



Your 2024 Prescription Drug List

Premium PDL

Effective Jan. 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2024 and is subject to change after this date. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 5 for more information.

When does the PDL change?

PDL changes typically occur 1-2 times per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The Pharmacy and Therapeutics Committee, a group of doctors, nurses, and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.



Medication tips

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the PDL. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and ask how you can have your prescriptions delivered right to your home or doctor's office.

Over-the-counter (OTC) medications

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

Reading your PDL

The PDL gives you choices so you and your doctor can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.



Drug list information

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

H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization —Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity Limit —Medication may be limited to a certain quantity.
SP	Specialty Medication —Medication is designated as specialty.
ST	Step Therapy —Must try lower-cost medication(s) before a higher-cost medication can be covered.

Questions

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



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



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

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

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

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



Drug name	Drug tier	Requirements & limits
Analgesics - drugs for pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
bac	1	
BELBUCA	2	PA; QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	E	
butalbital-apap-caffeine oral tablet	1	
DILAUDID ORAL TABLET	E	
endocet	1	QL
ESGIC	E	
EUFLEXXA	E	
fentanyl	1	PA; QL
FIORICET	E	
GELSYN-3	E	
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
morphine sulfate er oral tablet extended release	1	PA; QL
MS CONTIN	E	
NALOCET	E	
NUCYNTA	E	
OXAYDO	E	
oxycodone hcl oral tablet	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
PERCOET	E	
PROLATE ORAL TABLET	E	
ROXICODONE	E	
ROXYBOND	E	

Drug name	Drug tier	Requirements & limits
tramadol hcl oral tablet	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	E	
ZTLIDO	E	
Analgesics - drugs for pain and inflammation		
CELEBREX	E	
celecoxib oral	1	QL
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
DICLOFONO GEL 1.6 % EXTERNAL	E	
DICLOFONO GEL 1.6 % EXTERNAL	E	
DUROLANE	E	
ELYXYB	E	
etodolac oral tablet	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
LODINE	3	
LOFENA	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
Anti-addiction / substance abuse treatment agents		
APO-VARENICLINE	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBLOCADE	3	SP

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
SUBOXONE	E	
varenicline tartrate	1	PA; QL
varenicline tartrate(continue)	1	PA; QL
ZIMHI	3	
ZUBSOLV	2	QL
Antibacterials - drugs for infections		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	3	
AUGMENTIN ES-600	3	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	E	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE	3	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	

Drug name	Drug tier	Requirements & limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
VANDAZOLE	3	ST
VIBRAMYCIN ORAL CAPSULE	3	ST
XENLETA INTRAVENOUS	E	
XENLETA ORAL	3	
XIMINO	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - drugs to treat or prevent blood clots		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	3	
PRADAXA ORAL CAPSULE	2	QL

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - drugs for seizures		
APTIOM	3	
BRIVIACT INTRAVENOUS	E	
BRIVIACT ORAL	3	ST
DEPAKOTE	E	
DEPAKOTE ER	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA	E	
lacosamide oral tablet	1	
LAMICTAL ORAL TABLET	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam intravenous	E	
levetiracetam oral	1	
MYSOLINE	E	
NAYZILAM	3	QL
NEURONTIN ORAL CAPSULE	E	
NEURONTIN ORAL TABLET	E	
oxcarbazepine oral tablet	1	
primidone oral tablet 125 mg	E	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	E	

