



2025 UMP Preferred Drug List for Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) members

What is the UMP Preferred Drug List?

The Uniform Medical Plan (UMP) Preferred Drug List (PDL) offers a choice of covered prescription drugs that are safe, effective, and evidence based.

How does the PDL work?

This PDL classifies prescription drugs into tiers. The amount you pay at network pharmacies for your prescription drug depends on its tier, the pharmacy you use, and your plan benefits. For all plans, you pay \$0 for covered preventive drugs. Also, for all plans you do not have to meet your deductible before the plan pays for certain Tier 2 drugs, which are capped at \$35 per 30-day supply.

This table applies to the following plans: UMP Classic, UMP Select, UMP Achieve 1, UMP Achieve 2, UMP Plus (PEBB and SEBB)	
Tier	How much you pay at network pharmacies per 30-day supply
Preventive Tier	\$0
Value Tier	5% coinsurance or \$10 whichever is less
Tier 1	10% coinsurance or \$25 whichever is less
Tier 2	30% coinsurance or \$75 whichever is less Covered insulins, certain corticosteroid inhalers, and epinephrine autoinjectors are covered at 30% coinsurance or \$35 whichever is less, the deductible is waived, and the coinsurance you pay is applied to your deductible.

How is prescription drug coverage different for UMP Consumer-Directed Health Plan (CDHP) and UMP High Deductible?

<p>This table applies to the following plans: UMP Consumer-Directed Health Plan (CDHP) and UMP High Deductible Plan</p> <p>Tiers do not apply to most prescription drugs with these plans. After you meet your deductible, you pay 15% coinsurance for prescription drugs on the PDL, except for the following:</p>											
Preventive	You pay \$0 at network pharmacies										
Insulins	The deductible is waived and the cost-share you pay is applied to your deductible:										
	<table border="1"> <thead> <tr> <th>Tier</th> <th>How much you pay at network pharmacies per 30-day supply</th> </tr> </thead> <tbody> <tr> <td>Preventive Tier</td> <td>\$0</td> </tr> <tr> <td>Value Tier</td> <td>5% coinsurance or \$10 whichever is less</td> </tr> <tr> <td>Tier 1</td> <td>10% coinsurance or \$25 whichever is less</td> </tr> <tr> <td>Tier 2</td> <td>30% coinsurance or \$35 whichever is less</td> </tr> </tbody> </table>	Tier	How much you pay at network pharmacies per 30-day supply	Preventive Tier	\$0	Value Tier	5% coinsurance or \$10 whichever is less	Tier 1	10% coinsurance or \$25 whichever is less	Tier 2	30% coinsurance or \$35 whichever is less
	Tier	How much you pay at network pharmacies per 30-day supply									
	Preventive Tier	\$0									
	Value Tier	5% coinsurance or \$10 whichever is less									
Tier 1	10% coinsurance or \$25 whichever is less										
Tier 2	30% coinsurance or \$35 whichever is less										
Inhaled Corticosteroids	You pay up to 15% coinsurance or \$35, whichever is less, at network pharmacies for certain inhaled corticosteroids. The deductible is waived and the cost-share you pay is applied to your deductible. To determine which inhaled corticosteroids apply, please contact ArrayRx Customer Service at 1-888-361-1611 (TRS: 711).										
Epinephrine Autoinjectors	After you meet your deductible, you pay up to 15% coinsurance or \$35, whichever is less, at network pharmacies for certain epinephrine autoinjectors. To determine which epinephrine autoinjectors apply, please contact ArrayRx Customer Service at 1-888-361-1611 (TRS: 711).										
Other Prescription Drugs	You pay a 15% coinsurance at network pharmacies and your deductible is waived for other prescription drugs and products listed below.										
	<table border="1"> <thead> <tr> <th>Drug class</th> <th>Drugs</th> </tr> </thead> <tbody> <tr> <td>Angiotensin Converting Enzyme (ACE) inhibitors</td> <td>Enalapril enalapril/hydrochlorothiazide lisinopril lisinopril/hydrochlorothiazide</td> </tr> <tr> <td>Anti-resorptive therapy</td> <td>alendronate</td> </tr> <tr> <td>Beta-blockers</td> <td>Atenolol bisoprolol/hydrochlorothiazide carvedilol metoprolol succinate metoprolol tartrate</td> </tr> </tbody> </table>	Drug class	Drugs	Angiotensin Converting Enzyme (ACE) inhibitors	Enalapril enalapril/hydrochlorothiazide lisinopril lisinopril/hydrochlorothiazide	Anti-resorptive therapy	alendronate	Beta-blockers	Atenolol bisoprolol/hydrochlorothiazide carvedilol metoprolol succinate metoprolol tartrate		
	Drug class	Drugs									
	Angiotensin Converting Enzyme (ACE) inhibitors	Enalapril enalapril/hydrochlorothiazide lisinopril lisinopril/hydrochlorothiazide									
Anti-resorptive therapy	alendronate										
Beta-blockers	Atenolol bisoprolol/hydrochlorothiazide carvedilol metoprolol succinate metoprolol tartrate										

The PDL may change throughout the year. For a previous version, please contact ArrayRx at 1-888-361-1611 (TRS: 711).

Inhaled corticosteroids	Asmanex budesonide suspension Qvar
Non-insulin glucose lowering agents	Glimepiride glipizide glyburide glyburide/metformin metformin
Continuous glucose monitors	Freestyle Libre Dexcom
Glucose meters	To learn how to receive a free glucose meter manufactured by Ascensia or Abbott, contact ArrayRx customer service at 1-888-361-1611 (TRS: 711).
Selective Serotonin Reuptake Inhibitors (SSRIs)	Citalopram escitalopram fluoxetine sertraline
Statins Age 40 & over: Deductible waived, covered as Preventive (\$0) Age under 40: Deductible waived, 15% coinsurance	atorvastatin lovastatin pravastatin rosuvastatin simvastatin

Who decides which prescription drugs are on the PDL?

Two organizations determine which prescription drugs are on the PDL. The Washington State Pharmacy and Therapeutics Committee (an independent group of doctors and pharmacists) and ArrayRx recommend safe and effective prescription drugs for the PDL. ArrayRx determines what tier the prescription drugs are placed on, and which drugs are cost-effective.

Does the PDL contain pricing information?

The PDL contains information about what percentage or maximum cost-share you may pay. To determine your estimated cost based on the specifics of your plan and coverage, use UMP's Prescription Price Check Tool at the website listed on the following pages under ["For More Information."](#)

How do I read the PDL?

The tables below define some terms you will find in the PDL. The PDL changes throughout the year as new prescription drugs are approved for use. New prescription drugs may not be covered during the first 180 days they are available.

Drug tier key	Drug tier description
CAPITAL LETTERS	Brand name prescription drugs
Small letters	Generic prescription drugs
Preventive	Preventive drugs required under the Patient Protection and Affordable Care Act or recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices of the Centers for Disease Control
Value	Specific high-value prescription drugs used to treat certain chronic conditions
Tier 1	Primarily low-cost generic prescription drugs
Tier 2	Preferred brand-name drugs and high-cost generic prescription drugs
Tier 1 Specialty	Specialty prescription drugs that are safe, effective, and represent the most cost-effective option within their therapeutic category
Tier 2 Specialty	Specialty prescription drugs that have been reviewed by UMP and found to be clinically effective at a favorable cost when compared with other prescription drugs in the same category

Special Code	Special Code description
AMSP	Ardon Mandatory Specialty Pharmacy Program: Specialty drugs are used to treat complex chronic health conditions. They often require special handling techniques, careful administration, and a unique ordering process. Most specialty drugs require preauthorization. The plan only covers specialty drugs when you purchase them through Ardon Health, UMP's specialty pharmacy. To set up an account with Ardon Health, call 1-855-425-4085. If Ardon Health does not have access to a specialty drug, we will notify you about how to fill your prescription at another network specialty pharmacy. The plan will only cover it through that specialty pharmacy. If Ardon gains access to the specialty drug, we will send you a notification asking you to transfer your prescription to Ardon Health.
LD	Limited Distribution: You must access these specialty prescription drugs through the exclusive specialty pharmacy indicated. All limited distribution drugs require a preauthorization before they can be dispensed.
LMSP	Lumicera Mandatory Specialty Pharmacy Program: You must access these specialty drugs through the exclusive Lumicera Specialty pharmacy. Lumicera Mandatory Specialty Pharmacy Program prescription drugs require a preauthorization before they can be dispensed. To enroll with Lumicera Specialty Pharmacy, call toll-free at 855-847-3553.
OTC	Over the Counter: While some drugs may be purchased without a professional provider's prescription, to be covered under UMP you must have a prescription and buy it at the pharmacy counter. ArrayRx follows the federal designation of over the counter (OTC) prescription drugs to decide if an OTC prescription drug is covered.
PA	Preauthorization: These drugs require preauthorization to determine if they are medically necessary. You must receive approval before the plan will cover the drug. You or your prescribing provider may contact ArrayRx to initiate the preauthorization process.
QL	Quantity limits: Some prescription drugs have limits to how much you can get per prescription or refill.
RDX	Restricted to Diagnosis: The plan will cover these drugs if they are prescribed for an approved diagnosis. The pharmacy must submit the diagnosis code on the claim.
SF	Split Fill: These prescription drugs are limited to two 15-day fills per month for the first 3 months of therapy.
SMKG	Smoking Cessation: Smoking cessation prescription drugs are in the preventive tier and covered at no cost to you. Certain restrictions may apply.
ST	Step Therapy: You must try certain prescription drugs for your condition before the plan will cover these drugs.
VAC	Vaccine Program: Certain immunizations and related administration fees are covered at no cost to you if received at network retail pharmacies.

For more information:

- Refer to your plan's current certificate of coverage by visiting Forms and publications at hca.wa.gov/ump-coc
- Call ArrayRx at 1-888-361-1611 (TRS: 711) Monday-Friday: 7:30 a.m. to 5:30 p.m. (Pacific). Available outside these hours with limited services
- Visit UMP's Prescriptions drugs webpages to access UMP's Price Check Tool or find more information:
 - PEBB Program members: ump.regence.com/pebb/benefits/prescriptions
 - SEBB Program members: ump.regence.com/sebb/benefits/prescriptions

The PDL may change throughout the year. For a previous version, please contact ArrayRx at 1-888-361-1611 (TRS: 711).

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**UMP Preferred Drug List
Alphabetical Index
Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Tier 1	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime)	QL-VAC	Preventive	VACCINES
ACAM2000 INJ	-	Preventive	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Tier 1	ANTIDIABETICS
acebutolol cap (SECTRAL equiv)	-	Tier 1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Tier 1	MIGRAINE PRODUCTS
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Tier 2	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Tier 1	DIURETICS
acetazolamide tab	-	Tier 1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Tier 1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Tier 1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Tier 1	COUGH/COLD/ALLERGY
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene 0.1 cream, or tacro oint)	ST	Tier 2	DERMATOLOGICALS
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
ACULAR (LS) OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	Tier 2	DERMATOLOGICALS

AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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Drug Name	Special Code	Tier	Category
acyclovir oint (ZOVIRAX OINT equiv)	-	Tier 1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
ADC/FLUORIDE DROP	-	Preventive	MULTIVITAMINS
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
AEROCHAMBER (QL= 1 device/365 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	Preventive	VACCINES
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
AIMOVIJ INJ (QL= 1 pack/28 days)	PA-QL	Tier 2	MIGRAINE PRODUCTS
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Tier 2	MIGRAINE PRODUCTS
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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Drug Name	Special Code	Tier	Category
albuterol/ipratropium neb soln (DUONEB equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Tier 1	DERMATOLOGICALS
ALCLOMETASONE OINT	-	Tier 1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Tier 1	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin SR tab (UROXATRAL equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
aliskiren tab (TEKURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Tier 2	ANTIHYPERTENSIVES
allopurinol tab (ZYLOPRIM equiv)	-	Tier 1	GOUT AGENTS
allopurinol tab 200mg (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Tier 2	GOUT AGENTS
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
alosetron tab (LOTROXON equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Tier 1	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	Tier 2	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Tier 1	ANTIANKXIETY AGENTS
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amantadine cap (SYMMETREL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
amantadine soln	-	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
amantadine tab	-	Tier 1	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	Tier 1	DERMATOLOGICALS
AMCINONIDE LOTION	-	Tier 2	DERMATOLOGICALS
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Tier 1	DIURETICS
AMILORIDE/HCTZ TAB	-	Tier 1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Tier 1	DIURETICS

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aminocaproic acid soln (AMICAR equiv)	AMSP	Tier 1 Specialty	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	Tier 2	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	Tier 1	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Tier 2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	Tier 2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Tier 1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Tier 1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Tier 2	DERMATOLOGICALS
amoxapine tab (QL= 4 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	Tier 1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Tier 1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Tier 1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Tier 1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Tier 1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Tier 1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Tier 1	PENICILLINS
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexamethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025

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amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	Tier 1	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING	-	Preventive	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Tier 1	OTIC AGENTS
APAP/CODEINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Tier 1 Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Tier 2	OPHTHALMIC AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month)	QL	Tier 1	ANTIEMETICS
APTIOM TAB (QL= 60 tabs/30 days)	QL	Tier 2	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	QL	Tier 2	ANTIVIRALS
APTIVUS SOLN (QL= 380ml/30 days)	QL	Tier 2	ANTIVIRALS
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older)	QL-VAC	Preventive	VACCINES
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA 675MG/2.4ML INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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	Vaccine Program				

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 Alphabetical Index
 Last Updated 5/1/2025**

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armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive	CONTRACEPTIVES
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females only)	-	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin tab (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin/codeine tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOLX equiv)	-	Tier 2	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Tier 2	ANTIANGINAL AGENTS
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Tier 1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Tier 1	ANTIHYPERTENSIVES
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

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atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atovaquone susp (MEPRON equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Tier 1	ANTIMALARIALS
ATRIPLA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
atropine ophth oint	-	Tier 1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Tier 1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Tier 2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 42 tabs/28 days)	LMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ (QL= 2 inj/fill)	QL	Tier 2	VASOPRESSORS
AVC VAGINAL CREAM	-	Tier 2	VAGINAL PRODUCTS
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
azathioprine tab (IMURAN equiv)	-	Tier 1	ASSORTED CLASSES
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv) (QL= 300g/30 days)	QL	Tier 1	DERMATOLOGICALS
azelastine ophth soln (OPTIVAR equiv)	-	Tier 1	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Tier 1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Tier 1	MACROLIDES
BACITRACIN OPHTH OINT	-	Tier 2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLUFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS

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 Alphabetical Index
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baclofen tab (BACLOFEN equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
BALCOLTRA TAB	-	Preventive	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Tier 2	ANTIVIRALS
BASAGLAR KWIKPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
B-D INSULIN SYRINGE	--OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Tier 2	ULCER DRUGS
BELLADONNA ALKALOID/OPIUM SUPP	-	Tier 2	ULCER DRUGS
benazepril tab (LOTENSIN equiv)	-	Tier 1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
BENZNIDAZOLE TAB	-	Tier 2	ANTHELMINTICS
BENZONATATE CAP (QL= 3 caps/day)	QL	Tier 1	COUGH/COLD/ALLERGY
benzonatate cap (TESSALON equiv)	QL--	Tier 1	COUGH/COLD/ALLERGY
benztropine tab	-	Tier 1	ANTIPARKINSON AGENTS
bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone augmented gel	-	Tier 1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	Tier 1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone valerate cream	-	Tier 1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	Tier 2	DERMATOLOGICALS
betamethasone valerate lotion	-	Tier 1	DERMATOLOGICALS
betamethasone valerate oint	-	Tier 1	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	Tier 1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Tier 1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Tier 1	URINARY ANTISPASMODICS
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Tier 1	DERMATOLOGICALS
BEXSERO INJ	VAC	Preventive	VACCINES
BEYAZ TAB	-	Preventive	CONTRACEPTIVES
bicalutamide tab (CASODEX equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS

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Alphabetical Index
Last Updated 5/1/2025

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bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Tier 1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
bisoprolol tab (ZEBETA equiv)	-	Tier 1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1	CARDIOVASCULAR AGENTS - MISC. Specialty
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Specialty
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Specialty
BRILINTA TAB (QL= 2 tabs/day)	QL	Tier 2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Tier 1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv) (QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical)	QL-ST	Tier 2	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2	OPHTHALMIC AGENTS
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Tier 2	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
BRIXADI SOLN	-	Tier 2 Specialty	ANALGESICS - OPIOID
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
budesonide ER tab (UCERIS equiv)	-	Tier 2	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Tier 2	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	Tier 1	CORTICOSTEROIDS
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol, WIXELA, DULERA)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	Tier 1	DIURETICS
buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch)	ST	Tier 2	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv)	-	Tier 1	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	Tier 1	ANALGESICS - OPIOID

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Tier 1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Tier 1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Tier 1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Tier 1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Tier 1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	Tier 1	ANTIANKXIETY AGENTS
butalbital/acetaminophen cap	-	Tier 2	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Tier 1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Tier 1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
butorphanol nasal spray (QL= 5ml/30 days)	QL	Tier 1	ANALGESICS - OPIOID
cabergoline tab (DOSTINEX equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caffeine citrate soln (CAFCIT equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
calcipotriene oint	-	Tier 1	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	Tier 1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Tier 1	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	Tier 2	DERMATOLOGICALS
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Tier 2	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (CALCITRIOL equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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 Alphabetical Index
 Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Tier 2	COUGH/COLD/ALLERGY
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	Tier 2	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	--ST	Tier 2	ANTIHYPERTENSIVES
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive	VACCINES
carbamazepine chew tab (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Tier 1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ANTIHISTAMINES
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
CARTEOLOL OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Tier 1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	Tier 2	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTI-INFECTIVE AGENTS - MISC.

