose oral packet 10 gm	1	
lactulose oral solution	1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	ACA
peg 3350-kcl-na bicarb-nacl	1	ACA
peg-3350/electrolytes	1	ACA
peg-3350/electrolytes/ascorbat	1	ACA
peg-kcl-nacl-nasulf-na asc-c	1	ACA
GAVILYTE-C	1	ACA
GAVILYTE-G	1	ACA
***Macrolides* - Drugs For Infections**		
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er	1	
clarithromycin oral	1	
erythromycin base oral capsule delayed release particles	3	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
erythromycin ethylsuccinate oral	2	
erythromycin oral	2	
E.E.S. 400 ORAL TABLET	3	

Drug Name	Tier	Restrictions
***Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment**		
1st tier unifine pentips	1	Preventive Drugs and coverage may differ based on your specific plan
1st tier unifine pentips plus	1	Preventive Drugs and coverage may differ based on your specific plan
aq insulin syringe	3	Preventive Drugs and coverage may differ based on your specific plan
aqinject pen needle	3	Preventive Drugs and coverage may differ based on your specific plan
aum insulin safety pen needle	1	Preventive Drugs and coverage may differ based on your specific plan
aum mini insulin pen needle	1	Preventive Drugs and coverage may differ based on your specific plan
aum pen needle	1	Preventive Drugs and coverage may differ based on your specific plan
aurora pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
careone insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
careone unifine pentips plus	1	Preventive Drugs and coverage may differ based on your specific plan
carepoint precision poly hub 25g x 5/8"	3	
carepoint syringe luer slip 1 ml	3	
dropsafe safety pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm	1	Preventive Drugs and coverage may differ based on your specific plan
drug mart unifine pentips plus	1	Preventive Drugs and coverage may differ based on your specific plan
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml	1	Preventive Drugs and coverage may differ based on your specific plan
easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	1	Preventive Drugs and coverage may differ based on your specific plan
easy glide pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
elastic bandage 2"	4	
global ease inject pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
global easy glide insulin syr	1	Preventive Drugs and coverage may differ based on your specific plan
global easy glide pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
global inject ease insulin syr	1	Preventive Drugs and coverage may differ based on your specific plan
global insulin syringes	1	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
gnp alcohol swabs pad 70 %	1	
gnp insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	Preventive Drugs and coverage may differ based on your specific plan
gnp insulin syringes	1	Preventive Drugs and coverage may differ based on your specific plan
gnp insulin syringes 28gx1/2"	1	Preventive Drugs and coverage may differ based on your specific plan
gnp insulin syringes 29gx1/2"	1	Preventive Drugs and coverage may differ based on your specific plan
gnp insulin syringes 30gx5/16"	1	Preventive Drugs and coverage may differ based on your specific plan
gnp insulin syringes 31gx5/16"	1	Preventive Drugs and coverage may differ based on your specific plan
gnp ulticare pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
gnp ultra com insulin syringe 28g x 1/2" 1 ml	1	Preventive Drugs and coverage may differ based on your specific plan
healthwise insulin syr/needle	1	Preventive Drugs and coverage may differ based on your specific plan
healthwise micron pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
healthwise short pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
h-e-b incontrol pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	Preventive Drugs and coverage may differ based on your specific plan
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	Preventive Drugs and coverage may differ based on your specific plan
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	1	Preventive Drugs and coverage may differ based on your specific plan
kinray insulin syringe 29g x 1/2" 0.5 ml	1	Preventive Drugs and coverage may differ based on your specific plan
kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	1	Preventive Drugs and coverage may differ based on your specific plan
medic insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	1	Preventive Drugs and coverage may differ based on your specific plan
meijer pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
mm insulin syringe/needle	1	Preventive Drugs and coverage may differ based on your specific plan
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	1	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
pip pen needles 31g x 5mm	1	Preventive Drugs and coverage may differ based on your specific plan
pip pen needles 32g x 4mm	1	Preventive Drugs and coverage may differ based on your specific plan
preferred plus unifine pentips 29g x 12mm	1	Preventive Drugs and coverage may differ based on your specific plan
pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	1	Preventive Drugs and coverage may differ based on your specific plan
pure comfort pen needle	1	Preventive Drugs and coverage may differ based on your specific plan
pure comfort safety pen needle	3	Preventive Drugs and coverage may differ based on your specific plan
px insulin syringe 30g x 1/2" 0.5 ml	1	Preventive Drugs and coverage may differ based on your specific plan
px mini pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
qc pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
qc unifine pentips	1	Preventive Drugs and coverage may differ based on your specific plan
raya sure pen needle	1	Preventive Drugs and coverage may differ based on your specific plan
reality insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
safety pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
sb insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
sure comfort insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
sure comfort pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	1	Preventive Drugs and coverage may differ based on your specific plan
todays health pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
todays health short pen needle	1	Preventive Drugs and coverage may differ based on your specific plan
true comfort insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
true comfort pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
true comfort pro insulin syr	1	Preventive Drugs and coverage may differ based on your specific plan
true comfort pro pen needles	1	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
ultracare insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
ultracare pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
wegmans unifine pentips plus	1	Preventive Drugs and coverage may differ based on your specific plan
zevrx insulin syringe	1	Preventive Drugs and coverage may differ based on your specific plan
zevrx pen needles	1	Preventive Drugs and coverage may differ based on your specific plan
ACCU-CHEK FASTCLIX LANCET	2	Preventive Drugs and coverage may differ based on your specific plan
ACCU-CHEK FASTCLIX LANCETS	2	Preventive Drugs and coverage may differ based on your specific plan
ACCU-CHEK GUIDE	2	Preventive Drugs and coverage may differ based on your specific plan
ACCU-CHEK GUIDE CONTROL	2	Preventive Drugs and coverage may differ based on your specific plan
ACCU-CHEK GUIDE ME	2	Preventive Drugs and coverage may differ based on your specific plan
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	Preventive Drugs and coverage may differ based on your specific plan
ACCU-CHEK SOFTCLIX LANCETS	2	Preventive Drugs and coverage may differ based on your specific plan
ADVOCATE INSULIN PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
ADVOCATE INSULIN PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
ADVOCATE INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
AEROCHAMBER2GO ANTI-STATIC	2	
ASSURE ID DUO PRO PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
ASSURE ID PRO PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	3	Preventive Drugs and coverage may differ based on your specific plan
AUM READYGARD DUO PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
AUM SAFETY PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
AUTOKEEPER SAFETY PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
BD AUTOSHIELD DUO	3	Preventive Drugs and coverage may differ based on your specific plan
BD BLUNT FILL NEEDLE 18G X 1"	3	
BD INS SYR ULTRAFINE 1/2UNIT	3	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE HALF-UNIT	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE U-500	3	Preventive Drugs and coverage may differ based on your specific plan
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
BD PEN NEEDLE MICRO ULTRAFINE	3	Preventive Drugs and coverage may differ based on your specific plan
BD PEN NEEDLE MINI U/F	3	Preventive Drugs and coverage may differ based on your specific plan
BD PEN NEEDLE MINI ULTRAFINE	3	Preventive Drugs and coverage may differ based on your specific plan
BD PEN NEEDLE NANO 2ND GEN	3	Preventive Drugs and coverage may differ based on your specific plan
BD PEN NEEDLE NANO ULTRAFINE	3	Preventive Drugs and coverage may differ based on your specific plan
BD PEN NEEDLE ORIG ULTRAFINE	3	Preventive Drugs and coverage may differ based on your specific plan
BD PEN NEEDLE SHORT ULTRAFINE	3	Preventive Drugs and coverage may differ based on your specific plan
BD SAFETYGLIDE INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
BD VEO INSULIN SYR U/F 1/2UNIT	3	Preventive Drugs and coverage may differ based on your specific plan
BD VEO INSULIN SYR ULTRAFINE	3	Preventive Drugs and coverage may differ based on your specific plan
BD VEO INSULIN SYRINGE U/F	3	Preventive Drugs and coverage may differ based on your specific plan
CAREFINE PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
CAREPOINT PRECISION POLY HUB 23G X 1"	3	
CAREPOINT SYRINGE LUER LOCK 1 ML , 25G X 1-1/2" 3 ML	3	