Drug name	Drug tier	Requirements & limits
VALTOCO	3	QL
VIMPAT ORAL TABLET	E	
XCOPRI	3	ST
ZONEGRAN	E	
zonisamide oral	1	
Antidementia agents - drugs for alzheimer's disease and dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
memantine hcl oral tablet	1	
NAMENDA	3	
NAMENDA TITRATION PAK	3	
NAMZARIC	2	QL
Antidepressants - drugs for depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg, 60 mg	1	
fluoxetine hcl oral tablet 20 mg	E	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
PRISTIQ	E	
PROZAC	E	
REMERON	3	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	E	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
VIIBRYD	3	ST; QL
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - drugs for nausea and vomiting		
ANTIVERT ORAL TABLET	3	
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	E	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
SANCUSO	E	
scopolamine	1	
TRANSDERM-SCOP	3	
VARUBI (180 MG DOSE)	3	QL
Antifungals - drugs for fungal infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA INTRAVENOUS	E	
CRESEMBA ORAL CAPSULE 186 MG	3	PA
DIFLUCAN ORAL TABLET	3	

Drug name	Drug tier	Requirements & limits
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
VIVJOA	E	
Antigout agents - drugs for gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral tablet	1	
COLCRYS	E	
Antimigraine agents - drugs for migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	E	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
IMITREX ORAL	E	
MAXALT	E	
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
RELPAX	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA; QL
Antineoplastics - drugs for cancer		
abiraterone acetate	1	PA; SP
ALECENSA	2	PA; SP

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
ALUNBRIG	2	PA; QL; SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CABOMETYX	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	PA; SP
COTELLIC	3	PA; SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
EXKIVITY	3	PA; SP
FEMARA	E	
GAVRETO	3	PA; SP
GLEEVEC	E	SP
IBRANCE ORAL TABLET	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; QL; SP
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; QL; SP
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL CAPSULE	3	PA; QL; SP
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; QL; SP
KANJINTI	2	PA; SP
KISQALI FEMARA	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; SP
KOSELUGO	3	PA; SP
lenalidomide	1	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MEKINIST ORAL TABLET	3	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PHESGO	2	PA; SP
PIQRAY	3	PA; SP

Drug name	Drug tier	Requirements & limits
POMALYST	3	PA; SP
RETEVMO	3	PA; SP
REVLIMID	2	PA; SP
ROZLYTREK	3	PA; SP
RUXIENCE	2	PA; SP
RYDAPT	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL; SP
SCEMBLIX ORAL TABLET 40 MG	3	PA; SP
SPRYCEL	2	PA; SP
STIVARGA	2	PA; SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; QL; SP
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	3	PA; SP
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
VERZENIO	3	PA; SP
VITRAKVI	3	PA; SP
XELODA	E	SP
XTANDI	3	PA; SP
ZEJULA ORAL TABLET 100 MG	2	PA; QL; SP
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics - drugs for parasitic infections		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
PLAQUENIL	E	
Antiparkinson agents - drugs for parkinson's disease		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
DHIVY	E	
INBRIJA	3	PA; SP
NEUPRO	3	
NOURIANZ	3	PA

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
SINEMET	3	
Antiplatelets - drugs for heart attack and stroke prevention		
BRILINTA	2	
clopidogrel bisulfate oral	1	
EFFIENT	3	
PLAVIX	E	
prasugrel hcl	1	
Antipsychotics - drugs for mood disorders		
ABILIFY	E	
ABILIFY MAINTENA	E	
aripiprazole oral tablet	1	QL
ARISTADA	E	
ARISTADA INITIO	E	
GEODON ORAL	E	
INVEGA HAFYERA	E	
INVEGA SUSTENNA	E	
INVEGA TRINZA	E	
LATUDA	E	
lurasidone hcl	1	QL
LYBALVI	E	
olanzapine oral tablet	1	QL
PERSERIS	E	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	
Antivirals - drugs for viral infections		
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	

Drug name	Drug tier	Requirements & limits
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	E	
DESCOVY ORAL TABLET 200-25 MG	E	H
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
entecavir	1	QL
EPCLUSA	2	PA; QL; SP
HARVONI	2	PA; QL; SP
JULUCA	2	
MAVYRET	2	PA; QL; SP
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	2	QL
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	3	QL
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	2	QL
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	3	QL
PREZCOBIX	2	
SITAVIG	E	
SYMFI	2	
SYMFI LO	2	
SYMTUZA	3	
TAMIFLU	E	
TRIUMEQ	2	
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	E	
VOSEVI	2	PA; QL; SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - drugs for anxiety		
alprazolam oral tablet	1	QL