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Alphabetical Index
Last Updated 5/1/2025

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cefadroxil cap (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Tier 1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Tier 1	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	Tier 1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Tier 1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Tier 1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Tier 1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Tier 1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
cephalexin cap (KEFLEX equiv)	-	Tier 1	CEPHALOSPORINS
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of	QL-ST	Tier 2	CEPHALOSPORINS
cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)			
cephalexin susp (KEFLEX equiv)	-	Tier 1	CEPHALOSPORINS
cephalexin tab	-	Tier 1	CEPHALOSPORINS
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 device/lifetime)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Tier 2	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Specialty Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
cevimeline cap (EVOXAC equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHENODAL TAB	-	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	Tier 1	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Tier 1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	Tier 1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Tier 1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Tier 1	DIURETICS
chlorpromazine tab (THORAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day)	QL	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2:	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)			
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2:	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)			

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

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chlorzoxazone tab 500mg	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cicatrace kit (REXASIL equiv)	-	Tier 2	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Tier 1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB	-	Tier 2	ANTIVIRALS
cimetidine tab (TAGAMET equiv)	-	Tier 1	ULCER DRUGS
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Tier 1	OTIC AGENTS
CIPRO SUSP	-	Tier 1	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Tier 1	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	Tier 1	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Tier 1	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Tier 1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	Tier 1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CLARITHROMYC SUSP	-	Tier 2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Tier 1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Tier 1	MACROLIDES
clindamycin cap (CLEOCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Tier 1	VAGINAL PRODUCTS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Tier 2	DERMATOLOGICALS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Tier 1	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	Tier 1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	Tier 2	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Tier 1	DERMATOLOGICALS

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 Alphabetical Index
 Last Updated 5/1/2025**

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clobetasol propionate gel (TEMOVATE GEL equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid)	QL-ST	Tier 2	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	Tier 1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Tier 1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Tier 1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	Tier 2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	Tier 1	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	Tier 1	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Tier 1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Tier 1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Tier 1	DERMATOLOGICALS
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
CODEINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	Tier 2	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Tier 1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Tier 1	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Tier 2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventi ve	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventi ve	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
CONCEPT DHA CAP	-	Tier 2	MULTIVITAMINS

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**UMP Preferred Drug List Cont.
 Alphabetical Index
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CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Tier 1	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE FILM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
CORTISONE ACETATE TAB	-	Tier 2	CORTICOSTEROIDS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COVID-19 TEST (QL= 2 tests/30 days)	QL	Preventive	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive	VACCINES
CREON CAP	-	Tier 2	DIGESTIVE AIDS
CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS

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CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CRIXIVAN CAP	-	Tier 2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Tier 1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
cryselle tab	-	Preventive	CONTRACEPTIVES
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS
cyanocobalamin inj	-	Tier 1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	Tier 2	HEMATOPOIETIC AGENTS
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Tier 1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	-	Tier 2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	Tier 1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Tier 1	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Tier 1	OPHTHALMIC AGENTS
cyproheptadine syrup	-	Tier 1	ANTIHISTAMINES
cyproheptadine tab	-	Tier 1	ANTIHISTAMINES
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Tier 2	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTICOAGULANTS
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Tier 1	ANDROGENS-ANABOLIC

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dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2	DERMATOLOGICALS
dapsone tab	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	Tier 2	URINARY ANTISPASMODICS
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYVIGO TAB (QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
deferasirox granules packet (JADENU equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Tier 2 Specialty	CORTICOSTEROIDS
DELSTRIGO TAB	-	Tier 2	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	Tier 1	TETRACYCLINES
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Tier 1	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PrEP)	QL-RDX	Tier 2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Tier 1	ANTIDEPRESSANTS
desmopressin acetate nasal spray (DDAVP equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonate gel	-	Tier 2	DERMATOLOGICALS
desonide cream	-	Tier 1	DERMATOLOGICALS
DESONIDE GEL	-	Tier 2	DERMATOLOGICALS
desonide lotion	-	Tier 1	DERMATOLOGICALS
desonide oint	-	Tier 1	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Tier 1	DERMATOLOGICALS

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Alphabetical Index
Last Updated 5/1/2025

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desoximetasone gel (TOPICORT equiv)	-	Tier 1	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Tier 1	DERMATOLOGICALS
desoximetasone spray 0.25% (TOPICORT equiv)	-	Tier 2	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Tier 2	CORTICOSTEROIDS
dexamethasone elixir	-	Tier 1	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Tier 1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Tier 2	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Tier 1	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Tier 2	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Tier 2	CORTICOSTEROIDS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DIALYVITE TAB	-	Tier 1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Tier 1	MULTIVITAMINS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
diazepam conc (VALIUM equiv)	-	Tier 1	ANTIANKXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	Tier 2	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Tier 1	ANTIANKXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	Value	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Tier 1	ANTIANKXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Tier 1	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	DIURETICS
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Tier 1	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Tier 2	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Tier 1	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Tier 2	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	Tier 2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	Tier 1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Tier 1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Tier 1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Tier 1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Tier 1	ANTIVIRALS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Tier 2	ANTIVIRALS
DIFICID SUSP (QL= 126 mL/10 days)	QL	Tier 2	MACROLIDES
DIFICID TAB (QL= 20 tabs/10 days)	QL	Tier 2	MACROLIDES
diflorasone oint	-	Tier 2	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Tier 1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Tier 2	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	Tier 2	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	Tier 1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Tier 1	CARDIOTONICS

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	Vaccine Program				

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	Tier 2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine inj	-	Tier 1	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	Tier 2	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Tier 1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	Tier 1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	Tier 2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Tier 1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Tier 1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Tier 1	ANTICONVULSANTS
dofetilide cap (TIKOSYN equiv)	-	Tier 2	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	Tier 1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Tier 1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Tier 1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	Tier 1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Tier 1	ANTIDEPRESSANTS
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Tier 2	DERMATOLOGICALS

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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VAC	Vaccine Program				

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Alphabetical Index
Last Updated 5/1/2025**

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doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab, zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
doxercalciferol cap (HECTOROL equiv)	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	DERMATOLOGICALS
doxycycline hyclate cap (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 1	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Tier 1	TETRACYCLINES
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Tier 2	TETRACYCLINES
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Tier 1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	Tier 2	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Tier 1	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ANTIEMETICS
D-PENAMINE TAB	-	Tier 2	ASSORTED CLASSES
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive	CONTRACEPTIVES
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TA	-	Preventive	CONTRACEPTIVES
DROXIA CAP	-	Tier 2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	AMSP	Tier 1 Specialty	VASOPRESSORS
DRYSOL SOLN	-	Tier 2	DERMATOLOGICALS
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIDEPRESSANTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Tier 1	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Tier 1	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIDEPRESSANTS

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Alphabetical Index
Last Updated 5/1/2025**

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DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
dutasteride cap (AVODART equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
E.E.S. TAB (ST req trial of erythromycin ethinylsuccinate susp)	ST	Tier 2	MACROLIDES
econazole cream (SPECTAZOLE equiv)	-	Tier 1	DERMATOLOGICALS
EDURANT TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
EFAVIRENZ CAP	-	Tier 1	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Tier 1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Tier 1	ANTIVIRALS
eletriptan tab (RELPAKX equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventive	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	Preventive	CONTRACEPTIVES
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Tier 2	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventive	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventive	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Tier 2	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Alphabetical Index
Last Updated 5/1/2025**

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ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	Tier 2	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES
enoxaparin inj (LOVENOX equiv)	-	Tier 1	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Tier 1	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	Preventive	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	Tier 1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
ENTRESTO CAP (QL= 8 caps/day)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
ENVARUSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Tier 2	ASSORTED CLASSES
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Tier 2	CORTICOSTEROIDS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Tier 2 Specialty	ANTICONVULSANTS
epinastine ophth soln (ELESTAT equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Tier 2	NASAL AGENTS - SYSTEMIC AND TOPICAL
EPINEPHRINE INJ	-	Tier 2	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Tier 2 Specialty	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	Tier 1	ANTIHYPERTENSIVES
ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERY PAD	-	Tier 1	DERMATOLOGICALS
ERYTHROMYCIN CAP DR	-	Tier 2	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Tier 1	MACROLIDES

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 Alphabetical Index
 Last Updated 5/1/2025**

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ERYTHROMYCIN EC CAP	-	Tier 2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Tier 1	MACROLIDES
erythromycin ethylsuccinate tab (ST req trial of erythromycin ethinylsuccinate susp)	ST	Tier 2	MACROLIDES
erythromycin gel	-	Tier 1	DERMATOLOGICALS
erythromycin ophth oint	-	Tier 1	OPHTHALMIC AGENTS
erythromycin pad	-	Tier 1	DERMATOLOGICALS
erythromycin soln	-	Tier 1	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Tier 1	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Tier 1	MACROLIDES
ERZOFRI INJ 117MG/0.75ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 156MG/ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 234MG/1.5ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 351MG/2.25ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 39MG/0.25ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 78MG/0.5ML	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
escitalopram soln (LEXAPRO equiv)	-	Tier 1	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
estazolam tab (PROSOM equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Tier 1	ESTROGENS
estradiol cream (ESTRACE equiv)	-	Tier 2	VAGINAL PRODUCTS
estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2	ESTROGENS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Tier 2	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Tier 2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Tier 1	ESTROGENS
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2	ESTROGENS
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Tier 1	VAGINAL PRODUCTS
estradiol valerate inj	-	Tier 1	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	Tier 1	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Tier 2	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECRIN equiv)	-	Tier 2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Tier 1	ANTICONSULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Tier 1	ANTICONSULSANTS
etodolac cap (LODINE equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY

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 Alphabetical Index
 Last Updated 5/1/2025**

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etodolac ER tab (LODINE XL equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	-	Tier 1	ANTINEOPLASTICS
ETOPOSIDE CAP	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
EVOTAZ TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE
		Specialty	THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2	NEUROMUSCULAR AGENTS
		Specialty	
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIHYPERTENSIVES
FALESSA KIT	-	Preventive	CONTRACEPTIVES
		Specialty	
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Tier 1	ANTIVIRALS
FARXIGA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg)	QL-ST	Tier 1	GOUT AGENTS
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Tier 1	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Tier 1	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
FEMALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
		Specialty	
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
		Specialty	
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Tier 1	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Tier 1	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Tier 2	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Tier 2	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Tier 1	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	Tier 1	ANTIHYPERTENSIVES
fenopropfen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	PA-QL	Tier 2	ANALGESICS - OPIOID
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of oxybutynin IR/ER AND solifenacin)	QL-ST	Tier 2	URINARY ANTISPASMODICS
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025**

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finasteride tab (PROSCAR equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLAREX OPHTH SUSP	-	Tier 2	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin)	QL-ST	Tier 2	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Tier 1	ANTIARRHYTHMICS
FLORIVA DROPS	-	Tier 2	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	Preventive	MULTIVITAMINS
FLUAD INJ	VAC	Preventive	VACCINES
FLUAD QUAD INJ	VAC	Preventive	VACCINES
FLUBLOK INJ	VAC	Preventive	VACCINES
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive	VACCINES
FLUBLOK QUAD PF INJ	VAC	Preventive	VACCINES
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Tier 1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Tier 1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Tier 1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	Tier 1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventive	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
fluocinolone acetonide cream	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide oil	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide oint	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide soln	-	Tier 1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Tier 1	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Tier 1	DERMATOLOGICALS
fluocinonide cream 0.1%	-	Tier 2	DERMATOLOGICALS
fluocinonide emollient cream	-	Tier 1	DERMATOLOGICALS
fluocinonide gel	-	Tier 1	DERMATOLOGICALS
fluocinonide oint	-	Tier 1	DERMATOLOGICALS
fluocinonide soln	-	Tier 1	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Tier 1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	Tier 1	DERMATOLOGICALS

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 Alphabetical Index
 Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
FLUOROURACIL SOLN	-	Tier 2	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (PROZAC equiv)	-	Tier 1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	Tier 2	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	Tier 2	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	Tier 2	DERMATOLOGICALS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	Tier 2	DERMATOLOGICALS
fluticasone propionate cream (CUTIVATE equiv)	-	Tier 1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	Tier 2	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	Tier 1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	Preventive	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	Tier 1	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES
FOLBEE PLUS CZ TAB	-	Tier 1	MULTIVITAMINS

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UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025

Drug Name	Special Code	Tier	Category
folic acid cap (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	Tier 1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Tier 1	DIAGNOSTIC PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv)	-	Tier 1	ANTICONSULSANTS
gabapentin tab (NEURONTIN equiv)	-	Tier 1	ANTICONSULSANTS
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GARDASIL 9 INJ	VAC	Preventive	VACCINES

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

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GARDASIL INJ	VAC	Preventive	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	Tier 2	OPHTHALMIC AGENTS
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
gavilyte-h kit	-	Tier 2	LAXATIVES
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Tier 1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Tier 1	DERMATOLOGICALS
gentamicin sulfate oint	-	Tier 1	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive	CONTRACEPTIVES
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glimepiride tab (AMARYL equiv)	-	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Tier 1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS

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 Alphabetical Index
 Last Updated 5/1/2025**

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GLUCAGEN INJ	-	Tier 2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Tier 1	ANTIDIABETICS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Tier 2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Tier 2	ANTIDIABETICS
GLYBURID MCR TAB	-	Tier 1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Tier 1	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Tier 1	ULCER DRUGS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Tier 2	ANTIDIABETICS
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Tier 1	ANTIEMETICS
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	Tier 2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	Tier 1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	Tier 2	ANTIFUNGALS
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 1	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 2	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Tier 1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Tier 2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY Specialty
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY Specialty
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2	HEMATOLOGICAL AGENTS - MISC. Specialty
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2	HEMATOLOGICAL AGENTS - MISC. Specialty
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Tier 2	DERMATOLOGICALS
HALDOL DECANOATE INJ	-	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
halobetasol propionate cream (ULTRAVATE equiv)	-	Tier 1	DERMATOLOGICALS
halobetasol propionate foam (QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint))	QL-ST	Tier 2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	Tier 1	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Tier 1	DERMATOLOGICALS

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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 Alphabetical Index
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Drug Name	Special Code	Tier	Category
haloperidol decanoate inj	AMSP	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HC BUTYRATE CREAM	-	Tier 1	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Tier 2	DERMATOLOGICALS
heparin porcine inj	-	Tier 1	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS
HOMATROPINE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Tier 1	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Tier 1	ANTIDIABETICS
HYCANTIN CAP	LMSP-PA	Tier 2 Specialty	ANTINEOPLASTICS
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Tier 1	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Tier 1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID

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 Alphabetical Index
 Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
hydrocodone/acetaminophen cap (LORCET equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Tier 1	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Tier 1	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Tier 1	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	Tier 2	DERMATOLOGICALS
hydrocortisone oint	-	Tier 1	DERMATOLOGICALS
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Tier 1	CORTICOSTEROIDS
hydrocortisone tab (CORTEF equiv)	-	Tier 1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Tier 1	DERMATOLOGICALS

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Alphabetical Index
Last Updated 5/1/2025**

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hydrocortisone valerate oint (WESTCORT equiv)	-	Tier 1	DERMATOLOGICALS
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
HYDROMORPHONE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	Tier 1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Tier 2	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	Tier 1	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Tier 1	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Tier 1	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Tier 1	ANTIANKXIETY AGENTS
HYOPHEN TAB	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
HYPERRAB INJ, IMOGRAM INJ	-	Tier 2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HYPODERMIC NEEDLES	OTC	Tier 2	MEDICAL DEVICES
ibandronate tab 150mg (BONIVA equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Tier 1	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Alphabetical Index
Last Updated 5/1/2025**

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imipramine pamoate cap (TOFRANIL PM equiv)	-	Tier 2	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	Tier 1	ANTIDEPRESSANTS
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Tier 2	DERMATOLOGICALS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Tier 1	DERMATOLOGICALS
IMOVAX INJ	-	Tier 2	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC. Specialty
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC. Specialty
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Tier 2	ASTHMA AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Tier 1	DIURETICS
indomethacin cap (INDOCIN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
INFANRIX INJ	VAC	Preventive	TOXOIDS
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Specialty
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Specialty
INGREZZA SPRINKLE CAP (QL= 30 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Specialty
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Specialty
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Specialty
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/3 days)	QL	Value	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/3 days)	QL	Value	ANTIDIABETICS
INSULIN LISAP INJ 100/ML (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INTELENCE TAB (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
INTRON-A INJ	AMSP	Tier 2	ANTINEOPLASTICS Specialty
INVEGA HAFYERA INJ	AMSP	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS Specialty

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Alphabetical Index
Last Updated 5/1/2025**

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INVEGA SUSTENNA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TRINZA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Tier 2	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	Tier 1	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	Tier 2	DERMATOLOGICALS
IPOL INJ	-	Preventive	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	Tier 1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive	CONTRACEPTIVES
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Tier 1	MIGRAINE PRODUCTS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Tier 2	MIGRAINE PRODUCTS
isoniazid tab	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Tier 2	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Tier 1	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Tier 1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	Tier 1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Tier 1	ANTIANGINAL AGENTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	-	Tier 1	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	Tier 2	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Tier 2	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	Tier 1	ANTHELMINTICS
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JARDIANCE TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
JAVYGTOR PAK 100MG (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR POW 500MG (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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Alphabetical Index
Last Updated 5/1/2025**

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JAVYGTOR TAB 100MG (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JENTADUETO TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	Tier 1	ESTROGENS
JULUCA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty	ANTIHYPERTENSIVES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	-	Preventive	VACCINES
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
kelnor tab (DEMULEN equiv)	-	Preventive	CONTRACEPTIVES
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	Tier 1	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	Tier 2	DERMATOLOGICALS
ketoconazole shampoo	-	Tier 1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Tier 1	ANTIFUNGALS
ketorolac inj	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Tier 1	OPHTHALMIC AGENTS
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	Tier 1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KLOXXADO NASAL SPRAY	-	Tier 2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Tier 2	ANTIMALARIALS
K-TAB	-	Tier 1	MINERALS & ELECTROLYTES
KYLEENA IUD	-	Preventive	CONTRACEPTIVES
labetalol tab (NORMODYNE equiv)	-	Tier 1	BETA BLOCKERS

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 Alphabetical Index
 Last Updated 5/1/2025**

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licosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Tier 1	ANTICONVULSANTS
licosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lactulose oral crystal packet (KRISTALOSE equiv) (ST req trial of lactulose)	ST	Tier 2	LAXATIVES
lactulose soln	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Tier 2	ANTIVIRALS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Tier 1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1	ANTIVIRALS
		Specialty	
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	Tier 2	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Tier 2	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Tier 1	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1	GASTROINTESTINAL AGENTS - MISC.
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1	GASTROINTESTINAL AGENTS - MISC.
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)	AMSP-PA-QL	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
		Specialty	
latanoprost ophth soln (XALATAN equiv)	-	Value	OPHTHALMIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive	CONTRACEPTIVES
leflunomide tab (ARAVA equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
		Specialty	
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
		Specialty	
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Tier 1	ANTINEOPLASTICS
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Tier 2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
		Specialty	
levalbuterol neb soln (XOPENEX equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levetiracetam ER tab (KEPPRA XR equiv)	-	Tier 1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Tier 1	ANTICONVULSANTS