Drug Name	Tier	Restrictions
CARETOUCH INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
CARETOUCH PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
CAYA	1	ACA
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	3	Preventive Drugs and coverage may differ based on your specific plan
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 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 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
COMFORT EZ MICRO PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
COMFORT EZ PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
COMFORT EZ PRO PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
COMFORT EZ SHORT PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
COMFORT TOUCH INSULIN PEN NEED	3	Preventive Drugs and coverage may differ based on your specific plan
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR	2	QL
DEXCOM G6 TRANSMITTER	2	QL
DEXCOM G7 15 DAY SENSOR	2	QL
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR	2	QL
DIATHRIVE PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 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 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 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 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
DROPLET MICRON	3	Preventive Drugs and coverage may differ based on your specific plan
DROPLET PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
DROPSAFE SAFETY SYRINGE/NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
DROPSAFE SICURA 25G X 5/8"	3	
DUREX EXTRA SENSITIVE THIN DEVICE	1	ACA
DUREX REALFEEL	1	ACA

Drug Name	Tier	Restrictions
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	Preventive Drugs and coverage may differ based on your specific plan
EASY TOUCH FLIPLOCK INSULIN SY	3	Preventive Drugs and coverage may differ based on your specific plan
EASY TOUCH INSULIN SAFETY SYR	3	Preventive Drugs and coverage may differ based on your specific plan
EASY TOUCH INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
EASY TOUCH PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
EASY TOUCH SAFETY PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA AUTOSHIELD DUO	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA INS SYR U/F 1/2 UNIT	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	1	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA INSULIN SYRINGE U-500	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA PEN NEEDLE NANO	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA PEN NEEDLE NANO 2 GEN	3	Preventive Drugs and coverage may differ based on your specific plan
EMBECTA PEN NEEDLE ULTRAFINE	3	Preventive Drugs and coverage may differ based on your specific plan
EMBRACE PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
FEMCAP	2	ACA
FIFTY50 PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
FIFTY50 SUPERIOR COMFORT SYR	3	Preventive Drugs and coverage may differ based on your specific plan
FREESTYLE LIBRE 14 DAY READER	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL
FREESTYLE LIBRE 2 READER	2	QL
FREESTYLE LIBRE 2 SENSOR	2	QL