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
HALCION	3	QL
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
VISTARIL	3	
XANAX	E	
Bipolar agents - drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	E	
Cardiovascular agents - drugs for heart and circulation conditions		
ALDACTONE	3	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	3	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	

Drug name	Drug tier	Requirements & limits
BUMEX	3	
BYSTOLIC	E	
candesartan cilexetil	1	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORGARD	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	E	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	E	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
HYZAAR	E	
icosapent ethyl	1	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KERENDIA	3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL	2	
LASIX	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	E	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORLIQVA	3	PA
NORVASC	E	

Drug name	Drug tier	Requirements & limits
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
ORLADEYO	3	PA; QL; SP
PACERONE	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
telmisartan-hctz	E	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
ZESTORETIC	E	
ZESTRIL	E	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
ZETIA	E	
ZOCOR	E	
Central nervous system agents - drugs for attention deficit disorder		
ADDERALL	E	
ADDERALL XR	E	
amphet-dextroamphet 3-bead er	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
AZSTARYS	2	QL
CONCERTA	3	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	QL
lisdexamfetamine dimesylate oral capsule	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral tablet	1	QL
MYDAYIS	E	
RELEXXII	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE ORAL CAPSULE	E	

Drug name	Drug tier	Requirements & limits
Central nervous system agents - drugs for multiple sclerosis		
AUBAGIO	E	SP
AVONEX PEN	2	PA; QL; SP
AVONEX PREFILLED	2	PA; QL; SP
BAFIERTAM	2	PA; QL; SP
BETASERON	2	PA; QL; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	E	SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	PA; QL; SP
dimethyl fumarate oral	1	PA; QL; SP
glatiramer acetate	1	PA; QL; SP
glatopa	1	PA; QL; SP
KESIMPTA	2	PA; QL; SP
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; QL; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; QL; SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	SP
teriflunomide	1	PA; QL; SP
VUMERITY	2	PA; QL; SP
Central nervous system agents - miscellaneous		
ADIPEX-P	E	
AUSTEDO	3	PA; QL; SP
AUSTEDO PATIENT TITRATION KIT	E	SP
AUSTEDO XR	3	PA; QL; SP
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	3	PA; QL; SP
LOMAIRA	E	
LYRICA ORAL CAPSULE	E	
phentermine hcl oral	E	
pregabalin oral capsule	1	QL

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
QSYMIA	E	
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
SAXENDA	E	
TIGLUTIK	2	PA; QL
ZEPOSIA	3	PA; QL; SP
ZEPOSIA 7-DAY STARTER PACK	3	PA; QL; SP
ZEPOSIA STARTER KIT	3	PA; QL; SP
Dental and oral agents - drugs for mouth and throat conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	E	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	
Dermatological agents - drugs for skin conditions		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
acutane	1	
adapalene-benzoyl peroxide external gel	1	
AKLIEF	3	PA
ala-cort	1	
amneesteem	1	
AMZEEQ	3	
AVITA EXTERNAL CREAM 0.025 %	E	
azelaic acid external	1	
betamethasone dipropionate external cream	1	
CARAC	3	
CIBINQO	2	PA; QL; SP
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	E	

Drug name	Drug tier	Requirements & limits
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	(generic for Clindagel)
clindamycin phosphate gel 1 % external	E	(generic for Clindagel)
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
DUPIXENT	2	PA; QL; SP
EFUDEX	3	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPOYZ	E	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
isotretinoin oral capsule 25 mg, 35 mg	E	
KLISYRI	3	ST
METROCREAM	3	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	1	
OPZELURA	E	
QBREXZA	E	
RETIN-A EXTERNAL CREAM	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA
RHOFADE	3	
SANTYL	3	QL
SOOLANTRA	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	QL
TOLAK	3	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
triderm	1	
TWYNEO	3	
VTAMA	3	PA
WINLEVI	E	
WYNZORA	3	QL
XEPI	3	
zenatane	1	
ZILXI	3	ST
ZORYVE	E	
ZYCLARA	E	
ZYCLARA PUMP	E	