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SF	Prior Authorization	SMKG	Quantity Limit	RDX	Restricted to Diagnosis
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Alphabetical Index
Last Updated 5/1/2025**

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levetiracetam tab (KEPPRA equiv)	-	Tier 1	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Tier 1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Tier 1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Tier 1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	Preventive	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone))	QL-ST	Tier 2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	Tier 1	THYROID AGENTS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Tier 1 Specialty	HEMATOPOIETIC AGENTS
lidocaine cream 3% (LIDAMANTLE equiv)	-	Tier 2	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Tier 2	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Tier 1	DERMATOLOGICALS
lidocaine lotion	-	Tier 2	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day)	QL	Tier 1	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Tier 2	MOUTH/THROAT/DENTAL AGENTS
lidocaine soln (XYLOCAINE equiv)	-	Tier 1	DERMATOLOGICALS
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Tier 1	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Tier 1	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Tier 1	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	Tier 1	DERMATOLOGICALS
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
linezolid susp	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 30 caps/30 days)	QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	Tier 1	THYROID AGENTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 1	ANTIDIABETICS
lisdexamphetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
lisdexamphetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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Alphabetical Index
Last Updated 5/1/2025**

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LO LOESTRIN TAB	-	Preventive	CONTRACEPTIVES
LOCOID LIPOCREAM	-	Tier 1	DERMATOLOGICALS
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	Tier 1	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
lorazepam conc (ATIVAN equiv)	-	Tier 1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Tier 1	ANTIANKXIETY AGENTS
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value	ANTIHYPERTENSIVES
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Tier 2	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Tier 2	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2	OPHTHALMIC AGENTS
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Tier 1	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2	ANTIDIABETICS
malathion lotion (OVIDE equiv)	-	Tier 1	DERMATOLOGICALS
MALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	Tier 1	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Tier 2	COUGH/COLD/ALLERGY
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
MECLOFENAMATE CAP	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Tier 1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	Tier 2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	Tier 1	PROGESTINS
MEGESTROL SUSP	-	Tier 1	PROGESTINS
megestrol susp (MEGACE equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	AMSP	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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Alphabetical Index
Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
MENHIBRIX INJ	VAC	Preventive	VACCINES
MENOMUNE INJ	VAC	Preventive	VACCINES
MENQUADFI INJ	VAC	Preventive	VACCINES
MENVEO INJ	VAC	Preventive	VACCINES
MENVEO SOLN	VAC	Preventive	VACCINES
MEPERIDINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	Tier 2	ANTIANKXIETY AGENTS
mercaptapurine susp 2000mg/100ml (PURIXAN equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptapurine tab (PURINETHOL equiv)	-	Tier 1	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (QL= 9 tabs/1 day)	QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	AMSP	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
metaxalone tab (SKELAXIN equiv)	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	Tier 2	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	Tier 2	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	Tier 2	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	Value	ANTIDIABETICS
methadone soln (QL= 4 ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone soln 10mg/5ml (QL= 20ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Tier 1	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	PA-QL	Tier 1	ANALGESICS - OPIOID

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Alphabetical Index
Last Updated 5/1/2025

Drug Name	Special Code	Tier	Category
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	Tier 2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Tier 1	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
methocarbamol tab 1000mg (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	Tier 1	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Tier 1	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Tier 1	ULCER DRUGS
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Tier 2	ANTICONVULSANTS
METHYCLOTHIAZIDE TAB	-	Tier 1	DIURETICS
methyl dopa tab (ALDOMET equiv)	-	Tier 1	ANTIHYPERTENSIVES
METHYLDOPA TAB	-	Tier 2	ANTIHYPERTENSIVES
methyl dopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Tier 1	ANTIHYPERTENSIVES
methyl ergonovine tab (METHERGINE equiv)	-	Tier 1	OXYTOCICS
methylphenidate 10mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate 20mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate 30mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv) (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate er cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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 Alphabetical Index
 Last Updated 5/1/2025**

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methylphenidate er cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Tier 1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Tier 1	CORTICOSTEROIDS
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Tier 1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	Value	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	Value	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
metronidazole cap (FLAGYL equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	Tier 1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Tier 2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Tier 1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Tier 2	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv) (QL= 448 caps/28 days)	PA-QL	Tier 2	ANTIHYPERTENSIVES

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 Alphabetical Index
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mexiletine hcl cap	-	Tier 1	ANTIARRHYTHMICS
mibelas chew tab (MINASTRIN equiv)	-	Preventive	CONTRACEPTIVES
MICORT-HC CREAM	-	Tier 2	DERMATOLOGICALS
midazolam hcl syrup	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam inj (MIDAZOLAM equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	Tier 1	VASOPRESSORS
mifepristone tab (MIFEPREX equiv)	-	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	--AMSP-PA-QL	Tier 1 Specialty	ANTIDIABETICS
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
MIGLITOL TAB	-	Tier 2	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	Tier 2	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 1 Specialty	HEMATOPOIETIC AGENTS
minocycline cap (MINOCIN equiv)	-	Tier 1	TETRACYCLINES
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Tier 2	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	Tier 2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Tier 1	ANTIHYPERTENSIVES
mirabegron tab er (MYRBETRIQ equiv) (ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	ST	Tier 2	URINARY ANTISPASMODICS
MIRENA IUD	-	Preventive	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	Tier 1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Tier 1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	Preventive	ULCER DRUGS
M-M-R II INJ	VAC	Preventive	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
moexipril tab (UNIVASC equiv)	-	Tier 1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Tier 2	ANALGESICS - OPIOID

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Alphabetical Index
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morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1	ANALGESICS - OPIOID
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	PA-QL	Tier 1	ANALGESICS - OPIOID
morphine sulfate oral soln 100mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
morphine sulfate oral soln 20mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
morphine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Tier 1	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Tier 1	FLUOROQUINOLONES
MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 60 years and older)	QL-VAC	Preventive	VACCINES
multigen plus tab (CHROMAGEN FORTE equiv)	-	Tier 1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Tier 1	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	Tier 1	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Tier 1	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Tier 1	ASSORTED CLASSES

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Alphabetical Index
Last Updated 5/1/2025

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MYHIBBIN SUSP	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	AMSP	Tier 2	ANTINEOPLASTICS
nabumetone tab (RELAFEN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	Tier 1	BETA BLOCKERS
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Tier 2	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Tier 2	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	Tier 2	DERMATOLOGICALS
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	Tier 2	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	-	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE HCL SOLN 0.4MG/ML (QL= 2ml/fill, 2 fills/30 days)	QL	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE NASAL SPRAY	-	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Tier 1	ANTIDOTES
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
NARCAN HCL SPRAY (OTC)	OTC	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Tier 1	ANTIDIABETICS
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Tier 2	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Tier 1	BETA BLOCKERS
NEFAZODONE TAB	-	Tier 1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Tier 1	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	Tier 2	VASOPRESSORS
neomycin tab	-	Tier 1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Tier 1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	Tier 1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Tier 1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Tier 1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
NEPHRON FA TAB	-	Tier 2	HEMATOPOIETIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Tier 2	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Tier 2	ANTIVIRALS

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 Alphabetical Index
 Last Updated 5/1/2025**

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nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Tier 2	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	Tier 2	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	AMSP-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	Tier 2	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole)	QL-ST	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	Tier 2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Tier 1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Tier 2	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Tier 1	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	Tier 1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Tier 1	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	Tier 1	ULCER DRUGS

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

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NIZATIDINE CAP	-	Tier 2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizoral a-d shampoo (NIZORAL equiv)	OTC	Tier 1	DERMATOLOGICALS
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Tier 1	PROGESTINS
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	Preventive	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
NORPACE CR CAP	-	Tier 2	ANTIARRHYTHMICS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventive	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Tier 1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Tier 1	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
NOVAVAX INJ	VAC	Preventive	VACCINES
NOVOFINE PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Value	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	Value	ANTIDIABETICS
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOPEN ECHO (QL= 1 pen device/365 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Alphabetical Index
Last Updated 5/1/2025**

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NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUVARING	-	Preventive	CONTRACEPTIVES
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Tier 2	VAGINAL PRODUCTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Tier 1	DERMATOLOGICALS
nystatin oint	-	Tier 1	DERMATOLOGICALS
nystatin powder	-	Tier 1	ANTIFUNGALS
nystatin susp	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Tier 1	ANTIFUNGALS
nystatin topical powder	-	Tier 1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	Tier 1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Tier 1	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Tier 1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Tier 1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	Tier 1	FLUOROQUINOLONES
olanzapine inj (ZYPREXA equiv)	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
olmesartan tab (BENICAR equiv)	-	Tier 1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Tier 1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTIVIRALS
OMECLAMOX (QL= 80 tabs/10 days)	QL	Tier 2	ULCER DRUGS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Tier 1	ANTIHYPERTENSIVES
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES

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Alphabetical Index
Last Updated 5/1/2025

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OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT (GEN 4) (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron inj (ZOFTRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Tier 1	ANTIEMETICS
ondansetron ODT (ZOFTRAN equiv)	-	Tier 1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Tier 1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	Tier 1	ANTIEMETICS
OPILL TAB	-	Preventive	CONTRACEPTIVES
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	Tier 2	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Tier 2	DERMATOLOGICALS
ORACIT SOLN	-	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	BIOLOGICALS MISC
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Tier 2	CARDIOVASCULAR AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2	RESPIRATORY AGENTS - MISC.
ormalvi tab 50mg (QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-7269)	LD-PA-QL	Tier 1	DIURETICS
orphenadrine citrate ER tab (NORFLEX equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Tier 1	ANTIVIRALS
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Tier 1	OTIC AGENTS
OXANDROLONE TAB	PA	Tier 1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY

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 Alphabetical Index
 Last Updated 5/1/2025**

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oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Tier 2	ANTIANKXIETY AGENTS
oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Tier 2	ANTICONVULSANTS
oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Tier 2	ANTICONVULSANTS
oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day)	QL	Tier 2	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Tier 1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Tier 1	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	Tier 2	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	Tier 1	URINARY ANTISPASMODICS
oxybutynin syrup	-	Tier 1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Tier 1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID

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Alphabetical Index
Last Updated 5/1/2025**

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OXYCODONE/ASPIRIN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
OXYCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Tier 1	DERMATOLOGICALS
paricalcitol cap (ZEMPLAR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Tier 1	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	Tier 2	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Tier 2	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Tier 1	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Tier 2	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Tier 2	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Tier 2	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Tier 2	ANTIVIRALS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Alphabetical Index
Last Updated 5/1/2025**

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pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Tier 2	ULCER DRUGS
PCE TAB	-	Tier 2	MACROLIDES
pediatric multiple vitamins/fluoride soln	-	Preventive	MULTIVITAMINS
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Tier 2	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
PEGASYS INJ	AMSP-PA	Tier 2 Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty	ANTIVIRALS
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive	VACCINES
penciclovir cream (DENA VIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Tier 2	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin g potassium for inj (PFIZERPEN equiv)	-	Tier 1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	Tier 1	PENICILLINS
pentamidine neb soln (NEBUPENT equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP 500MG (QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or generic LIALDA)	QL-RDX-ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENAL equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	Tier 1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
phenazopyridine tab (PYRIDIUM equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Tier 1	ANTIDEPRESSANTS
phenobarbital elixir	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	Tier 2	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

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phenytoin susp (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Tier 2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/day)	QL	Tier 1	MINERALS & ELECTROLYTES
phytonadione tab (MEPHYTON equiv)	-	Tier 1	VITAMINS
PIFELTRO TAB	-	Tier 2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Tier 1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Tier 2	DERMATOLOGICALS
PIMOZIDE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Tier 1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	Tier 2	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Tier 1	ANTIDIABETICS
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Tier 2	ANTIHYPERTENSIVES
PLAN B TAB	OTC	Preventive	CONTRACEPTIVES
PNEUMOVAX INJ	VAC	Preventive	VACCINES
PODOCON SOLN	-	Tier 2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Tier 2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	Tier 1	DERMATOLOGICALS
PODOFILOX SOLN (QL= 0.5ml/day)	--QL	Tier 2	DERMATOLOGICALS
POLYETHYLENE GLYCOL 8000 GRANULES	-	Tier 2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Tier 1	OPHTHALMIC AGENTS
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Tier 2	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Tier 2	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	Tier 1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Tier 2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	Tier 2	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	Tier 1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Tier 1	MINERALS & ELECTROLYTES

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 Alphabetical Index
 Last Updated 5/1/2025**

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potassium chloride ER tab (K-TAB equiv)	-	Tier 1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Tier 1	MINERALS & ELECTROLYTES
potassium chloride powder packet (K-LOR-CON equiv)	-	Tier 2	MINERALS & ELECTROLYTES
potassium chloride soln	-	Tier 2	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Tier 1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Tier 1	MINERALS & ELECTROLYTES
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	Tier 2	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	Tier 1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Tier 2	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Tier 2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	Tier 1	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Tier 1	ANTIHYPERTENSIVES
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Tier 2	DERMATOLOGICALS
PREDNICARBATE OIN	-	Tier 2	DERMATOLOGICALS
prednisolone acetate ophth susp	-	Tier 1	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	Tier 1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
prednisolone soln	-	Tier 1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Tier 1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	Tier 2	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2	CORTICOSTEROIDS
prednisone pack	-	Tier 1	CORTICOSTEROIDS
PREDNISONE SOLN	-	Tier 1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Tier 1	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv)	-	Tier 1	ANTICONVULSANTS
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Tier 1	ANTICONVULSANTS
PRENATABS RX TAB	-	Tier 2	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Tier 2	MULTIVITAMINS
PRENATAL 19 TAB	-	Tier 2	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Tier 2	MULTIVITAMINS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS

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Alphabetical Index
Last Updated 5/1/2025**

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PREVNAR 13 INJ	VAC	Preventive	VACCINES
PREVNAR 20 INJ	VAC	Preventive	VACCINES
PREZCOBIX TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
PREZISTA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
primaquine tab (PRIMAQUINE equiv)	-	Tier 2	ANTIMALARIALS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
primidone tab (MYSOLINE equiv)	QL--	Tier 1	ANTICONVULSANTS
PRIMSOL SOLN	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventive	VACCINES
probenecid tab (BENEMID equiv)	-	Tier 1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	Tier 1	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Tier 1	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	Tier 2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	Tier 1	ANORECTAL AGENTS
PRODRIN TAB	-	Tier 1	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	Tier 1	PROGESTINS
progesterone oil inj	-	Tier 1	PROGESTINS
PROMACTA POWDER (QL= 6 packets/day)	AMSP-PA-QL	Tier 2	HEMATOPOIETIC AGENTS
		Specialty	
PROMACTA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2	HEMATOPOIETIC AGENTS
		Specialty	
promethazine DM syrup	-	Tier 1	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
promethazine syrup	-	Tier 1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	Tier 1	COUGH/COLD/ALLERGY
PROMETHAZINE VC SYRUP (QL= 30ml/day)	--QL	Tier 1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	--QL	Tier 1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Tier 1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Tier 1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Tier 1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Tier 1	ANTIHISTAMINES
propafenone ER cap (RYTHMOL SR equiv)	-	Tier 2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	Tier 1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Tier 2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Tier 1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Tier 1	BETA BLOCKERS
propranolol oral soln	-	Tier 1	BETA BLOCKERS
PROPRANOLOL SOLN	-	Tier 1	BETA BLOCKERS

AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025

Drug Name	Special Code	Tier	Category
propranolol tab (INDERAL equiv)	-	Tier 1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
propylthiouracil tab	-	Tier 1	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
protriptyline tab (VIVACTIL equiv)	-	Tier 1	ANTIDEPRESSANTS
PROZAC WEEKLY CAP (QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR)	QL-ST	Tier 2	ANTIDEPRESSANTS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone)	QL-ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Tier 2	RESPIRATORY AGENTS - MISC.
PURIXAN SUSP 2000MG/100ML	-	Tier 1	Specialty ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine soln (MESTINON equiv)	-	Tier 2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1	Specialty ANTIMALARIALS
QTERN TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Tier 2	ANTIDIABETICS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv)	-	Tier 1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Tier 1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	Tier 2	ANTIARRHYTHMICS
quinidine sulfate tab (QL= 8 tabs/day)	QL	Tier 1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Tier 2	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Tier 2	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Tier 1	ANTIMALARIALS
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	Tier 2	VACCINES
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2	Specialty NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Tier 2	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	Tier 1	ANTIHYPERTENSIVES
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPARKINSON AGENTS
REBETOL SOLN	AMSP-PA	Tier 2	Specialty ANTIVIRALS

AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Tier 2	ANTIVIRALS
RELTONE CAP	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	Tier 1	ANTIDIABETICS
REPAGLINIDE TAB	-	Tier 2	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Tier 2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Tier 2	ANTIHYPERTENSIVES
RESCRIPTOR TAB	-	Tier 2	ANTIVIRALS
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Tier 2	ANTIVIRALS
REZYST CHEW TAB	-	Tier 1	ANTIDIARRHEALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Tier 2 Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Tier 1 Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Tier 1 Specialty	ANTIVIRALS
RIBAVIRIN TAB	AMSP	Tier 1 Specialty	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	AMSP	Tier 1 Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Tier 1	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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	Vaccine Program				

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**UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025**

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risperidone ODT (RISPERDAL M equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Tier 2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	Tier 1	ANTIPARKINSON AGENTS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2	ANTICONVULSANTS
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
RYKINDO INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AGENTS
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2	ANTIPARKINSON AND RELATED THERAPY AGENTS
SAFETY SYRINGE	-	Tier 2	MEDICAL DEVICES AND SUPPLIES
salicylic acid aerosol	-	Tier 2	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	Tier 1	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Tier 1	ANALGESICS - NONNARCOTIC
SANTYL OINT (QL= 90gm/30 days)	QL	Tier 2	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentaduo)	QL-ST	Tier 2	ANTIDIABETICS

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 Alphabetical Index
 Last Updated 5/1/2025**

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saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentaduetto)	QL-ST	Tier 2	ANTIDIABETICS
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Tier 1	ANTIEMETICS
SEASONIQUE TAB	-	Preventive	CONTRACEPTIVES
selegiline cap (ELDEPRYL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	Tier 1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Tier 1	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (REVELA equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
silodosin cap (RAPAFLO equiv)	-	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
silver nitrate soln	-	Tier 1	DERMATOLOGICALS
SILVER NITRATE SOLN	-	Tier 2	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Tier 2	ANTIHYPERTENSIVES
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive	ANTIHYPERTENSIVES
sirolimus soln (RAPAMUNE equiv)	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	Tier 2	ASSORTED CLASSES
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Tier 2 Specialty	ANTIMYCOBACTERIAL AGENTS
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS

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**UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025**

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SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	Preventive	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride inj	-	Tier 1	MINERALS & ELECTROLYTES
SODIUM CHLORIDE IRRIGATION SOLN	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride neb soln (HYPER-SAL equiv)	-	Tier 1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	Tier 2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	Tier 2	ASSORTED CLASSES
sodium sulfacetamide lotion (KLARON equiv)	-	Tier 1	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Tier 1	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	ANTIVIRALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Tier 1	URINARY ANTISPASMODICS
SOLU-CORTEF INJ	-	Tier 2	CORTICOSTEROIDS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	Tier 1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Tier 1	BETA BLOCKERS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive	VACCINES
SPIKEVAX INJ 50/0.5ML	VAC	Preventive	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Tier 2	DERMATOLOGICALS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2	ASTHMA AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2	ASTHMA AND BRONCHODILATOR AGENTS

AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Tier 2	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Tier 1	DIURETICS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive	CONTRACEPTIVES
SPS	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Tier 2	COUGH/COLD/ALLERGY
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
STIMATE NASAL SOLN	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ 100MG/0.5ML	LMSP	Tier 2 Specialty	ANALGESICS - OPIOID
SUBLOCADE INJ 300MG/1.5ML	LMSP	Tier 2 Specialty	ANALGESICS - OPIOID
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Tier 2	ANALGESICS - OPIOID
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Tier 2	ANALGESICS - OPIOID
sucrafate susp (CARAFATE equiv)	-	Tier 1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucrafate tab (CARAFATE equiv)	-	Tier 1	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/year)	QL	Tier 2	LAXATIVES
SULFACETAMIDE SODIUM OPHTH OINT	-	Tier 2	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Tier 1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Tier 1	SULFONAMIDES
SULFAMYLON CREAM	-	Tier 2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	Tier 2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Tier 2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (Treximet equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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Alphabetical Index
Last Updated 5/1/2025**

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sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Tier 2	ANTIVIRALS
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Tier 2 Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNAREL NASAL SOLN	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYRINGE LUER-LOK	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Tier 2 Specialty	ANTINEOPLASTICS
tacrolimus cap (PROGRAF equiv)	-	Tier 1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Tier 1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
TASIGNA CAP	AMSP-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Tier 1 Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Tier 2	DERMATOLOGICALS
tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Tier 1	DERMATOLOGICALS

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Alphabetical Index
Last Updated 5/1/2025**

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tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Tier 2	DERMATOLOGICALS
TB SYRINGE	-	Tier 2	MEDICAL DEVICES AND SUPPLIES
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2	ANTIVIRALS
telmisartan tab (MICARDIS equiv)	-	Specialty Tier 1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	Tier 1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Tier 1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Tier 1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Tier 1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Tier 1	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)	--QL	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	QL-PA	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC

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 Alphabetical Index
 Last Updated 5/1/2025**

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testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
TETANUS/DIPHThERIA TOXOID INJ	VAC	Preventive	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine ophth soln	-	Tier 1	OPHTHALMIC AGENTS
tetracycline cap	-	Tier 1	TETRACYCLINES
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Tier 2 Specialty	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine hcl tab (QL= 8 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Tier 2 Specialty	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln; Covered for members age 5 years or younger)	ST	Tier 2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	ST--	Value	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	Tier 1	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv) (QL= 10ml/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
timolol ophth soln (BETIMOL equiv) (QL= 15ml/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
timolol ophth soln (BETIMOL equiv) (QL= 5ml/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.

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 Alphabetical Index
 Last Updated 5/1/2025**

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tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Tier 1 Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH OINT	-	Tier 2	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Tier 1 Specialty	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	AMSP-PA	Tier 1 Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	Tier 1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Tier 1	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	Tier 1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Tier 2	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	Tier 2	ANTIPARKINSON AGENTS
tolmetin cap (TOLECTIN DS equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	Tier 2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	Tier 2	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Tier 2	ANTICONVULSANTS
topiramate ER cap (QUDEXY equiv) (QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Tier 2	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	Tier 1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Tier 1	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Tier 1	DIURETICS
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
tramadol ER tab (RYZOLT equiv)	PA	Tier 2	ANALGESICS - OPIOID
tramadol ER tab 100mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID
tramadol ER tab 300mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025

Drug Name	Special Code	Tier	Category
tramadol hcl tab 100mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	Tier 1	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Tier 1	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Tier 1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	Tier 1	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Tier 1	ANTIDEPRESSANTS
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
tretinoin cap (VESANOID equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv)	-	Tier 1	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv)	-	Tier 1	DERMATOLOGICALS
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	--QL-ST	Tier 2	DERMATOLOGICALS
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	Tier 2	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone cream	-	Tier 1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Tier 1	DERMATOLOGICALS
TRIAMCINOLONE SPRAY (QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/ointment)	QL-ST	Tier 2	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv)	QL-ST	Tier 2	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	Tier 2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Tier 1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Tier 1	DIURETICS

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SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Alphabetical Index
Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
triazolam tab (HALCION equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
tricitrates soln (POLYCITRA-LC equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Tier 1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive	CONTRACEPTIVES
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	Tier 1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
TRIMETHOPRIM TAB	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Tier 1	ANTIDEPRESSANTS
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Tier 1	COUGH/COLD/ALLERGY
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Tier 1	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Tier 2	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	Tier 1	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	Tier 2	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	Tier 2	URINARY ANTISPASMODICS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventive	VACCINES
tussigon tab (HYCODAN equiv)	-	Tier 1	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Tier 2	ANTIVIRALS
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025

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TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Tier 2	OPHTHALMIC AGENTS
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTIVIRALS
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
umecta mouss aer (HYDRO 40 equiv)	-	Tier 2	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
UZEDY INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
valacyclovir tab (VALTREX equiv)	-	Tier 1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Tier 1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Tier 1	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Tier 1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Tier 1	ANTICONVULSANTS
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Tier 2	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	Tier 1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month)	QL	Tier 2	ANTICONVULSANTS
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	Preventive	VACCINES
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Tier 2	ANTIEMETICS
VAXCHORA SUSP	VAC	Preventive	VACCINES

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

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VAXELIS INJ	VAC	Preventive	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventive	VACCINES
VELIVET PAK	-	Preventive	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Tier 2 Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Tier 1	ANTIDEPRESSANTS
venlafaxine ER tab	-	Tier 2	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	Tier 1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan))	ST	Tier 2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIDEX SOLN (QL= 600ml/30 days)	QL	Tier 2	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
vienna tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Tier 2	ANTIDEPRESSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive	CONTRACEPTIVES
VIRACEPT TAB	-	Tier 2	ANTIVIRALS
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Tier 2	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2	ANTIVIRALS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Tier 2 Specialty	ANTIDOTES
vitamin D cap (RX strength only)	-	Tier 1	VITAMINS
VIVITROL INJ	AMSP	Tier 2 Specialty	ANTIDOTES

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 Alphabetical Index
 Last Updated 5/1/2025**

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voriconazole susp (VFEND equiv)	-	Tier 1	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Tier 1	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2	ANTIVIRALS
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 2	Specialty ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 2	Specialty HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 2	Specialty HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	Tier 1	MULTIVITAMINS
VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VTOL SOLN	-	Tier 1	ANALGESICS - NONNARCOTIC
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2	Specialty PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
warfarin tab (COUMADIN equiv)	-	Tier 1	ANTICOAGULANTS
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2	Specialty ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2	Specialty ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO SUSP (QL= 10ml/day)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis))	LD-QL-RDX	Tier 2	Specialty OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Tier 2	Specialty ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2	Specialty ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2	Specialty ANALGESICS - ANTI-INFLAMMATORY
XIGDUO XR TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Tier 2	Specialty ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Tier 2	Specialty ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Tier 2	Specialty ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2	Specialty ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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**UMP Preferred Drug List Cont.
Alphabetical Index
Last Updated 5/1/2025**

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XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YASMIN TAB	-	Preventive	CONTRACEPTIVES
YAZ TAB	-	Preventive	CONTRACEPTIVES
YF-VAX INJ	-	Preventive	VACCINES
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Tier 2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZERVIAE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Tier 1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Tier 1	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone mesylate inj (GEODON equiv)	AMSP	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	Tier 2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	Tier 2	MACROLIDES
ZOLINZA CAP	LMSP-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal)	QL-ST	Tier 2	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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**UMP Preferred Drug List Cont.
 Alphabetical Index
 Last Updated 5/1/2025**

Drug Name	Special Code	Tier	Category
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Tier 1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zonisamide cap (ZONEGRAN equiv)	-	Tier 1	ANTICONVULSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Tier 2	OPHTHALMIC AGENTS
ZYPREXA RELPREVV INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Tier 1
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Tier 1
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Tier 1
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Tier 1
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Tier 1
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Tier 2
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Tier 2
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Tier 2
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Tier 2
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Tier 2
ANALECTICS		
caffeine citrate soln (CAFCIT equiv)	-	Tier 1
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Tier 1
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Tier 1
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	Vaccine Program				

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Tier 1
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1
STIMULANTS - MISC.		
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Tier 1
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 1
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Tier 1
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Tier 1
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Tier 1
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Tier 1
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
methylphenidate ER tab (QL= 1 tab/day)	QL	Tier 1
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Tier 1
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Tier 1
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Tier 1
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Tier 1
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Tier 1
methylphenidate soln (METHYLIN equiv)	-	Tier 1
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Tier 1
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Tier 1
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Tier 1
methylphenidate 10mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2
methylphenidate 20mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2
methylphenidate 30mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Tier 2
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	Tier 2
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	Tier 2
methylphenidate ER cap (RITALIN LA equiv) (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
methylphenidate er cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
methylphenidate er cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
methylphenidate er cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
methylphenidate er cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
methylphenidate er cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
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	Vaccine Program				

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexamethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexamethyl ER, methylph ER (generic Concerta))	QL-ST	Tier 2
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexamethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Tier 2
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AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin tab	-	Tier 1
paromomycin cap (HUMATIN equiv)	-	Tier 1
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Tier 1 Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Tier 1 Specialty

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Tier 2 Specialty
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Tier 2 Specialty
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Tier 2 Specialty
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	Tier 1
diclofenac potassium tab (CATAFLAM equiv)	-	Tier 1
diclofenac sodium EC tab (VOLTAREN equiv)	-	Tier 1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Tier 1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Tier 1
etodolac cap (LODINE equiv)	-	Tier 1
etodolac ER tab (LODINE XL equiv)	-	Tier 1
etodolac tab	-	Tier 1
FLURBIPROFEN TAB	-	Tier 1
flurbiprofen tab (ANSAID equiv)	-	Tier 1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Tier 1
ibuprofen tab	-	Tier 1
indomethacin cap (INDOCIN equiv)	-	Tier 1
indomethacin CR cap (INDOCIN SR equiv)	-	Tier 1
ketorolac inj	-	Tier 1
ketorolac tab (TORADOL equiv)	-	Tier 1
meloxicam tab (MOBIC equiv)	-	Tier 1
nabumetone tab (RELAFEN equiv)	-	Tier 1
naproxen EC tab (NAPROSYN EC equiv)	-	Tier 1
naproxen sodium tab (ANAPROX equiv)	-	Tier 1
naproxen susp (NAPROSYN equiv)	-	Tier 1
naproxen tab (NAPROSYN equiv)	-	Tier 1
oxaprozin tab (DAYPRO equiv)	-	Tier 1
piroxicam cap (FELDENE equiv)	-	Tier 1
sulindac tab (CLINORIL equiv)	-	Tier 1
tolmetin cap (TOLECTIN DS equiv)	-	Tier 1
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Tier 2
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	Tier 2
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Tier 2
KETOROLAC INJ	-	Tier 2
MECLOFENAMATE CAP	-	Tier 2
mefenamic acid cap (PONSTEL equiv)	-	Tier 2
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Tier 2
naproxen sodium CR tab (NAPRELAN CR equiv)	-	Tier 2
NAPROXEN SUSP	-	Tier 2
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Tier 2 Specialty
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	Tier 1
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Tier 1
butalbital/acetaminophen/caffeine soln	-	Tier 1
VTOL SOLN	-	Tier 1
butalbital/acetaminophen cap	-	Tier 2
SALICYLATES		
aspirin chew tab 81mg (Covered for females only)	-	Preventive
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive
aspirin tab (Covered for females only)	OTC	Preventive
diffunisal tab (DOLOBID equiv)	-	Tier 1
salsalate tab (DISALCID equiv)	-	Tier 1
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydromorphone liquid (DILAUDID equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
HYDROMORPHONE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydromorphone tab (DILAUDID equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
meperidine tab (DEMEROL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
methadone soln (QL= 4 ml/day)	QL	Tier 1
methadone soln 10mg/5ml (QL= 20ml/day)	QL	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG
	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST
	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy	

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Tier 1
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Tier 1
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Tier 1
methadose tab (QL= 1 tab/day)	PA-QL	Tier 1
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	PA-QL	Tier 1
morphine sulfate oral soln 100mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
morphine sulfate oral soln 20mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
morphine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone cap (OXYIR equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone soln (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone tab (ROXICODONE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxymorphone tab (OPANA equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
tramadol ER tab 100mg (ULTRAM ER equiv)	PA	Tier 1
tramadol ER tab 200mg (ULTRAM ER equiv)	PA	Tier 1
tramadol ER tab 300mg (ULTRAM ER equiv)	PA	Tier 1
tramadol hcl tab 100mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
tramadol tab (ULTRAM equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
CODEINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	PA-QL	Tier 2
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	PA-QL	Tier 2
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	PA-QL	Tier 2
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone))	QL-ST	Tier 2
MEPERIDINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Tier 2
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2

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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
MORPHINE SULFATE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
MORPHINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
oxycodone conc (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	PA-QL	Tier 2
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	PA-QL	Tier 2
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	PA-QL	Tier 2
tramadol ER tab (RYZOLT equiv)	PA	Tier 2
OPIOID COMBINATIONS		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
APAP/CODEINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
aspirin/codeine tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen cap (LORCET equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen tab 10-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydrocodone/acetaminophen tab 5-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
HYDROCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen cap (TYLOX equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
OXYCODONE/ASPIRIN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
OXYCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/ibuprofen tab (COMBUNOX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
pentazocine/acetaminophen tab (TALACEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
OPIOID PARTIAL AGONISTS		
buprenorphine patch (BUTRANS equiv)	-	Tier 1
buprenorphine SL tab (SUBUTEX equiv)	-	Tier 1
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Tier 1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Tier 1
butorphanol nasal spray (QL= 5ml/30 days)	QL	Tier 1
pentazocine/naloxone tab (TALWIN NX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch)	ST	Tier 2
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Tier 2
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Tier 2

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
BRIXADI SOLN	-	Tier 2 Specialty
SUBLOCADE INJ 100MG/0.5ML	LMSP	Tier 2 Specialty
SUBLOCADE INJ 300MG/1.5ML	LMSP	Tier 2 Specialty

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

OXANDROLONE TAB	PA	Tier 1
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ANDROGENS

danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Tier 1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Tier 1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)	--QL	Tier 1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Tier 1
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Tier 1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Tier 1
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Tier 1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	Tier 2
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Tier 2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Tier 2
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	Tier 2
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	Tier 2
TESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days)	PA-QL	Tier 2
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Tier 2
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Tier 2
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Tier 2
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Tier 2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2

ANORECTAL AGENTS

INTRARECTAL STEROIDS

hydrocortisone enema (CORTENEMA equiv)	-	Tier 1
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RECTAL COMBINATIONS

lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Tier 1
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Tier 1
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Tier 1
PROCTOFOAM HC FOAM	-	Tier 2

RECTAL STEROIDS

proctosol HC cream (ANUSOL HC equiv)	-	Tier 1
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ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Tier 2
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VASODILATING AGENTS

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
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ANORECTAL AND RELATED PRODUCTS Cont.

nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Tier 1
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ANTHELMINTICS

ANTHELMINTICS

ivermectin tab (STROMEKTOL equiv)	-	Tier 1
praziquantel tab (BILTRICIDE equiv)	-	Tier 1
BENZNIDAZOLE TAB	-	Tier 2

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Tier 1
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Tier 2

NITRATES

isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Tier 1
isosorbide mononitrate ER tab (IMDUR equiv)	-	Tier 1
ISOSORBIDE MONONITRATE TAB	-	Tier 1
isosorbide mononitrate tab (MONOKET equiv)	-	Tier 1
NITROGLYCERIN ER CAP	-	Tier 1
nitroglycerin patch (NITRO-DUR equiv)	-	Tier 1
nitroglycerin SL tab (NITROSTAT equiv)	-	Tier 1
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Tier 2
NITRO-BID OINT	-	Tier 2
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Tier 2

ANTIANKXIETY AGENTS

ANTIANKXIETY AGENTS - MISC.

buspirone tab (BUSPAR equiv)	-	Tier 1
hydroxyzine pamoate cap (VISTARIL equiv)	-	Tier 1
hydroxyzine syrup (ATARAX equiv)	-	Tier 1
hydroxyzine tab (ATARAX equiv)	-	Tier 1
meprobamate tab (MILTOWN equiv)	-	Tier 2

BENZODIAZEPINES

alprazolam ER tab (XANAX XR equiv)	-	Tier 1
alprazolam tab (XANAX equiv)	-	Tier 1
chlordiazepoxide cap (LIBRIUM equiv)	-	Tier 1
clorazepate tab (TRANXENE-T equiv)	-	Tier 1
diazepam conc (VALIUM equiv)	-	Tier 1
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Tier 1
diazepam tab (VALIUM equiv)	-	Tier 1
lorazepam conc (ATIVAN equiv)	-	Tier 1
lorazepam tab (ATIVAN equiv)	-	Tier 1
alprazolam ODT (NIRAVAM equiv)	-	Tier 2
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Tier 2

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide cap (NORPACE equiv)	-	Tier 1
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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
quinidine sulfate tab (QL= 8 tabs/day)	QL	Tier 1
NORPACE CR CAP	-	Tier 2
quinidine gluconate CR tab	-	Tier 2
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Tier 2
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Tier 2
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	Tier 1
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	Tier 1
propafenone tab (RYTHMOL equiv)	-	Tier 1
propafenone ER cap (RYTHMOL SR equiv)	-	Tier 2
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	Tier 1
dofetilide cap (TIKOSYN equiv)	-	Tier 2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	Tier 1
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	Tier 1
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Tier 1
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Tier 2
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Tier 2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	Tier 1
montelukast granule pack (SINGULAIR equiv)	-	Tier 1
montelukast tab (SINGULAIR equiv)	-	Tier 1
zafirlukast tab (ACCOLATE equiv)	-	Tier 1
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Tier 2
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Tier 1
STEROID INHALANTS		