Drug Name	Tier	Restrictions
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR	2	QL
GLUCOPRO INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
GNP ULTIGUARD SAFEPACK NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
H-E-B INCONTROL UNIFINE PENTIP	3	Preventive Drugs and coverage may differ based on your specific plan
HM ULTICARE INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
HM ULTICARE MINI PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
HM ULTICARE SHORT PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
INCONTROL ULTICARE PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-LILLY-HUMALOG	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
INSPIREASE	1	
INSPIREASE RESERVOIR BAGS	1	
LEADER UNIFINE PENTIPS	3	Preventive Drugs and coverage may differ based on your specific plan
LEADER UNIFINE PENTIPS PLUS	3	Preventive Drugs and coverage may differ based on your specific plan
LITETOUCH INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
LITETOUCH PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
MAGELLAN INSULIN SAFETY SYR	3	Preventive Drugs and coverage may differ based on your specific plan
MARATHON MEDICAL PENTIPS	3	Preventive Drugs and coverage may differ based on your specific plan
MAXICOMFORT II PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
MAXI-COMFORT INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
MAXI-COMFORT SAFETY PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
MAXICOMFORT SYR 27G X 1/2"	3	Preventive Drugs and coverage may differ based on your specific plan
MICRODOT PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
MM PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
MONOJECT INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
MONOJECT SYRINGE LUER-LOCK TIP 3 ML	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	Preventive Drugs and coverage may differ based on your specific plan
NORM-JECT LUER SLIP SYRINGE	3	
NOVOFINE PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
NOVOFINE PLUS PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
NOVOPEN ECHO	2	
OMNIFLEX DIAPHRAGM	1	ACA
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL
OMNIPOD 5 LIBRE INTRO	2	QL
OMNIPOD 5 LIBRE PODS	2	QL
OMNIPOD DASH INTRO (GEN 4)	2	QL
OMNIPOD DASH PDM (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	Preventive Drugs and coverage may differ based on your specific plan
PENTIPS GENERIC PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	Preventive Drugs and coverage may differ based on your specific plan
PREVENT DROPSAFE PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
PREVENT SAFETY PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
PRO COMFORT INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
PRODIGY INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	Preventive Drugs and coverage may differ based on your specific plan
SECURESAFE INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	3	Preventive Drugs and coverage may differ based on your specific plan
SOL-CARE SAFETY SYRINGE ALLERG	3	Preventive Drugs and coverage may differ based on your specific plan
SOL-M SYRINGE LUER LOCK	3	Preventive Drugs and coverage may differ based on your specific plan
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	Preventive Drugs and coverage may differ based on your specific plan
TECHLITE PLUS PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
THE EPINEPHRINE SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
TOPFINE INSULIN PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
TRUEPLUS 5-BEVEL PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
TRUEPLUS INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
TRUSTEX COLOR CONDOMS + LUBE	1	ACA
TRUSTEX LUB/RIBBED/STUDDED	1	ACA
TRUSTEX LUB/SPERMICIDE EX ST	1	ACA
TRUSTEX LUB/SPERMICIDE XL	1	ACA
TRUSTEX LUBRICATED	1	ACA
TRUSTEX LUBRICATED EX LARGE	1	ACA
TRUSTEX LUBRICATED EXTRA ST	1	ACA
TRUSTEX LUBRICATED/SPERMICIDE	1	ACA
TRUSTEX NATURAL CONDOMS + LUBE	1	ACA
TRUSTEX NON-LUBRICATED	1	ACA
TRUSTEX RIA LUB/SPERMICIDE	1	ACA
TRUSTEX RIA LUBRICATED	1	ACA
TRUSTEX RIA NON-LUBRICATED	1	ACA
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	ACA
ULTICARE INSULIN SAFETY SYR	3	Preventive Drugs and coverage may differ based on your specific plan
ULTICARE INSULIN SYR 1/2 UNIT	3	Preventive Drugs and coverage may differ based on your specific plan
ULTICARE INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
ULTICARE MICRO PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
ULTICARE MINI PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	Preventive Drugs and coverage may differ based on your specific plan
ULTICARE SHORT PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
ULTIGUARD SAFEPACK PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
ULTIGUARD SAFEPACK SYR/NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
ULTILET PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA FLO INSULIN PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA FLO INSULIN SYR 1/2 UNIT	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA FLO INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA THIN PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA-THIN II INS SYR SHORT	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA-THIN II MINI PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA-THIN II PEN NEEDLE SHORT	3	Preventive Drugs and coverage may differ based on your specific plan
ULTRA-THIN II PEN NEEDLES	3	Preventive Drugs and coverage may differ based on your specific plan
UNIFINE OTC PEN NEEDLES 31G X 5 MM	3	Preventive Drugs and coverage may differ based on your specific plan
UNIFINE PENTIPS	3	Preventive Drugs and coverage may differ based on your specific plan
UNIFINE PENTIPS PLUS	3	Preventive Drugs and coverage may differ based on your specific plan
UNIFINE PROTECT PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
UNIFINE SAFECONTROL PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	Preventive Drugs and coverage may differ based on your specific plan
VANISHPOINT INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
VERIFINE INSULIN PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
VERIFINE INSULIN SYRINGE	3	Preventive Drugs and coverage may differ based on your specific plan
VERIFINE PLUS PEN NEEDLE	3	Preventive Drugs and coverage may differ based on your specific plan
VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML	3	
VERISAFE SAFE STERILE SYRINGE 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 27G X 1/2" 1 ML	3	Preventive Drugs and coverage may differ based on your specific plan

Drug Name	Tier	Restrictions
VERISAFE SAFETY INSULIN SYR	3	Preventive Drugs and coverage may differ based on your specific plan
VERISAFE SAFETY STERILE NEEDLE	3	
VORTEX VALVE CHAMBER-PEDI MASK	2	
WIDE-SEAL DIAPHRAGM 60	1	ACA
WIDE-SEAL DIAPHRAGM 65	1	ACA
WIDE-SEAL DIAPHRAGM 70	1	ACA
WIDE-SEAL DIAPHRAGM 75	1	ACA
WIDE-SEAL DIAPHRAGM 80	1	ACA
WIDE-SEAL DIAPHRAGM 85	1	ACA
WIDE-SEAL DIAPHRAGM 90	1	ACA
WIDE-SEAL DIAPHRAGM 95	1	ACA
***Migraine Products* - Drugs For The Nervous System**		
almotriptan malate	2	QL
dihydroergotamine mesylate injection	2	
eletriptan hydrobromide	2	QL
ergotamine-caffeine	2	
frovatriptan succinate	2	QL
naratriptan hcl	2	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	1	QL
zolmitriptan nasal solution 5 mg	1	QL
zolmitriptan oral	1	QL
AIMOVIG	2	ST; QL
AJOVY	2	ST; QL
EMGALITY	2	ST; QL
EMGALITY (300 MG DOSE)	2	ST; QL
MIGERGOT	2	
NURTEC	2	ST; QL
QULIPTA	2	ST; QL
UBRELVY	2	ST; QL
***Minerals & Electrolytes* - Drugs For Nutrition**		
magnesium carbonate heavy	1	
magnesium carbonate powder	1	
phosphorous	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	