Drug name	Drug tier	Requirements & limits
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
BD ULTRA-FINE PEN NEEDLES	2	
CEQR SIMPLICITY 2U 10PK	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT ONE KIT	2	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
ENLITE GLUCOSE SENSOR	3	PA
EVERSENSE E3 SENSOR/HOLDER	E	
EVERSENSE E3 SMART TRANSMITTER	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 SENSOR	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN SENSOR (3)	3	PA
GUARDIAN SENSOR 3	3	PA
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 POD (GEN 5)	2	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
ONETOUGH ULTRA 2 KIT W/DEVICE	E	
ONETOUGH ULTRA IN VITRO STRIP	E	
ONETOUGH VERIO FLEX SYSTEM KIT	E	
ONETOUGH VERIO REFLECT KIT W/DEVICE	E	
ONETOUGH VERIO TEST STRIPS	E	
PARADIGM REAL-TIME TRANSMITTER	3	PA
Diabetes - insulin		
ADMELOG	1	
ADMELOG SOLOSTAR	1	
APIDRA SOLOSTAR	1	
APIDRA VIAL	1	
BASAGLAR KWIKPEN	1	ST
BASAGLAR TEMPO PEN	E	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	1	
INSULIN LISPRO JUNIOR KWIKPEN	1	

Drug name	Drug tier	Requirements & limits
INSULIN LISPRO PROT & LISPRO	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LEVEMIR FLEXPEN	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	1	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 VIAL	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N VIAL	1	
NOVOLIN R FLEXPEN	1	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R VIAL	1	
NOVOLOG FLEXPEN	1	
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	
REZVOGLAR KWIKPEN	E	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Diabetes - non-insulin agents		
ACTOS	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
BYETTA 10 MCG PEN	2	PA; QL
BYETTA 5 MCG PEN	2	PA; QL
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA; QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SOLIQUA	2	ST; QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRIJARDY XR	2	
TRULICITY	2	PA; QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak); PA; QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(3 Pak); PA; QL
WEGOVY	E	
XIGDUO XR	2	
ZEGALOGUE	2	
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	3	SP

Drug name	Drug tier	Requirements & limits
AFSTYLA	3	SP
ALPROLIX	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
DOPTELET	3	PA; SP
ELOCTATE	3	SP
ESPEROCT	3	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIT	2	PA; SP
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
TAVALISSE	3	PA; SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
Drugs for sexual dysfunction		
ADDYI	3	PA; QL
CIALIS	E	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
OSPHENA	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	E	
tadalafil oral	1	QL
VIAGRA	E	
VYLEESI	3	PA; QL

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
Electrolytes / vitamins		
ACCRUFER	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	E	
DODEX	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
K-TAB	E	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
LOKELMA	3	
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal agents - drugs for acid reflux and ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
DEXILANT	E	
dexlansoprazole	E	
esomeprazole magnesium oral capsule delayed release	E	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	