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	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value
SYMPATHOMIMETICS		
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol neb soln	-	Tier 1
ALBUTEROL NEBULIZER SOLN	-	Tier 1
albuterol sulfate syrup	-	Tier 1
albuterol sulfate tab	-	Tier 1
albuterol/ipratropium neb soln (DUONEB equiv)	-	Tier 1
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 1
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Tier 1
levalbuterol neb soln (XOPENEX equiv)	-	Tier 1
terbutaline sulfate tab (BRETHINE equiv)	-	Tier 1
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Tier 2
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol, WIXELA, DULERA)	QL-ST	Tier 2
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Tier 2
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30days)	QL	Tier 2
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
XANTHINES		
theophylline CR tab (QUIBRON-T equiv)	-	Tier 1
theophylline ER tab (UNIPHYL equiv)	-	Tier 1
theophylline soln	-	Tier 1
ELIXOPHYLLIN ELIXIR	-	Tier 2
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Tier 2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	Tier 1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Tier 2
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Tier 2
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Tier 2

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	Vaccine Program				

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UMP Preferred Drug List

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Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
XARELTO SUSP (QL= 10ml/day)	QL	Tier 2
XARELTO TAB (QL= 60 tabs/30 days)	QL	Tier 2
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Tier 2
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Tier 2
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Tier 2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	Tier 1
enoxaparin inj 300mg (LOVENOX equiv)	-	Tier 1
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Tier 1
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Tier 1
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Tier 1
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Tier 1
heparin porcine inj	-	Tier 1
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Tier 1
ANTICONSULSANTS		
ANTICONSULSANTS - BENZODIAZEPINES		
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Tier 1
clobazam tab (ONFI equiv)	-	Tier 1
clonazepam ODT (KLONOPIN equiv)	-	Tier 1
clonazepam tab (KLONOPIN equiv)	-	Tier 1
DIAZEPAM GEL (QL= 4 doses/fill)	QL	Tier 2
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Tier 2
VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month)	QL	Tier 2
diazepam rectal gel (QL= 4 doses/fill)	QL	Value
ANTICONSULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	Tier 1
carbamazepine ER cap (CARBATROL equiv)	-	Tier 1
carbamazepine ER tab (TEGRETOL XR equiv)	-	Tier 1
carbamazepine susp (TEGRETOL equiv)	-	Tier 1
carbamazepine tab (TEGRETOL equiv)	-	Tier 1
gabapentin cap (NEURONTIN equiv)	-	Tier 1
gabapentin tab (NEURONTIN equiv)	-	Tier 1
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Tier 1
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine chew tab (LAMICTAL equiv)	-	Tier 1
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Tier 1
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1
lamotrigine tab (LAMICTAL equiv)	-	Tier 1
levetiracetam ER tab (KEPPRA XR equiv)	-	Tier 1
levetiracetam soln (KEPPRA equiv)	-	Tier 1
levetiracetam tab (KEPPRA equiv)	-	Tier 1
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PA	Lumicera Mandatory Specialty Pharmacy Program	M
SF	Prior Authorization	QL
VAC	Limited to two 15 day fills per month for first 3 months	SMKG
	Vaccine Program	
	generic =small letters	
	Plan Exclusion	LD
	Medical Benefit	OTC
	Quantity Limit	RDX
	Smoking Cessation	ST
	BRANDS =CAPITAL LETTERS	
	Limited Distribution	
	Over-the-Counter	
	Restricted to Diagnosis	
	Step Therapy	

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Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
oxcarbazepine susp (TRILEPTAL equiv)	-	Tier 1
oxcarbazepine tab (TRILEPTAL equiv)	-	Tier 1
pregabalin cap (LYRICA equiv)	-	Tier 1
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Tier 1
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Tier 1
primidone tab (MYSOLINE equiv)	QL--	Tier 1
topiramate sprinkle cap (TOPAMAX equiv)	-	Tier 1
topiramate tab (TOPAMAX equiv)	-	Tier 1
zonisamide cap (ZONEGRAN equiv)	-	Tier 1
APTIOM TAB (QL= 60 tabs/30 days)	QL	Tier 2
lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	Tier 2
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Tier 2
oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Tier 2
oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Tier 2
oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day)	QL	Tier 2
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Tier 2
topiramate ER cap (QUDEXY equiv) (QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Tier 2
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Tier 2 Specialty
CARBAMATES		
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Tier 1
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Tier 1
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Tier 1
GABA MODULATORS		
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Tier 1
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Tier 1 Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	Tier 1
phenytoin chew tab (DILANTIN equiv)	-	Tier 1
phenytoin susp (DILANTIN equiv)	-	Tier 1
DILANTIN CAP 30MG	-	Tier 2
SUCCINIMIDES		

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	Vaccine Program				

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Last Updated* 5/1/2025

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ANTICONVULSANTS Cont.		
ethosuximide cap (ZARONTIN equiv)	-	Tier 1
ethosuximide soln (ZARONTIN equiv)	-	Tier 1
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Tier 2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	Tier 1
divalproex sodium DR tab (DEPAKOTE equiv)	-	Tier 1
divalproex sprinkle cap (DEPAKOTE equiv)	-	Tier 1
valproic acid cap (DEPAKENE equiv)	-	Tier 1
valproic acid syrup (DEPAKENE equiv)	-	Tier 1
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Tier 1
mirtazapine tab (REMERON equiv)	-	Tier 1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	Tier 1
bupropion tab (WELLBUTRIN equiv)	-	Tier 1
bupropion XL tab (WELLBUTRIN XL equiv)	-	Tier 1
MAPROTILINE TAB	-	Tier 1
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Tier 1
phenelzine tab (NARDIL equiv)	-	Tier 1
tranylcypromine tab (PARNATE equiv)	-	Tier 1
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	Tier 1
escitalopram soln (LEXAPRO equiv)	-	Tier 1
fluoxetine cap 90mg (PROZAC equiv)	-	Tier 1
fluvoxamine tab (LUVOX equiv)	-	Tier 1
paroxetine tab (PAXIL equiv)	-	Tier 1
FLUOXETINE TAB 60MG	-	Tier 2
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	Tier 2
paroxetine ER tab (PAXIL CR equiv)	-	Tier 2
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Tier 2
PROZAC WEEKLY CAP (QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR)	QL-ST	Tier 2
citalopram tab (CELEXA equiv)	-	Value
escitalopram tab (LEXAPRO equiv)	-	Value
fluoxetine cap (PROZAC equiv)	-	Value
fluoxetine soln (PROZAC equiv)	-	Value
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value
sertraline conc (ZOLOFT equiv)	-	Value
sertraline tab (ZOLOFT equiv)	-	Value
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	Tier 1
nefazodone tab 50mg, 250mg	-	Tier 1
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Tier 1

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	Vaccine Program				

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ANTIDEPRESSANTS Cont.					
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Tier 2			
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)					
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Tier 1			
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Tier 1			
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Tier 1			
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Tier 1			
venlafaxine ER cap (EFFEXOR XR equiv)	-	Tier 1			
venlafaxine tab (EFFEXOR equiv)	-	Tier 1			
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Tier 2			
VENLAFAXINE ER TAB	-	Tier 2			
TRICYCLIC AGENTS					
amoxapine tab (QL= 4 tabs/day)	QL	Tier 1			
clomipramine cap (ANAFRANIL equiv)	-	Tier 1			
desipramine tab (NORPRAMIN equiv)	-	Tier 1			
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Tier 1			
doxepin conc (SINEQUAN equiv)	-	Tier 1			
imipramine tab (TOFRANIL equiv)	-	Tier 1			
nortriptyline cap (PAMELOR equiv)	-	Tier 1			
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Tier 1			
protriptyline tab (VIVACTIL equiv)	-	Tier 1			
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Tier 1			
imipramine pamoate cap (TOFRANIL PM equiv)	-	Tier 2			
amitriptyline tab (ELAVIL equiv)	-	Value			
ANTIDIABETICS					
ALPHA-GLUCOSIDASE INHIBITORS					
acarbose tab (PRECOSE equiv)	-	Tier 1			
MIGLITOL TAB	-	Tier 2			
miglitol tab (MIGLITOL equiv)	-	Tier 2			
ANTIDIABETIC COMBINATIONS					
glipizide/metformin tab (METAGLIP equiv)	-	Tier 1			
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Tier 1			
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Tier 2			
JENTADUETO TAB (QL= 2 tabs/day)	QL	Tier 2			
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Tier 2			
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	Tier 2			
QTERN TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Tier 2			
REPAGLINIDE TAB	-	Tier 2			
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto)	QL-ST	Tier 2			
SYNJARDY TAB (QL= 2 tabs/day)	QL	Tier 2			
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Tier 2			
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Tier 2			
XIGDUO XR TAB (QL= 1 tab/day)	QL	Tier 2			
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Tier 2			
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Tier 2			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Tier 2
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value
BIGUANIDES		
metformin ER osmotic tab (FORTAMET equiv)	-	Tier 2
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	Tier 2
metformin soln (RIOMET equiv)	-	Tier 2
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value
metformin tab (GLUCOPHAGE equiv)	-	Value
DIABETIC OTHER		
diazoxide susp (PROGLYCEM equiv)	-	Tier 1
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Tier 1
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Tier 2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Tier 2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Tier 2
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Tier 2
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Tier 2
TRADJENTA TAB (QL= 1 tab/day)	QL	Tier 2
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 1
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
INSULIN		
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Tier 1
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Tier 1
ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
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Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART or FIASP)	QL-ST	Tier 2
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Tier 2
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, FIASP)	QL-ST	Tier 2
BASAGLAR KWIKPEN INJ (QL= 60 units/30 days)	QL	Value
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Value
FIASP INJ (QL= 60 units/30 days)	QL	Value
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Value
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Value
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/30 days)	QL	Value
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/30 days)	QL	Value
INSULIN LISP INJ 100/ML (QL= 60 units/30 days)	QL	Value
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Value
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	Value
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Value
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Value
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	Value
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Value

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	Vaccine Program				

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Last Updated* 5/1/2025

DrugName	Special Code	Tier			
ANTIDIABETICS Cont.					
INSULIN SENSITIZING AGENTS					
pioglitazone tab (ACTOS equiv) (QL= 1 tab/day)	QL	Tier 1			
MEGLITINIDE ANALOGUES					
nateglinide tab (STARLIX equiv)	-	Tier 1			
repaglinide tab (PRANDIN equiv)	-	Tier 1			
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS					
FARXIGA TAB (QL= 1 tab/day)	QL	Tier 2			
JARDIANCE TAB (QL= 1 tab/day)	QL	Tier 2			
SULFONYLUREAS					
GLYBURID MCR TAB	-	Tier 1			
tolazamide tab (TOLINASE equiv)	-	Tier 1			
TOLBUTAMIDE TAB	-	Tier 2			
glimepiride tab (AMARYL equiv)	-	Value			
glipizide ER tab (GLUCOTROL XL equiv)	-	Value			
glipizide tab (GLUCOTROL equiv)	-	Value			
glyburide tab (MICRONASE equiv)	-	Value			
ANTIDIARRHEAL/PROBIOTIC AGENTS					
ANTIPERISTALTIC AGENTS					
DIPHENOXYLATE/ATROPINE LIQUID	-	Tier 2			
ANTIDIARRHEALS					
ANTIDIARRHEAL AGENTS - MISC.					
REZYST CHEW TAB	-	Tier 1			
ANTIPERISTALTIC AGENTS					
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Tier 1			
loperamide cap (IMODIUM equiv)	-	Tier 1			
ANTIDOTES					
ANTIDOTES					
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Tier 2 Specialty			
OPIOID ANTAGONISTS					
naltrexone tab (REVIA equiv)	-	Tier 1			
VIVITROL INJ	AMSP	Tier 2 Specialty			
ANTIDOTES AND SPECIFIC ANTAGONISTS					
ANTIDOTES - CHELATING AGENTS					
deferasirox granules packet (JADENU equiv)	AMSP-PA	Tier 1 Specialty			
deferasirox tab (EXJADE equiv)	AMSP-PA	Tier 1 Specialty			
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Tier 1 Specialty			
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty			
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty			
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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
OPIOID ANTAGONISTS		
NALOXONE HCL SOLN 0.4MG/ML (QL= 2ml/fill, 2 fills/30 days)	QL	Tier 1
naloxone inj	-	Tier 1
naloxone prefilled inj	-	Tier 1
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Tier 1
KLOXXADO NASAL SPRAY	-	Tier 2
OPVEE NASAL SPRAY	-	Tier 2
naloxone hcl nasal spray (NARCAN equiv)	-	Value
NALOXONE NASAL SPRAY	-	Value
NARCAN HCL SPRAY (OTC)	OTC	Value

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Tier 1
ondansetron inj (ZOFTRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Tier 1
ondansetron ODT (ZOFTRAN equiv)	-	Tier 1
ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Tier 1
ondansetron tab (ZOFTRAN equiv)	-	Tier 1

ANTIEMETICS - ANTICHOLINERGIC

scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Tier 1
trimethobenzamide cap (TIGAN equiv)	-	Tier 1

ANTIEMETICS - MISCELLANEOUS

doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Tier 1
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Tier 2

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month)	QL	Tier 1
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Tier 2

ANTIFUNGALS

ANTIFUNGALS

flucytosine cap (ANCOBON equiv)	-	Tier 1
griseofulvin susp (GRIFULVIN equiv)	-	Tier 1
nystatin powder	-	Tier 1
nystatin tab	-	Tier 1
terbinafine tab (LAMISIL equiv)	-	Tier 1
griseofulvin micro tab (GRIFULVIN V equiv)	-	Tier 2
griseofulvin tab (GRIS-PEG equiv)	-	Tier 2

IMIDAZOLE-RELATED ANTIFUNGALS

fluconazole susp (DIFLUCAN equiv)	-	Tier 1
fluconazole tab (DIFLUCAN equiv)	-	Tier 1
itraconazole cap (SPORANOX equiv)	-	Tier 1
ketoconazole tab (NIZORAL equiv)	-	Tier 1
voriconazole susp (VFEND equiv)	-	Tier 1
voriconazole tab (VFEND equiv)	-	Tier 1

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
itraconazole soln (SPORANOX equiv)	-	Tier 2
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Tier 2
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Tier 2
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Tier 1
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Tier 1
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Tier 1
diphenhydramine inj	-	Tier 1
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Tier 1
promethazine supp (PHENERGAN equiv)	-	Tier 1
promethazine syrup	-	Tier 1
promethazine tab (PHENERGAN equiv)	-	Tier 1
PROMETHEGAN SUPP	-	Tier 1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Tier 1
cyproheptadine tab	-	Tier 1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Tier 1
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Tier 1
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Tier 1
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Tier 1
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Tier 1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Tier 1
cholestyramine powder (QUESTRAN equiv)	-	Tier 1
cholestyramine powder pack (QUESTRAN equiv)	-	Tier 1
colesevelam tab (WELCHOL equiv)	-	Tier 1
colestipol granule (COLESTID equiv)	-	Tier 1
colestipol powder packet (COLESTID equiv)	-	Tier 1
colestipol tab (COLESTID equiv)	-	Tier 1
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Tier 2
FIBRIC ACID DERIVATIVES		
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Tier 1
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Tier 1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Tier 1
fenofibric acid DR cap (TRILIPIX equiv)	-	Tier 1
gemfibrozil tab (LOPID equiv)	-	Tier 1
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Tier 2
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Tier 2
HMG COA REDUCTASE INHIBITORS		

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Tier 2
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Tier 2
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Tier 1
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Tier 1
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Tier 2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Tier 2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	Tier 1
fosinopril tab (MONOPRIL equiv)	-	Tier 1
moexipril tab (UNIVASC equiv)	-	Tier 1
perindopril tab (ACEON equiv)	-	Tier 1
quinapril tab (ACCUPRIL equiv)	-	Tier 1
ramipril cap (ALTACE equiv)	-	Tier 1
trandolapril tab (MAVIK equiv)	-	Tier 1
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	Tier 2
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG

generic =small letters
 Plan Exclusion
 Medical Benefit
 Quantity Limit
 Smoking Cessation

BRANDS =CAPITAL LETTERS
 Limited Distribution
 Over-the-Counter
 Restricted to Diagnosis
 Step Therapy

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap (DEMSEER equiv) (QL= 448 caps/28 days)	PA-QL	Tier 2
phenoxybenzamine cap (DIBENZYLININE equiv)	-	Tier 2
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 1
irbesartan tab (AVAPRO equiv)	-	Tier 1
olmesartan tab (BENICAR equiv)	-	Tier 1
telmisartan tab (MICARDIS equiv)	-	Tier 1
valsartan tab (DIOVAN equiv)	-	Tier 1
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Tier 2
losartan tab (COZAAR equiv)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	Tier 1
doxazosin tab (CARDURA equiv)	-	Tier 1
guanfacine IR tab (TENEX equiv)	-	Tier 1
methylodopa tab (ALDOMET equiv)	-	Tier 1
prazosin cap (MINIPRESS equiv)	-	Tier 1
terazosin cap (HYTRIN equiv)	-	Tier 1
clonidine patch (CATAPRES-TTS equiv)	-	Tier 2
METHYLDOPA TAB	-	Tier 2
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	Tier 1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Tier 1
amlodipine/valsartan tab (EXFORGE equiv)	-	Tier 1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Tier 1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Tier 1
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	Tier 1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Tier 1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Tier 1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Tier 1
methylodopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Tier 1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Tier 1
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Tier 1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Tier 1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Tier 1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Tier 1
trandolapril/verapamil ER tab (TARKA equiv)	-	Tier 1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Tier 1
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	Tier 2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Tier 2
telmisartan/amlodipine tab (TWINSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Tier 2
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	Tier 1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	Tier 1
minoxidil tab (LONITEN equiv)	-	Tier 1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	Tier 1
tinidazole tab (TINDAMAX equiv)	-	Tier 1
trimethoprim tab (PROLOPRIM equiv)	-	Tier 1
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Tier 2
metronidazole cap (FLAGYL equiv)	-	Tier 2
pentamidine neb soln (NEBUPENT equiv)	-	Tier 2
PRIMSOL SOLN	-	Tier 2
TRIMETHOPRIM TAB	-	Tier 2
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Tier 2 Specialty
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Tier 1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Tier 1
UTA cap	-	Tier 1
HYOPHEN TAB	-	Tier 2
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	Tier 1
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Tier 2
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Tier 2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole)	QL-ST	Tier 2
GLYCOPEPTIDES		
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Tier 1
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Tier 1
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Tier 1
VANCOMYCIN INJ	-	Tier 1
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC generic =small letters Plan Exclusion
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC	Vaccine Program	LD Limited Distribution
		OTC Over-the-Counter
		RDX Restricted to Diagnosis
		ST Step Therapy