Drug Name	Tier	Restrictions
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet	1	ACA
sodium fluoride oral tablet chewable	1	ACA
CALCIFOL	1	
EFFER-K	1	
KLOR-CON 10	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
PHOSPHA 250 NEUTRAL	3	
PHOSPHO-TRIN 250 NEUTRAL	3	
PHOSPHO-TRIN K500	3	
***Miscellaneous Therapeutic Classes* - Vitamins And Minerals**		
azathioprine oral	1	
cyclosporine modified	1	
cyclosporine oral capsule	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	QL; SP
lenalidomide	4	PA; QL; SP; SPP
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	
penicillamine oral	4	SP
sirolimus oral solution	3	
sirolimus oral tablet 0.5 mg	3	
sirolimus oral tablet 1 mg, 2 mg	3	QL
sodium polystyrene sulfonate combination	1	
sodium polystyrene sulfonate oral powder	1	
tacrolimus er	3	
tacrolimus oral capsule 0.5 mg, 1 mg	2	
tacrolimus oral capsule 5 mg	2	QL
trientine hcl oral capsule 250 mg	4	SP
trientine hcl oral capsule 500 mg	4	
AZASAN	1	
BENLYSTA SUBCUTANEOUS	4	PA; QL; SP; SPP
CUVRIOR	4	QL; SP; SPP
ENSPRYNG	4	PA; QL; SP; SPP
ENVARSUS XR	3	

Drug Name	Tier	Restrictions
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	
JOENJA ORAL TABLET 70 MG	4	QL; SP; SPP
KIONEX COMBINATION	1	
PROGRAF ORAL PACKET	3	
REZUROCK	4	QL; SP; SPP
SPS (SODIUM POLYSTYRENE SULF)	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL; SP; SPP
VELTASSA	2	QL
VIJOICE ORAL TABLET THERAPY PACK	4	QL; SP; SPP
ZOKINVY	4	QL; SP; SPP
***Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat**		
cevimeline hcl	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
pilocarpine hcl oral	1	
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 ppm dental paste	1	ACA
triamcinolone acetonide mouth/throat	1	
FLUORIDEX	1	
FLUORIDEX DAILY RENEWAL	1	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	1	
***Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones**		
baclofen oral solution 5 mg/2.5ml, 5 mg/5ml	1	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral	1	
cyclobenzaprine hcl oral	1	
dantrolene sodium oral	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol injection solution 1000 mg/10ml	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	QL
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
FEXMID	1	
***Nasal Agents - Systemic And Topical* - Drugs For The Nose**		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
azelastine-fluticasone	1	QL
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL
fluticasone propionate nasal	1	QL

Drug Name	Tier	Restrictions
ipratropium bromide nasal	1	
mometasone furoate nasal	1	QL
olopatadine hcl nasal	1	QL
SUDOGEST ORAL TABLET 60 MG	1	
***Neuromuscular Agents* - Drugs For Nerves And Muscles**		
riluzole	1	
DAYBUE	4	PA; QL; SP; SPP
DAYBUE STIX	4	PA; QL; SP; SPP
EVRYSDI	4	QL; SP; SPP
RADICAVA ORS	4	PA; QL; SP; SPP
RADICAVA ORS STARTER KIT	4	PA; QL; SP; SPP
SKYCLARYS	4	QL; SP; SPP
***Nutrients* - Drugs For Nutrition**		
lecithin oral granules	1	
***Ophthalmic Agents* - Drugs For The Eye**		
apraclonidine hcl	1	
atropine sulfate ophthalmic solution	1	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
bepotastine besilate	1	
betaxolol hcl ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	2	QL
brinzolamide	1	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	
carteolol hcl	1	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine (pf)	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	2	QL
epinastine hcl	1	