Drug name	Drug tier	Requirements & limits
lansoprazole oral capsule delayed release	E	
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
OMECLAMOX-PAK	2	
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
PEPCID	E	
PREVACID	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
rabeprazole sodium oral tablet delayed release	E	
sucralfate oral tablet	1	
Gastrointestinal agents - drugs for bowel, intestine and stomach conditions		
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	E	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	E	
lactulose oral solution	1	
LEVSIN/SL	E	
LINZESS	2	ST; QL
LOMOTIL	3	
MOTEGRITY	3	ST; QL
na sulfate-k sulfate-mg sulf	1	H
OSCIMIN SUBLINGUAL	3	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	3	
VIBERZI	3	PA; QL
Genetic or enzyme disorder - drugs for replacement, modification, treatment		
CERDELGA	3	PA; SP
CREON	2	
DEPEN TITRATABS	2	SP
ENDARI	3	PA
FABRAZYME	2	PA; SP
NITYR	3	PA; SP
ORFADIN	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ	2	PA; SP
TEGSEDI	3	PA; QL; SP
ZENPEP	2	
ZOLGENSMA	E	SP
Genitourinary agents - drugs for bladder, genital and kidney conditions		
DETROL LA	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet 2.5 mg	E	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	E	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	

Drug name	Drug tier	Requirements & limits
VELPHORO	3	
VESICARE	E	
Genitourinary agents - drugs for prostate conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
tamsulosin hcl	1	
UROXATRAL	E	
Hormonal agents - hormone replacement and birth control		
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	ST
altavera	1	H
alyacen 1/35	1	H
amabelz	1	
amethia	1	QL; H
ANNOVERA	3	QL; H
apri	1	H
ashlyna	1	QL; H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
BALCOLTRA	3	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	QL; H
camrese lo	1	QL; H

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
estradiol patch weekly 0.025 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.025 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.0375 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.0375 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.0375 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.05 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.05 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.06 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.06 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.06 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.075 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.075 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.075 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.1 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.1 mg/24hr transdermal	1	(generic for Climara)
estradiol patch weekly 0.1 mg/24hr transdermal	1	(generic for Climara)
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	H
EVAMIST	3	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	QL; H

Drug name	Drug tier	Requirements & limits
incassia	1	H
introvale	1	QL; H
isibloom	1	H
jaimiess	1	QL; H
jasmiel	1	H
jencycla	1	H
jolessa	1	QL; H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgest-eth est & eth est	1	QL; H
levonorgest-eth estrad 91-day	1	QL; H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	E	H
lo-zumandimine	1	H
LOESTRIN 1.5/30 (21)	E	H
LOESTRIN 1/20 (21)	E	H
LOESTRIN FE 1.5/30	E	H
LOESTRIN FE 1/20	E	H
lojaimiess	1	QL; H
loryna	1	H
low-ogestrel	1	H
luteria	1	H
lyleq	1	H
lyllana	1	
lyza	1	H
marlissa	1	H

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
medroxyprogesterone acetate intramuscular	1	QL; H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	ST
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINIVELLE	E	
MIRENA (52 MG)	E	
mono-lynah	1	H
MYFEMBREE	2	PA; QL
NATAZIA	2	H
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acet-ethinyl est	1	H
norethindrone acetate oral	1	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	3	H
nylia 1/35	1	H
nymyo	1	H
ocella	1	H
philith	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	

Drug name	Drug tier	Requirements & limits
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
rivelsa	1	QL; H
setlakin	1	QL; H
sharobel	1	H
simpesse	1	QL; H
SLYND	E	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-lynah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	E	H
YAZ	E	H
yuvafem	1	
zafemy	1	H
zumandimine	1	H
Hormonal agents - oral steroids		
CORTEF	E	
dexamethasone oral tablet	1	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - other		
ACTHAR	2	PA; SP
cabergoline	1	
CORTROPHIN	2	PA; SP
DDAVP ORAL	E	
desmopressin acetate oral	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOCDURNA	3	PA
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
ORIAHNN	2	PA; QL
ORLISSA	2	PA; QL
SOMATULINE DEPOT	3	PA; SP
SUPPRELIN LA	2	PA; QL; SP
TRIPTODUR	3	PA; QL; SP