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2
VANCOMYCIN INJ	-	Tier 2
LEPROSTATICS		
dapsone tab	-	Tier 1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	Tier 1
clindamycin soln (CLEOCIN equiv)	-	Tier 1
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
OXAZOLIDINONES		
linezolid susp	-	Tier 1
linezolid tab (ZYVOX equiv)	-	Tier 1
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Tier 2
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	Tier 1
methenamine mandelate tab	-	Tier 1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Tier 1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Tier 1
nitrofurantoin susp (FURADANTIN equiv)	-	Tier 1
fosfomycin tromethamine powder pack (MONUROL equiv)	-	Tier 2
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	Tier 1
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	Tier 1
hydroxychloroquine tab (PLAQUENIL equiv)	-	Tier 1
quinine sulfate cap (QUALAQUIN equiv)	-	Tier 1
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Tier 2
mefloquine tab (LARIAM equiv)	-	Tier 2
primaquine tab (PRIMAQUINE equiv)	-	Tier 2
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB	-	Tier 1
pyridostigmine CR tab (MESTINON equiv)	-	Tier 1
pyridostigmine tab (MESTINON equiv)	-	Tier 1
pyridostigmine soln (MESTINON equiv)	-	Tier 2
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	Tier 1
isoniazid tab	-	Tier 1
pyrazinamide tab	-	Tier 1
rifabutin cap (MYCOBUTIN equiv)	-	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered	BRANDS =CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RDX Restricted to Diagnosis ST Step Therapy
LMSP	Ardon Mandatory Specialty Pharmacy Program	
PA	Lumicera Mandatory Specialty Pharmacy Program	
SF	Prior Authorization	
VAC	Limited to two 15 day fills per month for first 3 months	
	Vaccine Program	
EXC	SMKG	
M	SMKG	
generic		=small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
rifampin cap (RIFADIN equiv)	-	Tier 1
SIRTIURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Tier 2 Specialty

ANTINEOPLASTICS

ALKYLATING AGENTS

HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
MYLERAN TAB	AMSP	Tier 2 Specialty

ANTIMETABOLITES

mercaptapurine tab (PURINETHOL equiv)	-	Tier 1
methotrexate tab (TREXALL equiv)	-	Tier 1
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Tier 2 Specialty

ANTINEOPLASTIC ENZYME INHIBITORS

ZOLINZA CAP	LMSP-PA-SF	Tier 2 Specialty
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ANTINEOPLASTICS MISC.

hydroxyurea cap (HYDREA equiv)	-	Tier 1
tretinoin cap (VESANOID equiv)	AMSP	Tier 1 Specialty
INTRON-A INJ	AMSP	Tier 2 Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

leucovorin tab	-	Tier 1
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MITOTIC INHIBITORS

etoposide cap (VEPESID equiv)	-	Tier 1
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TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP	LMSP-PA	Tier 2 Specialty
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

cyclophosphamide cap	-	Tier 1 Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Tier 1 Specialty
MELPHALAN TAB	AMSP	Tier 2 Specialty

ANTIMETABOLITES

mercaptapurine susp 2000mg/100ml (PURIXAN equiv)	-	Tier 1
METHOTREXATE INJ	-	Tier 1
PURIXAN SUSP 2000MG/100ML	-	Tier 1
capecitabine tab (XELODA equiv)	AMSP	Tier 1 Specialty

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TAGRISO TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2 Specialty
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2 Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	Preventive
exemestane tab (AROMASIN equiv)	-	Preventive
letrozole tab (FEMARA equiv)	-	Preventive
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
bicalutamide tab (CASODEX equiv)	-	Tier 1
flutamide cap (EULEXIN equiv)	-	Tier 1
megestrol susp (MEGACE equiv)	-	Tier 1
megestrol tab (MEGACE equiv)	-	Tier 1
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Tier 1
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Tier 1 Specialty

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Tier 2 Specialty
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Tier 1 Specialty
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1 Specialty
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1 Specialty
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 1 Specialty
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Tier 1 Specialty
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Tier 2 Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Tier 2 Specialty
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Tier 2 Specialty
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Tier 2 Specialty

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Tier 2 Specialty
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Tier 2 Specialty
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Tier 2 Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Tier 2 Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Tier 2 Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
NINLARO CAP	AMSP-PA	Tier 2 Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
STIVARGA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Tier 2 Specialty
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Tier 2 Specialty
TASIGNA CAP	AMSP-PA-SF	Tier 2 Specialty

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AMSP	NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
SF	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 2 Specialty
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Tier 2 Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Tier 1 Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Tier 2 Specialty
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	AMSP	Tier 2 Specialty
MITOTIC INHIBITORS		
ETOPOSIDE CAP	-	Tier 1 Specialty
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Tier 1
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Tier 1
trihexyphenidyl tab (ARTANE equiv)	-	Tier 1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	Tier 1
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	Tier 2
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	Tier 1
amantadine syrup (SYMMETREL equiv)	-	Tier 1
amantadine tab	-	Tier 1
bromocriptine cap (PARLODEL equiv)	-	Tier 1
bromocriptine tab (PARLODEL equiv)	-	Tier 1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Tier 1
carbidopa/levodopa ODT (PARCOPA equiv)	-	Tier 1
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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC	Vaccine Program	LD Limited Distribution
		OTC Over-the-Counter
		RDX Restricted to Diagnosis
		ST Step Therapy

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
carbidopa/levodopa tab (SINEMET equiv)	-	Tier 1
pramipexole tab (MIRAPEX equiv)	-	Tier 1
ropinirole tab (REQUIP equiv)	-	Tier 1
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	Tier 2
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Tier 2
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Tier 1
selegiline cap (ELDEPRYL equiv)	-	Tier 1
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Tier 1
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Tier 1
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Tier 1
ANTIPARKINSON DOPAMINERGICS		
amantadine soln	-	Tier 1
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Tier 1
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Tier 1 Specialty
CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Tier 2
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	Tier 1
lithium carbonate ER tab (LITHOBID equiv)	-	Tier 1
lithium carbonate tab	-	Tier 1
lithium oral solution (LITHIUM equiv)	-	Tier 1
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Tier 1

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	Vaccine Program				

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Tier 1
ziprasidone mesylate inj (GEODON equiv)	AMSP	Tier 1 Specialty
VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2
VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Tier 1
risperidone ODT (RISPERDAL M equiv)	-	Tier 1
risperidone soln (RISPERDAL equiv)	-	Tier 1
risperidone tab (RISPERDAL equiv)	-	Tier 1
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Tier 1 Specialty
RISPERIDONE ODT	-	Tier 2
ERZOFRI INJ 117MG/0.75ML	AMSP	Tier 2 Specialty
ERZOFRI INJ 156MG/ML	AMSP	Tier 2 Specialty
ERZOFRI INJ 234MG/1.5ML	AMSP	Tier 2 Specialty
ERZOFRI INJ 351MG/2.25ML	AMSP	Tier 2 Specialty
ERZOFRI INJ 39MG/0.25ML	AMSP	Tier 2 Specialty
ERZOFRI INJ 78MG/0.5ML	AMSP	Tier 2 Specialty
INVEGA HAFYERA INJ	AMSP	Tier 2 Specialty
INVEGA SUSTENNA INJ	AMSP	Tier 2 Specialty
INVEGA TRINZA INJ	AMSP	Tier 2 Specialty
PERSERIS INJ	AMSP	Tier 2 Specialty
RYKINDO INJ	AMSP	Tier 2 Specialty
UZEDY INJ	AMSP	Tier 2 Specialty
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	Tier 1
haloperidol tab (HALDOL equiv)	-	Tier 1
haloperidol decanoate inj	AMSP	Tier 1 Specialty
HALDOL DECANOATE INJ	-	Tier 2 Specialty
DIBENZAPINES		
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Tier 1
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Tier 1
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Tier 1
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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
loxapine cap (LOXITANE equiv)	-	Tier 1
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Tier 1
olanzapine tab (ZYPREXA equiv)	-	Tier 1
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Tier 1
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Tier 1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Tier 2
olanzapine inj (ZYPREXA equiv)	AMSP	Tier 2 Specialty
ZYPREXA RELPREVV INJ	AMSP	Tier 2 Specialty
DIHYDROINDOLONES		
MOLINDONE TAB	-	Tier 2
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	Tier 1
fluphenazine tab (PROLIXIN equiv)	-	Tier 1
perphenazine tab (TRILAFON equiv)	-	Tier 1
prochlorperazine supp (COMPAZINE equiv)	-	Tier 1
prochlorperazine tab (COMPAZINE equiv)	-	Tier 1
thioridazine hcl tab (QL= 8 tabs/day)	QL	Tier 1
trifluoperazine tab (STELAZINE equiv)	-	Tier 1
QUINOLINONE DERIVATIVES		
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Tier 1
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Tier 1
aripiprazole tab (ABILIFY equiv)	-	Tier 1
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Tier 2
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Tier 2 Specialty
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Tier 2 Specialty
ABILIFY MAINTENA INJ	AMSP	Tier 2 Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Tier 2 Specialty
ARISTADA INJ	AMSP	Tier 2 Specialty
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Tier 1

ANTIVIRALS

ANTIRETROVIRALS

emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventive
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventive
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Tier 1
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Tier 1

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ANTIVIRALS Cont.		
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Tier 1
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Tier 1
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Tier 1
EFAVIRENZ CAP	-	Tier 1
efavirenz tab (SUSTIVA equiv)	-	Tier 1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Tier 1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Tier 1
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Tier 1
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Tier 1
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Tier 1
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Tier 1
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Tier 1
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Tier 1
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Tier 1
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Tier 1
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Tier 1
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Tier 1
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 1
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Tier 1
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Tier 1
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
APTIVUS CAP (QL= 4 caps/day)	QL	Tier 2
APTIVUS SOLN (QL= 380ml/30 days)	QL	Tier 2
ATRIPLA TAB (QL= 1 tab/day)	QL	Tier 2
BIKTARVY TAB (QL= 1 tab/day)	QL	Tier 2
CIMDUO TAB	-	Tier 2
COMPLERA TAB (QL= 1 tab/day)	QL	Tier 2
CRIVAN CAP	-	Tier 2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
DELSTRIGO TAB	-	Tier 2
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PrEP)	QL-RDX	Tier 2
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Tier 2
EDURANT TAB (QL= 1 tab/day)	QL	Tier 2
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
EVOTAZ TAB (QL= 1 tab/day)	QL	Tier 2
GENVOYA TAB (QL= 1 tab/day)	QL	Tier 2
INTELENCE TAB (QL= 4 tabs/day)	QL	Tier 2
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Tier 2
INVIRASE CAP (QL= 10 caps/day)	QL	Tier 2
INVIRASE TAB (QL= 4 tabs/day)	QL	Tier 2
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
JULUCA TAB (QL= 1 tab/day)	QL	Tier 2
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Tier 2
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Tier 2
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
ODEFSEY TAB (QL= 1 tab/day)	QL	Tier 2
PIFELTRO TAB	-	Tier 2
PREZCOBIX TAB (QL= 1 tab/day)	QL	Tier 2
PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
PREZISTA TAB (QL= 1 tab/day)	QL	Tier 2
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Tier 2
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
RESCRIPTOR TAB	-	Tier 2
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Tier 2
SELZENTRY SOLN (QL= 31ml/day)	QL	Tier 2
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Tier 2
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Tier 2
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Tier 2
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Tier 2
STRIBILD TAB (QL= 1 tab/day)	QL	Tier 2
SYMTUZA TAB	-	Tier 2
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Tier 2
TRIUMEQ TAB (QL= 1 tab/day)	QL	Tier 2
TYBOST TAB	-	Tier 2
VIDEX SOLN (QL= 600ml/30 days)	QL	Tier 2
VIRACEPT TAB	-	Tier 2
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Tier 2

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	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Tier 2
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Tier 2
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Tier 2
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Tier 2
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Tier 2
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	Tier 1
valganciclovir tab (VALCYTE equiv)	-	Tier 1
HEPATITIS AGENTS		
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Tier 1
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Tier 1 Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Tier 1 Specialty
RIBAVIRIN CAP	AMSP	Tier 1 Specialty
ribavirin cap (REBETOL equiv)	AMSP	Tier 1 Specialty
RIBAVIRIN TAB	AMSP	Tier 1 Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Tier 2 Specialty
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Tier 2 Specialty
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
PEGASYS INJ	AMSP-PA	Tier 2 Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty
REBETOL SOLN	AMSP-PA	Tier 2 Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Tier 2 Specialty
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Tier 2 Specialty

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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty

HERPES AGENTS

acyclovir cap (ZOVIRAX equiv)	-	Tier 1
acyclovir susp (ZOVIRAX equiv)	-	Tier 1
acyclovir tab (ZOVIRAX equiv)	-	Tier 1
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Tier 1
valacyclovir tab (VALTREX equiv)	-	Tier 1

INFLUENZA AGENTS

oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Tier 1
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Tier 1
RIMANTADINE TAB	-	Tier 1
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Tier 2

MISC. ANTIVIRALS

MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Tier 2

ASSORTED CLASSES

CHELATING AGENTS

D-PENAMINE TAB	-	Tier 2
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IMMUNOMODULATORS

THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Tier 2 Specialty
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IMMUNOSUPPRESSIVE AGENTS

azathioprine tab (IMURAN equiv)	-	Tier 1
cyclosporine modified cap (NEORAL equiv)	-	Tier 1
cyclosporine modified soln (NEORAL equiv)	-	Tier 1
mycophenolate DR tab (MYFORTIC equiv)	-	Tier 1
mycophenolate mofetil cap (CELLCEPT equiv)	-	Tier 1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Tier 1
mycophenolate mofetil tab (CELLCEPT equiv)	-	Tier 1
tacrolimus cap (PROGRAF equiv)	-	Tier 1
cyclosporine cap (SANDIMMUNE equiv)	-	Tier 2
ENVARUSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Tier 2
sirolimus tab (RAPAMUNE equiv)	-	Tier 2

POTASSIUM REMOVING RESINS

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	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
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ASSORTED CLASSES Cont.

sodium polystyrene powder (KAYEXALATE equiv)	-	Tier 2
sodium polystyrene susp (SPS equiv)	-	Tier 2

BETA BLOCKERS

ALPHA-BETA BLOCKERS

labetalol tab (NORMODYNE equiv)	-	Tier 1
carvedilol phosphate ER cap (COREG CR equiv)	-	Tier 2
carvedilol tab (COREG equiv)	-	Value

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap (SECTRAL equiv)	-	Tier 1
betaxolol tab (KERLONE equiv)	-	Tier 1
bisoprolol tab (ZEBETA equiv)	-	Tier 1
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Tier 1
atenolol tab (TENORMIN equiv)	-	Value
metoprolol ER tab (TOPROL XL equiv)	-	Value
metoprolol tab (LOPRESSOR equiv)	-	Value

BETA BLOCKERS NON-SELECTIVE

nadolol tab (CORGARD equiv)	-	Tier 1
pindolol tab (VISKEN equiv)	-	Tier 1
propranolol ER cap (INDERAL LA equiv)	-	Tier 1
propranolol oral soln	-	Tier 1
PROPRANOLOL SOLN	-	Tier 1
propranolol tab (INDERAL equiv)	-	Tier 1
sotalol AF tab (BETAPACE AF equiv)	-	Tier 1
sotalol tab (BETAPACE equiv)	-	Tier 1
timolol maleate tab (BLOCADREN equiv)	-	Tier 1

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Tier 2
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Tier 2
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Tier 2

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

diltiazem ER cap (CARDIZEM CD equiv)	-	Tier 1
diltiazem ER cap (CARDIZEM SR equiv)	-	Tier 1
diltiazem ER cap (DILACOR XR equiv)	-	Tier 1
diltiazem ER cap (TIAZAC equiv)	-	Tier 1
diltiazem ER tab (CARDIZEM LA equiv)	-	Tier 1
diltiazem tab (CARDIZEM equiv)	-	Tier 1
felodipine ER tab (PLENDIL equiv)	-	Tier 1
isradipine cap (DYNACIRC equiv)	-	Tier 1
nicardipine cap (CARDENE equiv)	-	Tier 1
nifedipine cap (PROCARDIA equiv)	-	Tier 1
nifedipine ER tab (ADALAT CC equiv)	-	Tier 1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Tier 1
verapamil tab (CALAN equiv)	-	Tier 1

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	Vaccine Program				

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
nimodipine cap (NIMOTOP equiv)	-	Tier 2
nisoldipine ER tab (SULAR equiv)	-	Tier 2
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan))	ST	Tier 2
amlodipine tab (NORVASC equiv)	-	Value
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin tab (LANOXIN equiv)	-	Tier 1
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Tier 1
digoxin soln (LANOXIN equiv)	-	Tier 2
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Tier 1
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Tier 2
ENTRESTO CAP (QL= 8 caps/day)	QL	Tier 2
ENTRESTO TAB (QL= 2 tabs/day)	QL	Tier 2
IMPOTENCE AGENTS		
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Tier 1
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Tier 2
PROSTAGLANDIN VASODILATORS		
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty

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CARDIOVASCULAR AGENTS - MISC. Cont.		
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Tier 1
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Tier 1
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Tier 1 Specialty
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Tier 1
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	Tier 1
cefadroxil susp (DURICEF equiv)	-	Tier 1
cefadroxil tab (DURICEF equiv)	-	Tier 1
cephalexin cap (KEFLEX equiv)	-	Tier 1
cephalexin susp (KEFLEX equiv)	-	Tier 1
cephalexin tab	-	Tier 1
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	Tier 2
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	Tier 1
cefprozil tab (CEFZIL equiv)	-	Tier 1
cefuroxime tab (CEFTIN equiv)	-	Tier 1
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	Tier 1
cefdinir susp (OMNICEF equiv)	-	Tier 1
cefixime cap (SUPRAX equiv)	-	Tier 1
cefixime susp (SUPRAX equiv)	-	Tier 1
CEFPODOXIME PROXETIL SUSP	-	Tier 1
cefpodoxime proxetil tab (VANTIN equiv)	-	Tier 1
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	Preventive
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive
BALCOLTRA TAB	-	Preventive
BEYAZ TAB	-	Preventive
cryselle tab	-	Preventive