Drug Name	Tier	Restrictions
erythromycin ophthalmic	1	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ketorolac tromethamine ophthalmic	1	
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
levofloxacin ophthalmic solution 1.5 %	1	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
ofloxacin ophthalmic	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
polymyxin b-trimethoprim	1	
povidone-iodine ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
prednisolon-gatiflox-bromfenac	1	
proparacaine hcl ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1	
sulfacetamide-prednisolone ophthalmic solution	1	
tafluprost (pf)	2	QL
tetracaine hcl ophthalmic	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic gel forming solution	2	QL
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
tobramycin-vancomycin hcl ophthalmic solution 1.5-5 %	1	
travoprost (bak free)	2	QL
trifluridine ophthalmic	1	
tropicamide ophthalmic	1	

Drug Name	Tier	Restrictions
ALTACAINE	1	
CYCLOMYDRIL	1	
CYSTADROPS	4	QL; SP; SPP
CYSTARAN	4	QL; SP; SPP
ILEVRO	3	
LASTACAFT	1	
NATACYN	3	
OXERVATE	4	QL; SP; SPP
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	QL
TIMOLOL MALEATE OCUDOSE	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
***Otic Agents* - Drugs For The Ear**		
acetic acid otic	1	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	2	QL
ciprofloxacin-fluocinolone pf	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
CETRAXAL	3	
CORTISPORIN-TC	3	
PRAMOTIC	1	
***Oxytocics* - Hormones**		
methylergonovine maleate	1	
***Passive Immunizing And Treatment Agents* - Biological Agents**		
HYQVIA	4	PA; SP; SPP
***Penicillins* - Drugs For Infections**		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate er	1	
amoxicillin-pot clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
dicloxacillin sodium	1	

Drug Name	Tier	Restrictions
penicillin v potassium	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
***Progestins* - Hormones**		
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 625 mg/5ml	1	
norethindrone acetate oral	1	
progesterone intramuscular	1	
progesterone oral	1	
***Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System**		
acamprosate calcium	2	QL
bupropion hcl er (smoking det)	1	ACA; Coverage is determined by your prescription medication benefit plan
chlordiazepoxide-amitriptyline	1	
dalfampridine er	3	QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; QL; SP
disulfiram oral	1	
donepezil hcl oral tablet 10 mg, 5 mg	1	QL
donepezil hcl oral tablet 23 mg	2	QL
donepezil hcl oral tablet dispersible	1	QL
fingolimod hcl	4	PA; QL; SP
galantamine hydrobromide er	1	
galantamine hydrobromide oral solution	2	
galantamine hydrobromide oral tablet	1	
glatiramer acetate	4	PA; QL; SP
gnp nicotine mouth/throat gum 2 mg	1	ACA
memantine hcl er	2	QL
memantine hcl oral solution 2 mg/ml	2	QL
memantine hcl oral tablet	1	
milnacipran hcl	2	QL
olanzapine-fluoxetine hcl	2	QL
paroxetine mesylate	3	QL
perphenazine-amitriptyline	1	
pimozide	1	
pregabalin er	3	QL
rivastigmine	2	QL
rivastigmine tartrate	2	QL
sodium oxybate	4	PA; QL; SP; SPP
teriflunomide	4	PA; QL; SP
tetrabenazine	4	QL; SP

Drug Name	Tier	Restrictions
varenicline tartrate (starter)	1	ACA; Coverage is determined by your prescription medication benefit plan
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA; Coverage is determined by your prescription medication benefit plan
varenicline tartrate(continue)	1	ACA; Coverage is determined by your prescription medication benefit plan
ADDYI	3	PA; QL; Coverage is determined by your prescription medication benefit plan
AUSTEDO	4	PA; QL; SP
AUSTEDO XR	4	PA; QL; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	PA; QL; SP
GLATOPA	4	PA; QL; SP
INGREZZA	4	PA; QL; SP
KESIMPTA	4	PA; QL; SP; SPP
NICOTROL NS	3	ACA; Coverage is determined by your prescription medication benefit plan
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
***Respiratory Agents - Misc.* - Drugs For The Lungs**		
pirfenidone oral tablet	4	PA; QL; SP
ALYFTREK	4	PA; QL; SP; SPP
KALYDECO	4	PA; QL; SP; SPP
ORKAMBI	4	PA; QL; SP; SPP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	PA; QL; SP; SPP
SYMDEKO	4	PA; QL; SP; SPP
TRIKAFTA	4	PA; QL; SP; SPP
***Sulfonamides* - Drugs For Infections**		
sulfadiazine oral	1	
***Tetracyclines* - Drugs For Infections**		
demeclocycline hcl oral	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral	1	
minocycline hcl oral	1	
tetracycline hcl oral capsule	1	