Drug name	Drug tier	Requirements & limits
Hormonal agents - testosterone replacement		
ANDRODERM	2	PA
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
NATESTO	E	
TESTIM	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel	1	PA
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	
Hormonal agents - thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	ST
CYTOMEL	E	
ERMEZA	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	ST
np thyroid	1	
SYNTHROID	E	
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	
Immunological agents - drugs for immune system stimulation or suppression		
ACTEMRA ACTPEN	3	PA; QL; SP
ACTEMRA SUBCUTANEOUS	3	PA; QL; SP
ADALIMUMAB-ADAZ	2	PA; QL; SP
ADBRY	2	PA; QL; SP
AMJEVITA	2	PA; QL; SP
ARAVA	E	
AVSOLA	2	PA; SP
AZASAN	3	
azathioprine oral	1	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
CELLCEPT ORAL CAPSULE	3	
CELLCEPT ORAL TABLET	3	
CIMZIA	2	PA; QL; SP
CIMZIA STARTER KIT	2	PA; QL; SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML SUBCUTANEOUS	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
cyclosporine modified oral capsule	1	
CYLTEZO	2	PA; QL; SP
CYLTEZO-CD/UC/HS STARTER	2	PA; QL; SP
CYLTEZO-PSORIASIS STARTER	2	PA; QL; SP
EMPAVELI	3	PA; SP
ENBREL	2	PA; QL; SP
ENBREL MINI	2	PA; QL; SP
ENBREL SURECLICK	2	PA; QL; SP
ENVARUSUS XR	3	
gengraf oral capsule	1	
HAEGARDA	3	PA; SP
HIZENTRA	3	PA; SP
HUMIRA	2	PA; QL; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; QL; SP
HUMIRA PEN	2	PA; QL; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; QL; SP
HUMIRA PEN-PEDIATRIC UC START	2	PA; QL; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; QL; SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA; QL; SP
HYFTOR	E	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA; QL; SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	2	PA; QL; SP

Drug name	Drug tier	Requirements & limits
HYRIMOZ-CROHNS/UC STARTER PACK	2	PA; QL; SP
HYRIMOZ-PED CROHNS STARTER	2	PA; QL; SP
HYRIMOZ-PLAQUE PSORIASIS START	2	PA; QL; SP
IMURAN	3	
INFLECTRA	2	PA; SP
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
MYFORTIC	3	
NEORAL ORAL CAPSULE	3	
OLUMIANT	3	PA; QL; SP
ORENCIA CLICKJECT	3	PA; QL; SP
ORENCIA INTRAVENOUS	3	PA; SP
ORENCIA SUBCUTANEOUS	3	PA; QL; SP
OTEZLA	2	PA; QL; SP
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL TABLET	3	
RASUVO	2	PA; QL
RINVOQ	2	PA; QL; SP
RUCONEST	3	PA; QL; SP
SIMPONI	2	PA; QL; SP
SIMPONI ARIA	2	PA; SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA; QL; SP
SKYRIZI SUBCUTANEOUS	2	PA; QL; SP
SOLIRIS	3	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; QL; SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; SP
TALTZ	3	PA; QL; SP
TREMFYA	2	PA; QL; SP
TREXALL	3	
ULTOMIRIS	3	PA; SP
XELJANZ	2	PA; QL; SP

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
XELJANZ XR	2	PA; QL; SP
XEMBIFY	3	PA; SP
XOLAIR	2	PA; SP
Infertility agents		
ENDOMETRIN	2	
FOLLISTIM AQ	E	SP
ganirelix acetate	E	(manufactured by Merck/ Organon)
OVIDREL	E	SP
Inflammatory bowel disease agents		
ANUSOL-HC EXTERNAL	3	
APRISO	1	
AZULFIDINE	3	
CORTIFOAM	3	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
procto-med hc	1	
PROCTOCORT EXTERNAL	E	
PROCTOFOAM HC	2	
proctosol hc	1	
proctozone-hc	1	
SKYRIZI INTRAVENOUS	2	PA; SP
sulfasalazine oral tablet	1	
UCERIS RECTAL	3	
Metabolic bone disease agents - drugs for osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
FOSAMAX	3	QL
ibandronate sodium oral	1	QL
RAYALDEE	3	
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	2	PA; SP
Metabolic bone disease agents - other		
calcitriol oral capsule	1	