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	Vaccine Program				

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Last Updated* 5/1/2025

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CONTRACEPTIVES Cont.		
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TAB	-	Preventive
enpresse tab (TRI-LEVELLEN equiv)	-	Preventive
FALESSA KIT	-	Preventive
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive
junel tab (LOESTRIN equiv)	-	Preventive
kelnor tab (DEMULEN equiv)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive
LO LOESTRIN TAB	-	Preventive
mibelas chew tab (MINASTRIN equiv)	-	Preventive
NATAZIA TAB	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
SEASONIQUE TAB	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive

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	Vaccine Program				

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CONTRACEPTIVES Cont.		
TYBLUME TAB	-	Preventive
VELIVET PAK	-	Preventive
velivet tab (CYCLESSA equiv)	-	Preventive
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive
YASMIN TAB	-	Preventive
YAZ TAB	-	Preventive
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	Preventive
zafemy patch (XULANE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING	-	Preventive
eluryng vaginal ring (NUVARING equiv)	-	Preventive
NUVARING	-	Preventive
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	Preventive
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	Preventive
levonorgestrel tab (PLAN B equiv)	OTC	Preventive
PLAN B TAB	OTC	Preventive
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive
NEXPLANON IMPLANT	-	Preventive
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Preventive
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive
PROGESTIN CONTRACEPTIVES - IUD		

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	Vaccine Program				

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CONTRACEPTIVES Cont.		
KYLEENA IUD	-	Preventive
MIRENA IUD	-	Preventive
SKYLA IUD	-	Preventive
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	Preventive
OPILL TAB	-	Preventive
SLYND TAB	-	Preventive
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	Tier 1
dexamethasone elixir	-	Tier 1
dexamethasone pak (DEXPAK equiv)	-	Tier 1
dexamethasone tab (DEXAMETHASONE equiv)	-	Tier 1
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Tier 1
hydrocortisone tab (CORTEF equiv)	-	Tier 1
methylprednisolone dose pack (MEDROL equiv)	-	Tier 1
methylprednisolone tab (MEDROL equiv)	-	Tier 1
prednisolone soln	-	Tier 1
prednisolone soln (PEDIAPRED equiv)	-	Tier 1
prednisone pack	-	Tier 1
PREDNISON SOLN	-	Tier 1
prednisone tab (DELTASONE equiv)	-	Tier 1
budesonide ER tab (UCERIS equiv)	-	Tier 2
CORTISONE ACETATE TAB	-	Tier 2
DEXAMETHASONE CONC	-	Tier 2
DEXAMETHASONE SOLN	-	Tier 2
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Tier 2
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Tier 2
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Tier 2
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2
PREDNISOLONE SOLN	-	Tier 2
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2
SOLU-CORTEF INJ	-	Tier 2
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Tier 2 Specialty
MINERALOCORTICIODS		
fludrocortisone tab (FLORINEF equiv)	-	Tier 1

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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
BENZONATATE CAP (QL= 3 caps/day)	QL	Tier 1
benzonatate cap (TESSALON equiv)	QL--	Tier 1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Tier 1
tussion tab (HYCODAN equiv)	-	Tier 1
COUGH/COLD/ALLERGY COMBINATIONS		
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Tier 1
cold/allergy elx children (QL= 2400ml/30 days)	QL	Tier 1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 1
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Tier 1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Tier 1
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Tier 1
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Tier 1
promethazine DM syrup	-	Tier 1
PROMETHAZINE VC SYRUP	-	Tier 1
PROMETHAZINE VC SYRUP (QL= 30ml/day)	--QL	Tier 1
promethazine VC syrup (PHENERGAN VC equiv)	--QL	Tier 1
PROMETHAZINE VC/CODEINE SYRUP	-	Tier 1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Tier 1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Tier 1
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Tier 1
trispes pse liquid (QL= 1200ml/30 days)	OTC-QL	Tier 1
tussin cf liquid (QL= 1200ml/30 days)	QL	Tier 1
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Tier 2
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Tier 2
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Tier 2
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 2
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Tier 2
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Tier 2
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Tier 2
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Tier 2
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Tier 2
EXPECTORANTS		
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Tier 1
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	Tier 1
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Tier 1
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1
clindamycin gel (CLEOCIN GEL equiv)	-	Tier 1
clindamycin lotion (CLEOCIN- T equiv)	-	Tier 1
clindamycin pad (CLEOCIN-T equiv)	-	Tier 1

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	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin topical soln (CLEOCIN-T equiv)	-	Tier 1
ERY PAD	-	Tier 1
erythromycin gel	-	Tier 1
erythromycin pad	-	Tier 1
erythromycin soln	-	Tier 1
sodium sulfacetamide lotion (KLARON equiv)	-	Tier 1
tretinoin cream (RETIN-A CREAM equiv)	-	Tier 1
tretinoin gel (RETIN-A GEL equiv)	-	Tier 1
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv)	-	Tier 2
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Tier 2
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	Tier 1
gentamicin sulfate oint	-	Tier 1
mupirocin cream (BACTROBAN CREAM equiv)	-	Tier 1
mupirocin oint (BACTROBAN OINT equiv)	-	Tier 1
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	Tier 1
ciclopirox gel (LOPROX GEL equiv)	-	Tier 1
ciclopirox nail soln (PENLAC SOLN equiv)	-	Tier 1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Tier 1
ciclopirox topical susp (LOPROX SUSP equiv)	-	Tier 1
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Tier 1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Tier 1
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Tier 1
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Tier 1
econazole cream (SPECTAZOLE equiv)	-	Tier 1
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Tier 1
ketoconazole cream (NIZORAL CREAM equiv)	-	Tier 1
ketoconazole shampoo	-	Tier 1
nizoral a-d shampoo (NIZORAL equiv)	OTC	Tier 1
nystatin cream (MYCOSTATIN CREAM equiv)	-	Tier 1
nystatin oint	-	Tier 1
nystatin topical powder	-	Tier 1
nystatin/triamcinolone cream	-	Tier 1
nystatin/triamcinolone oint	-	Tier 1
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Tier 2
ketoconazole foam 2% (EXTINA equiv)	-	Tier 2
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Tier 2
NAFTIFINE CREAM 1%	-	Tier 2
naftifine gel (NAFTIN equiv)	-	Tier 2

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Last Updated* 5/1/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	Tier 2
oxiconazole nitrate cream (OXISTAT equiv)	-	Tier 2
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Tier 2
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Tier 2
diclofenac soln 1.5% (PENNSAID equiv)	-	Tier 2
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Tier 1
fluorouracil cream (EFUDEX CREAM equiv)	-	Tier 1
fluorouracil soln (FLUOROURACIL equiv)	-	Tier 1
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Tier 1 Specialty
FLUOROURACIL SOLN	-	Tier 2
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
ANTIPRURITICS - TOPICAL		
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Tier 2
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv)	-	Tier 1
calcipotriene oint	-	Tier 1
CALCIPOTRIENE SOLN	-	Tier 1
calcipotriene soln (DOVONEX SOLN equiv)	-	Tier 1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Tier 1
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Tier 1
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of calcipotriene (cream/ointment/soln), tazarotene 0.1 cream, or tacro oint)	ST	Tier 2
tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Tier 2
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Tier 2 Specialty
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	Tier 1
selenium sulfide shampoo (SELSEB equiv)	-	Tier 1
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	Tier 1
acyclovir cream (ZOVIRAX equiv)	-	Tier 2
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Tier 2
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Tier 1
SULFAMYLON CREAM	-	Tier 2
CAUTERIZING AGENTS		
silver nitrate soln	-	Tier 1
SILVER NITRATE SOLN	-	Tier 2
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	Tier 1
ALCLOMETASONE OINT	-	Tier 1
alclometasone oint (ACLOVATE OINT equiv)	-	Tier 1
AMCINONIDE CREAM 0.1%	-	Tier 1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Tier 1
betamethasone augmented gel	-	Tier 1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Tier 1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Tier 1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	Tier 1
betamethasone dipropionate lotion	-	Tier 1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	Tier 1
betamethasone valerate cream	-	Tier 1
betamethasone valerate lotion	-	Tier 1
betamethasone valerate oint	-	Tier 1
clobetasol foam (OLUX equiv)	-	Tier 1
clobetasol lotion (CLOBEX equiv)	-	Tier 1
clobetasol propionate cream (TEMOVATE equiv)	-	Tier 1
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Tier 1
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Tier 1
clobetasol propionate oint (TEMOVATE equiv)	-	Tier 1
clobetasol propionate soln (TEMOVATE equiv)	-	Tier 1
clobetasol shampoo (CLOBEX equiv)	-	Tier 1
clobetasol spray (CLOBEX equiv)	-	Tier 1
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Tier 1
desonide cream	-	Tier 1
desonide lotion	-	Tier 1
desonide oint	-	Tier 1
desoximetasone cream (TOPICORT CREAM equiv)	-	Tier 1
desoximetasone gel (TOPICORT equiv)	-	Tier 1
desoximetasone oint (TOPICORT equiv)	-	Tier 1
fluocinolone acetonide cream	-	Tier 1
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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
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VAC	Vaccine Program	LD Limited Distribution OTC Over-the-Counter RDX Restricted to Diagnosis ST Step Therapy

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinolone acetonide oil	-	Tier 1
fluocinolone acetonide oint	-	Tier 1
fluocinolone acetonide soln	-	Tier 1
fluocinonide cream 0.05% (LIDEX equiv)	-	Tier 1
fluocinonide emollient cream	-	Tier 1
fluocinonide gel	-	Tier 1
fluocinonide oint	-	Tier 1
fluocinonide soln	-	Tier 1
fluticasone propionate cream (CUTIVATE equiv)	-	Tier 1
fluticasone propionate oint (CUTIVATE equiv)	-	Tier 1
halobetasol propionate cream (ULTRAVATE equiv)	-	Tier 1
halobetasol propionate oint (ULTRAVATE equiv)	-	Tier 1
halonate pac kit (ULTRAVATE KIT equiv)	-	Tier 1
HC BUTYRATE CREAM	-	Tier 1
hydrocortisone butyrate cream (LOCOID equiv)	-	Tier 1
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Tier 1
HYDROCORTISONE BUTYRATE OINT	-	Tier 1
hydrocortisone butyrate oint (LOCOID equiv)	-	Tier 1
hydrocortisone butyrate soln (LOCOID equiv)	-	Tier 1
hydrocortisone cream (PROCTOCORT equiv)	-	Tier 1
hydrocortisone lotion (HYTONE equiv)	-	Tier 1
hydrocortisone oint	-	Tier 1
hydrocortisone valerate cream	-	Tier 1
hydrocortisone valerate oint (WESTCORT equiv)	-	Tier 1
LOCOID LIPOCREAM	-	Tier 1
mometasone cream (ELOCON equiv)	-	Tier 1
mometasone oint (ELOCON equiv)	-	Tier 1
mometasone soln (ELOCON equiv)	-	Tier 1
paramox hc gel (NOVACORT GEL equiv)	-	Tier 1
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Tier 1
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Tier 1
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Tier 1
triamcinolone cream	-	Tier 1
triamcinolone lotion	-	Tier 1
AMCINONIDE LOTION	-	Tier 2
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2
betamethasone valerate foam (LUXIQ FOAM equiv)	-	Tier 2
calcipotriene/betamethasone oint (TACLONEX equiv)	-	Tier 2
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Tier 2
clobetasol E foam (OLUX E equiv)	-	Tier 2
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid)	QL-ST	Tier 2
desonate gel	-	Tier 2
DESONIDE GEL	-	Tier 2
desoximetasone spray 0.25% (TOPICORT equiv)	-	Tier 2
diflorasone oint	-	Tier 2

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DERMATOLOGICALS Cont.		
fluocinonide cream 0.1%	-	Tier 2
flurandrenolide cream (CORDRAN equiv)	-	Tier 2
flurandrenolide oint (CORDRAN equiv)	-	Tier 2
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	Tier 2
fluticasone propionate lotion (CUTIVATE equiv)	-	Tier 2
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Tier 2
halobetasol propionate foam (QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint))	QL-ST	Tier 2
HC BUTYRATE SOLN	-	Tier 2
hydrocortisone lotion (LOCOID equiv)	-	Tier 2
MICORT-HC CREAM	-	Tier 2
PRAMOSONE CREAM 1-1%	-	Tier 2
PRAMOSONE E CREAM	-	Tier 2
PREDNICARBATE CREAM	-	Tier 2
PREDNICARBATE OIN	-	Tier 2
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	Tier 2
TRIAMCINOLONE SPRAY (QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	Tier 2
triamcinolone spray (KENALOG equiv)	QL-ST	Tier 2
ECZEMA AGENTS		
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Tier 2
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Tier 2 Specialty
EMOLLIENT/KERATOLYTIC AGENTS		
umecta mouss aer (HYDRO 40 equiv)	-	Tier 2
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	Tier 1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Tier 1
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	Tier 2
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Tier 1
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Tier 2
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	Tier 1
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Tier 2
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv)	-	Tier 1
salicylic acid shampoo (SALEX equiv)	-	Tier 1
PODOCON SOLN	-	Tier 2

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DERMATOLOGICALS Cont.		
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Tier 2
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Tier 2
salicylic acid aerosol	-	Tier 2
LOCAL ANESTHETICS - TOPICAL		
lidocaine gel (GLYDO equiv)	-	Tier 1
lidocaine oint (QL= 8gm/day)	QL	Tier 1
lidocaine soln (XYLOCAINE equiv)	-	Tier 1
lidocaine/prilocaine cream (EMLA equiv)	-	Tier 1
lidocaine cream 3% (LIDAMANTLE equiv)	-	Tier 2
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Tier 2
lidocaine lotion	-	Tier 2
MISC. TOPICAL		
DRYSOL SOLN	-	Tier 2
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv) (QL= 300g/30 days)	QL	Tier 1
metronidazole cream (METROCREAM equiv)	-	Tier 1
metronidazole lotion (METROLOTION equiv)	-	Tier 1
brimonidine tartrate gel (MIRVASO equiv) (QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical)	QL-ST	Tier 2
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Tier 2
metronidazole gel (METROGEL equiv)	-	Tier 2
SCABICIDES & PEDICULICIDES		
malathion lotion (OVIDE equiv)	-	Tier 1
permethrin cream (ELIMITE CREAM equiv)	-	Tier 1
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Tier 2
WOUND CARE PRODUCTS		
cicatrace kit (REXASIL equiv)	-	Tier 2
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	Tier 2
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
DIAGNOSTIC TESTS		
COVID-19 TEST (QL= 2 tests/30 days)	QL	Preventive
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Tier 1
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered	EXC
LMSP	Ardon Mandatory Specialty Pharmacy Program	M
PA	Lumicera Mandatory Specialty Pharmacy Program	QL
SF	Prior Authorization	SMKG
VAC	Limited to two 15 day fills per month for first 3 months	
	Vaccine Program	
	generic =small letters	
	Plan Exclusion	
	Medical Benefit	
	Quantity Limit	
	Smoking Cessation	
	BRANDS =CAPITAL LETTERS	
	Limited Distribution	
	Over-the-Counter	
	Restricted to Diagnosis	
	Step Therapy	

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	Tier 2
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Tier 1
acetazolamide tab	-	Tier 1
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
ormalvi tab 50mg (QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-7269)	LD-PA-QL	Tier 1 Specialty
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	Tier 2
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	Tier 1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Tier 1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Tier 1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Tier 1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Tier 1
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	Tier 1
torsemide tab (DEMADEX equiv)	-	Tier 1
ethacrynic tab (EDECIN equiv)	-	Tier 2
FUROSEMIDE SOLN	-	Value
furosemide soln (LASIX equiv)	-	Value
furosemide tab (LASIX equiv)	-	Value
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	Tier 1
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Tier 2
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	Tier 2
spironolactone tab (ALDACTONE equiv)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	Tier 1
chlorothiazide tab (DIURIL equiv)	-	Tier 1
indapamide tab (LOZOL equiv)	-	Tier 1
METHYCLOTHIAZIDE TAB	-	Tier 1
metolazone tab (ZAROXOLYN equiv)	-	Tier 1
DIURIL SUSP	-	Tier 2
chlorthalidone tab	-	Value
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Tier 1
calcitonin nasal spray (MIACALCIN equiv)	-	Tier 1

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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ibandronate tab 150mg (BONIVA equiv)	-	Tier 1
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Tier 1
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1
calcitonin inj (MIACALCIN equiv)	-	Tier 2
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days)	AMSP-PA-QL	Tier 2 Specialty
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Tier 2 Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Tier 2 Specialty
alendronate tab (FOSAMAX equiv)	-	Value
ALENDRONATE TAB 40MG	-	Value
CORTICOTROPIN		
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Tier 2 Specialty
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Tier 2 Specialty

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AMSP	NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
SF	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Tier 2 Specialty
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventiv e
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Tier 2 Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	Tier 2
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	Tier 1
calcitriol soln (CALCITRIOL equiv)	-	Tier 1
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Tier 1
levocarnitine soln (CARNITOR equiv)	-	Tier 1
levocarnitine tab (CARNITOR equiv)	-	Tier 1
paricalcitol cap (ZEMPLAR equiv)	-	Tier 1
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty
JAVYGTOR PAK 100MG (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty
JAVYGTOR POW 500MG (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty
JAVYGTOR TAB 100MG (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty
nitisinone cap (ORFADIN equiv)	LMSP-PA	Tier 1 Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Tier 1 Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Tier 1 Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty
doxercalciferol cap (HECTOROL equiv)	-	Tier 2

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Tier 2 Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Tier 2 Specialty
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	Tier 1
desmopressin acetate tab (DDAVP equiv)	-	Tier 1
DESMOPRESSIN NASAL SPRAY	-	Tier 1
STIMATE NASAL SOLN	-	Tier 2
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFEPREX equiv)	-	Preventiv e
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Tier 1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Tier 1 Specialty
OCTREOTIDE INJ 100MCG	AMSP-PA	Tier 1 Specialty
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Tier 2 Specialty
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Tier 1
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	Tier 1
jinteli tab (FEMHRT equiv)	-	Tier 1
ESTROGENS		
estradiol tab (ESTRACE equiv)	-	Tier 1
estradiol valerate inj	-	Tier 1
estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Tier 2
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Tier 2
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG
generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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**UMP Preferred Drug List
Category/Class**

Last Updated* 5/1/2025

DrugName	Special Code	Tier
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO SUSP	-	Tier 1
ciprofloxacin susp (CIPRO equiv)	-	Tier 1
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Tier 1
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Tier 1
levofloxacin tab (LEVAQUIN equiv)	-	Tier 1
moxifloxacin tab (AVELOX equiv)	-	Tier 1
ofloxacin tab (FLOXIN equiv)	-	Tier 1