Drug Name	Tier	Restrictions
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
***Thyroid Agents* - Hormones**		
levothyroxine sodium oral tablet	1	
liothyronine sodium oral	1	
methimazole oral	1	
propylthiouracil oral	1	
AMERITHROID	2	
ARMOUR THYROID	3	
LEVOXYL	1	
LIOMNY	1	
NP THYROID	1	
SYNTHROID	2	
UNITHROID	1	
***Toxoids* - Biological Agents**		
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
TENIVAC INTRAMUSCULAR SUSPENSION	3	ACA
***Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach**		
amoxicill-clarithro-lansopraz oral therapy pack	3	
bismuth/metronidaz/tetracyclin	3	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
dexlansoprazole	1	
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet 20 mg	1	
esomeprazole magnesium oral capsule delayed release	1	
esomeprazole magnesium oral packet	2	QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 40 mg	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er oral tablet extended release 12 hour	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral solution	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyosyne	1	
lansoprazole oral capsule delayed release 30 mg	1	
lansoprazole oral tablet delayed release dispersible 30 mg	3	QL
methscopolamine bromide oral	1	
misoprostol oral	1	

Drug Name	Tier	Restrictions
nizatidine oral capsule	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral packet	3	QL
pantoprazole sodium oral tablet delayed release	1	
rabeprazole sodium oral capsule sprinkle	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
FIRST-LANSOPRAZOLE	3	
***Urinary Antispasmodics* - Drugs For The Urinary System**		
bethanechol chloride oral	1	
darifenacin hydrobromide er	1	
fesoterodine fumarate er	1	QL
flavoxate hcl	1	
mirabegron er	3	QL
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	2	QL
tolterodine tartrate er	2	QL
trospium chloride	1	
trospium chloride er	2	QL
***Vaccines* - Biological Agents**		
bcg vaccine injection solution reconstituted	3	
penmenvy	3	ACA
CAPVAXIVE	3	ACA
COMIRNATY 5-11 YEARS	3	ACA
FLUAD	3	ACA
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
FLUMIST	3	ACA
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
FLUZONE INTRAMUSCULAR SUSPENSION	3	ACA
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
IPOL INJECTION SUSPENSION	3	ACA
MNEXSPIKE	3	ACA

Drug Name	Tier	Restrictions
MRESVIA	3	ACA
NUVAXOVID COVID-19 VACCINE	3	ACA
PEDVAXHIB	3	ACA
PENBRAYA	3	ACA
ROTARIX ORAL SUSPENSION	3	ACA
ROTATEQ ORAL SOLUTION	3	ACA
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
SPIKEVAX 6M-11Y	3	ACA
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA
***Vaginal And Related Products* - Drugs For Women**		
clindamycin phosphate vaginal	1	
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet	1	
metronidazole vaginal	1	
miconazole 3 vaginal suppository	1	
progesterone vaginal	2	
terconazole	1	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLINDESSE	3	
CRINONE VAGINAL GEL 4 %	2	QL
CRINONE VAGINAL GEL 8 %	2	
ENCARE VAGINAL SUPPOSITORY	1	ACA
GYNAZOLE-1	3	
PHEXX	3	QL; ACA
PREMARIN VAGINAL	2	
YUVAFEM	1	
***Vasopressors* - Drugs For The Heart**		
droxidopa oral capsule 100 mg, 300 mg	3	PA; QL; SP
droxidopa oral capsule 200 mg	3	QL; SP
epinephrine injection solution auto-injector	1	QL
midodrine hcl	1	
***Vitamins* - Drugs For Nutrition**		
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	