Drug name	Drug tier	Requirements & limits
ROCALTROL ORAL CAPSULE	3	
Ophthalmic agents - drugs for eye allergy, infection and inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX SM	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	2	QL
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
Ophthalmic agents - drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
BETIMOL	3	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	E	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic agents - drugs for miscellaneous eye conditions		
CIMERLI	2	PA; SP
CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
TYRVAYA	3	PA; QL
VERKAZIA	E	
XIIDRA	2	PA
Otic agents - drugs for ear conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory - drugs for anaphylaxis		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	

Drug name	Drug tier	Requirements & limits
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
SYMJEPI	3	
Respiratory tract / pulmonary agents - drugs for allergies, cough, cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
BROMFED DM	E	
cetirizine hcl oral solution 1 mg/ml	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	E	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	E	
mometasone furoate nasal	E	
OMNARIS	E	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
RYALTRIS	3	QL
XHANCE	E	
ZETONNA	E	
Respiratory tract / pulmonary agents - drugs for asthma and copd		
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRDUO RESPICLICK 113/14	E	

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA); QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA); QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	E	
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	1	QL
breyna	E	
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
FLOVENT HFA	E	
FLUTICASONE FUROATE-VILANTEROL	E	
FLUTICASONE PROPIONATE HFA	E	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL

Drug name	Drug tier	Requirements & limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	
ipratropium-albuterol	1	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	2	PA; QL; SP
PERFOROMIST	3	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QNASL	E	
QNASL CHILDRENS	E	
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; QL; SP
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	E	
wixela inhub	1	ST; QL
YUPELRI	3	QL
Respiratory tract / pulmonary agents - drugs for cystic fibrosis		
BRONCHITOL	E	
PULMOZYME	2	PA; SP
TOBI PODHALER	3	QL; SP
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL; SP
Respiratory tract / pulmonary agents - drugs for pulmonary fibrosis		
OFEV	3	PA; SP

See pages 5 and 6 for coverage details.



Drug name	Drug tier	Requirements & limits
Respiratory tract / pulmonary agents - drugs for pulmonary hypertension		
ADEMPAS	2	PA; QL; SP
OPSUMIT	2	PA; QL; SP
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; QL; SP
ORENITRAM MONTH 2	3	PA; QL; SP
ORENITRAM MONTH 3	3	PA; QL; SP
REVATIO ORAL TABLET	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; QL; SP
TADLIQ	E	SP
treprostinil	1	PA; SP
TYVASO	3	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	3	PA; QL; SP
TYVASO DPI TITRATION KIT	3	PA; QL; SP
TYVASO REFILL	3	PA; QL; SP
TYVASO STARTER	3	PA; QL; SP
Skeletal muscle relaxants - drugs for muscle pain and spasm		
baclofen oral tablet	1	
BOTOX	E	
carisoprodol oral	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DYSPORT	E	
FEXMID	E	
LORZONE	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
MYOBLOC	E	
SOMA	E	
tizanidine hcl oral capsule 2 mg, 4 mg	E	
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet	1	
VANADOM	E	
XEOMIN	E	
ZANAFLEX	E	
Sleep disorder agents		
AMBIEN	E	

Drug name	Drug tier	Requirements & limits
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SODIUM OXYBATE	3	PA; QL; SP
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; QL; SP
XYWAV	3	PA; QL; SP
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

See pages 5 and 6 for coverage details.



Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, **1-800-537-7697 (TDD)**

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEBOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**កម្ពុជា(Khmer)**សូមជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្នើសុំសេវាភាសាដោយឥតគិតថ្លៃសំរាប់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shq'odí ninaaltsoos nit'i'izi bee nééhozínííí bine'déé' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho **Soomali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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