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone)	QL-ST	Tier 2
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AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB (QL= 30 tabs/30 days)	QL	Tier 2
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GALLSTONE SOLUBILIZING AGENTS

RELTONE CAP	-	Tier 1
ursodiol cap (ACTIGALL equiv)	-	Tier 1
ursodiol tab (URSO (FORTE) equiv)	-	Tier 1
CHENODAL TAB	-	Tier 2 Specialty

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn conc (GASTROCROM equiv)	-	Tier 1
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Tier 1
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GASTROINTESTINAL STIMULANTS

metoclopramide soln (REGLAN equiv)	-	Tier 1
metoclopramide tab (REGLAN equiv)	-	Tier 1

INFLAMMATORY BOWEL AGENTS

balsalazide cap (COLAZAL equiv)	-	Tier 1
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Tier 1
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Tier 1
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Tier 1
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Tier 1
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Tier 1
sulfasalazine EC tab (AZULFIDINE equiv)	-	Tier 1
sulfasalazine tab (AZULFIDINE equiv)	-	Tier 1
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Tier 2
mesalamine tab (QL= 9 tabs/1 day)	QL	Tier 2
PENTASA CAP 500MG (QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or generic LIALDA)	QL-RDX-ST	Tier 2
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
INTESTINAL ACIDIFIERS		
lactulose soln	-	Tier 1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	Tier 1
LINZESS CAP (QL= 30 caps/30 days)	QL	Tier 2
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	Tier 1
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1
sevelamer hydrochloride tab (RENAGEL equiv)	-	Tier 1
sevelamer powder pak (RENVELA equiv)	-	Tier 1
sevelamer tab (RENVELA TAB equiv)	-	Tier 1
PHOSLYRA SOLN	-	Tier 2
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	Tier 1
CYTRA-3 SYRUP	-	Tier 1
potassium citrate CR tab (UROKIT-K TAB equiv)	-	Tier 1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Tier 1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Tier 1
sodium citrate/citric acid soln (BICITRA equiv)	-	Tier 1
tricitrates soln (POLYCITRA-LC equiv)	-	Tier 1
ORACIT SOLN	-	Tier 2
CYSTINOSIS AGENTS		
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephropathic cystinosis (E72.04))	LD-RDX	Tier 2 Specialty
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephropathic cystinosis (E72.04))	LD-QL-RDX	Tier 2 Specialty
GENITOURINARY IRRIGANTS		
SODIUM CHLORIDE IRRIGATION SOLN	-	Tier 1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Tier 2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	Tier 1
dutasteride cap (AVODART equiv)	-	Tier 1
finasteride tab (PROSCAR equiv)	-	Tier 1
tamsulosin cap (FLOMAX equiv)	-	Tier 1
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Tier 2
silodosin cap (RAPAFLO equiv)	-	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered	
LMSP	Ardon Mandatory Specialty Pharmacy Program	EXC
PA	Lumicera Mandatory Specialty Pharmacy Program	M
SF	Prior Authorization	QL
VAC	Limited to two 15 day fills per month for first 3 months	SMKG
	Vaccine Program	
	generic =small letters	
	Plan Exclusion	
	Medical Benefit	
	Quantity Limit	
	Smoking Cessation	
	BRANDS =CAPITAL LETTERS	
	Limited Distribution	
	Over-the-Counter	
	Restricted to Diagnosis	
	Step Therapy	

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier			
GENITOURINARY AGENTS - MISCELLANEOUS Cont.					
URINARY ANALGESICS					
phenazopyridine tab (PYRIDIUM equiv)	-	Tier 1			
URINARY STONE AGENTS					
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Tier 1 Specialty			
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Tier 1 Specialty			
GOUT AGENTS					
GOUT AGENT COMBINATIONS					
colchicine/probenecid tab (COL-BENEMID equiv)	-	Tier 1			
GOUT AGENTS					
allopurinol tab (ZYLOPRIM equiv)	-	Tier 1			
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Tier 1			
febuxostat tab (ULORIC equiv) (QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg)	QL-ST	Tier 1			
allopurinol tab 200mg (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Tier 2			
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	Tier 2			
URICOSURICS					
probenecid tab (BENEMID equiv)	-	Tier 1			
HEMATOLOGICAL AGENTS - MISC.					
BRADYKININ B2 RECEPTOR ANTAGONISTS					
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Tier 1 Specialty			
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Tier 1 Specialty			
COMPLEMENT INHIBITORS					
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty			
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty			
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty			
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 2 Specialty			
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 2 Specialty			
HEMATORHEOLOGIC AGENTS					
pentoxifylline ER tab (TRENTAL equiv)	-	Tier 1			
PLASMA KALLIKREIN INHIBITORS					
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty			
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty			
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty			
PLATELET AGGREGATION INHIBITORS					
anagrelide cap (AGRYLIN equiv)	-	Tier 1			
cilostazol tab (PLETAL equiv)	-	Tier 1			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Tier 1
clopidogrel tab 75mg (PLAVIX equiv)	-	Tier 1
dipyridamole tab (PERSANTINE equiv)	-	Tier 1
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Tier 1
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Tier 1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	Tier 2
BRILINTA TAB (QL= 2 tabs/day)	QL	Tier 2
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 1 Specialty
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Tier 2 Specialty
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	Tier 2
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Tier 1 Specialty
COBALAMINS		
cyanocobalamin inj	-	Tier 1
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	Tier 2
FOLIC ACID/FOLATES		
folic acid cap (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventiv e
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventiv e
folic acid tab 400mcg (Covered for females only)	OTC	Preventiv e
folic acid tab 800mcg (Covered for females only)	OTC	Preventiv e
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Tier 2 Specialty
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Tier 2 Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Tier 2 Specialty
PROMACTA POWDER (QL= 6 packets/day)	AMSP-PA-QL	Tier 2 Specialty
PROMACTA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Tier 2 Specialty

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty
HEMATOPOIETIC MIXTURES		
multigen plus tab (CHROMAGEN FORTE equiv)	-	Tier 1
multigen tab (CHROMAGEN equiv)	-	Tier 1
NEPHRON FA TAB	-	Tier 2
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Tier 1
aminocaproic acid soln (AMICAR equiv)	AMSP	Tier 1 Specialty
aminocaproic acid tab (AMICAR equiv)	-	Tier 2
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Tier 1
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Tier 1
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Tier 1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	Tier 1
phenobarbital tab	-	Tier 1
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab, zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab)	QL-ST	Tier 2
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	Tier 1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Tier 1
midazolam hcl syrup	-	Tier 1
midazolam inj (MIDAZOLAM equiv)	-	Tier 1
temazepam cap 15mg (RESTORIL equiv)	-	Tier 1
temazepam cap 30mg (RESTORIL equiv)	-	Tier 1
triazolam tab (HALCION equiv)	-	Tier 1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Tier 1
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Tier 1
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Tier 1
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Tier 1
temazepam cap 22.5mg (RESTORIL equiv)	-	Tier 2
temazepam cap 7.5mg (RESTORIL equiv)	-	Tier 2
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon)	QL-ST	Tier 2
OREXIN RECEPTOR ANTAGONISTS		
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	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST
	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy	

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
DAYVIGO TAB (QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon)	QL-ST	Tier 2
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	Tier 1
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Tier 1 Specialty
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Tier 1
gavilyte-h kit	-	Tier 2
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Tier 2
SUFLAVE SOLN (QL= 2 fills/year)	QL	Tier 2
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	Tier 1
lactulose oral crystal packet (KRISTALOSE equiv) (ST req trial of lactulose)	ST	Tier 2
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	Tier 1
azithromycin tab (ZITHROMAX equiv)	-	Tier 1
ZITHROMAX POWDER PACK	-	Tier 2
CLARITHROMYCIN		
clarithromycin ER tab (BIAXIN XL equiv)	-	Tier 1
clarithromycin tab (BIAXIN equiv)	-	Tier 1
CLARITHROMYC SUSP	-	Tier 2
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	Tier 1
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Tier 1
erythromycin tab (ERY-TAB equiv)	-	Tier 1
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Tier 1
E.E.S. TAB (ST req trial of erythromycin ethinylsuccinate susp)	ST	Tier 2
ERYTHROMYCIN CAP DR	-	Tier 2
ERYTHROMYCIN EC CAP	-	Tier 2
erythromycin ethylsuccinate tab (ST req trial of erythromycin ethinylsuccinate susp)	ST	Tier 2
PCE TAB	-	Tier 2
FIDAXOMICIN		
DIFICID SUSP (QL= 126 mL/10 days)	QL	Tier 2
DIFICID TAB (QL= 20 tabs/10 days)	QL	Tier 2

MEDICAL DEVICES

PARENTERAL THERAPY SUPPLIES

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
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	Vaccine Program				

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Last Updated* 5/1/2025

DrugName	Special Code	Tier
MEDICAL DEVICES Cont.		
HYPODERMIC NEEDLES	OTC	Tier 2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
MALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	Tier 1
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
DEXCOM G7 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days)	PA-QL	Tier 1
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days)	PA-QL	Tier 1
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year)	PA-QL	Tier 1
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	Tier 1
CALIBRATION LIQUID	OTC	Tier 2
LANCET KIT	OTC	Tier 2
LANCETS	OTC	Tier 2
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	Tier 2
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Tier 2
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Tier 2
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Tier 2
OMNIPOD DASH PDM KIT (GEN 4) (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Tier 2
PARENTERAL THERAPY SUPPLIES		

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	Vaccine Program				

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Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
B-D INSULIN SYRINGE	--OTC	Tier 1
BD NEEDLES	OTC	Tier 1
B-D PEN NEEDLE	OTC	Tier 1
NOVOFINE PEN NEEDLE	OTC	Tier 1
NOVOTWIST PEN NEEDLE	OTC	Tier 1
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Tier 2
CEQUR SIMPLICITY INSERTER (QL= 1 device/lifetime)	QL	Tier 2
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Tier 2
HYPODERMIC NEEDLES	OTC	Tier 2
NOVOPEN ECHO (QL= 1 pen device/365 days)	QL	Tier 2
SAFETY SYRINGE	-	Tier 2
SYRINGE LUER-LOK	OTC	Tier 2
TB SYRINGE	-	Tier 2
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER (QL= 1 device/365 days)	QL	Tier 2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Tier 2
MIGRAINE COMBINATIONS		
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Tier 1
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Tier 1
PRODRIN TAB	-	Tier 1
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Tier 2
ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days)	QL	Tier 2
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Tier 2
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Tier 2
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Tier 2
sumatriptan/naproxen tab (Treximet equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Tier 2
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Tier 2
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Tier 2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Tier 2
MIGRAINE PRODUCTS - NSAIDS		
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Tier 2
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Tier 1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Tier 1
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Tier 1
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2
eletriptan tab (RELMAX equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2
frovatriptan tab (FROVA equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	Tier 2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Tier 2
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal)	QL-ST	Tier 2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Tier 2

MINERALS & ELECTROLYTES

FLUORIDE

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
FLORIVA DROPS	-	Tier 2

PHOSPHATE

phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/day)	QL	Tier 1
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Tier 1

POTASSIUM

K-TAB	-	Tier 1
POT/CHLORIDE EFFER TAB	-	Tier 1
potassium chloride effer tab (K-LYTE/CL equiv)	-	Tier 1
potassium chloride ER cap (MICRO-K equiv)	-	Tier 1
potassium chloride ER tab (K-TAB equiv)	-	Tier 1
potassium chloride micro tab (K-DUR equiv)	-	Tier 1
POTASSIUM CHLORIDE TAB ER	-	Tier 1
potassium bicarbonate effer tab (K-LYTE equiv)	-	Tier 2
potassium chloride powder packet (KLOR-CON equiv)	-	Tier 2
potassium chloride soln	-	Tier 2

SODIUM

sodium chloride inj	-	Tier 1
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MISCELLANEOUS THERAPEUTIC CLASSES

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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Tier 1
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Tier 1
penicillamine cap (CUPRIMINE equiv)	-	Tier 2
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	Tier 2
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 1 Specialty
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	QL	Tier 2
MYHIBBIN SUSP	-	Tier 2
sirolimus soln (RAPAMUNE equiv)	-	Tier 2
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Tier 2
SPS	-	Tier 2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Tier 1
LIDOCAINE ORAL SOLN 4%	-	Tier 2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	Tier 1
nystatin susp	-	Tier 1
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Tier 1
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride gel (PREVIDENT equiv)	-	Tier 1
sodium fluoride paste (PREVIDENT equiv)	-	Tier 1
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Tier 1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	Tier 1
pilocarpine tab (SALAGEN equiv)	-	Tier 1
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	Tier 1
DIALYVITE/ZINC TAB	-	Tier 1
FOLBEE PLUS CZ TAB	-	Tier 1
PED MV W/ FLUORIDE		

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	Vaccine Program				

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
ADC/FLUORIDE DROP	-	Preventive
FLORIVA PLUS DROPS	-	Preventive
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive
pediatric multiple vitamins/fluoride soln	-	Preventive

PRENATAL VITAMINS

VP-PNV-DHA CAP	-	Tier 1
CONCEPT DHA CAP	-	Tier 2
PRENATABS RX TAB	-	Tier 2
PRENATAL 19 CHEW TAB	-	Tier 2
PRENATAL 19 TAB	-	Tier 2
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Tier 2

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab (BACLOFEN equiv)	-	Tier 1
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 1
chlorzoxazone tab (QL= 4 tabs/day)	QL	Tier 1
chlorzoxazone tab 500mg	-	Tier 1
cyclobenzaprine tab (FLEXERIL equiv)	-	Tier 1
methocarbamol tab (ROBAXIN equiv)	-	Tier 1
orphenadrine citrate ER tab (NORFLEX equiv)	-	Tier 1
tizanidine tab (ZANAFLEX equiv)	-	Tier 1
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	Tier 2
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Tier 2
baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine)	QL-ST	Tier 2
BACLOFEN TAB 5MG	-	Tier 2
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	Tier 2
metaxalone tab (SKELAXIN equiv)	-	Tier 2
methocarbamol tab 1000mg (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Tier 2
tizanidine cap (ZANAFLEX equiv)	-	Tier 2

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	Vaccine Program				

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	Tier 1
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Tier 1
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Tier 1
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Tier 1
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Tier 1
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Tier 1
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Tier 1
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Tier 1
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Tier 1
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Tier 1
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Tier 2
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Tier 2
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	AMSP	Tier 1 Specialty
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Tier 2 Specialty
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	Tier 1
CARTEOLOL OPHTH SOLN	-	Tier 1
carteolol ophth soln (OCUPRESS equiv)	-	Tier 1
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Tier 1
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Tier 1
LEVOBUNOLOL OPHTH SOLN	-	Tier 1
levobunolol ophth soln (BETAGAN equiv)	-	Tier 1
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Tier 2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Tier 2
METIPRANOLOL OPHTH SOLN	-	Tier 2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln; Covered for members age 5 years or younger)	ST	Tier 2
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AMSP LMSF PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG
generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Tier 2
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2
timolol ophth soln (BETIMOL equiv) (QL= 10ml/30 days)	QL	Tier 2
timolol ophth soln (BETIMOL equiv) (QL= 15ml/30 days)	QL	Tier 2
timolol ophth soln (BETIMOL equiv) (QL= 5ml/30 days)	QL	Tier 2
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	Value
CHOLINERGIC AGONISTS		
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Tier 2
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	Tier 1
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Tier 1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Tier 1
phenylephrine ophth soln (MYDFRIN equiv)	-	Tier 1
tropicamide ophth soln (MYDRIACYL equiv)	-	Tier 1
HOMATROPINE OPHTH SOLN	-	Tier 2
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Tier 1
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Tier 1
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Tier 2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Tier 1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Tier 1
ciprofloxacin ophth soln (CILOXAN equiv)	-	Tier 1
erythromycin ophth oint	-	Tier 1
GENTAK OPHTH OINT	-	Tier 1
gentamicin ophth soln (GARAMYCIN equiv)	-	Tier 1
levofloxacin ophth soln (QUIXIN equiv)	-	Tier 1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Tier 1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Tier 1
ofloxacin ophth soln (OCUFLOX equiv)	-	Tier 1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Tier 1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Tier 1
tobramycin ophth soln (TOBREX equiv)	-	Tier 1
TRIFLURIDINE OPHTH SOLN	-	Tier 1
BACITRACIN OPHTH OINT	-	Tier 2
gatifloxacin ophth soln (ZYMAXID equiv)	-	Tier 2
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Tier 2
SULFACETAMIDE SODIUM OPHTH OINT	-	Tier 2
ZIRGAN OPHTH GEL	-	Tier 2
XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis))	LD-QL-RDX	Tier 2 Specialty

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	Vaccine Program				

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Tier 1
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	Tier 1
tetracaine ophth soln	-	Tier 1
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Tier 1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Tier 1
loteprednol ophth susp (LOTEMAX equiv)	-	Tier 1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Tier 1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Tier 1
prednisolone acetate ophth susp	-	Tier 1
PREDNISOLONE OPHTH SUSP	-	Tier 1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Tier 1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Tier 1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Tier 1
BLEPHAMIDE OPHTH SOLN	-	Tier 2
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Tier 2
FLAREX OPHTH SUSP	-	Tier 2
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Tier 2
LOTEMAX SM GEL	-	Tier 2
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2
MAXIDEX OPHTH SOLN	-	Tier 2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Tier 2
PRED MILD OPHTH SOLN	-	Tier 2
PRED-G OPHTH SOLN	-	Tier 2
TOBRADEX OPHTH OINT	-	Tier 2
ZYLET OPHTH SUSP	-	Tier 2
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	Tier 1
cromolyn ophth soln (CROLOM equiv)	-	Tier 1
CROMOLYN SODIUM OPHTH SOLN	-	Tier 1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Tier 1
dorzolamide ophth soln (TRUSOPT equiv)	-	Tier 1
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Tier 1
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	Tier 1
ACULAR (LS) OPHTH SOLN	-	Tier 2
ACUVAIL OPHTH SOLN	-	Tier 2
ALOCRILOPHTH SOLN	-	Tier 2
bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Tier 2
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	Tier 2
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OPHTHALMIC AGENTS Cont.		
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Tier 2
epinastine ophth soln (ELESTAT equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Tier 2
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2
ZERVIAE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Tier 2
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Tier 2 Specialty
PROSTAGLANDINS - OPHTHALMIC		
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2
latanoprost ophth soln (XALATAN equiv)	-	Value

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	Tier 1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Tier 1
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Tier 1
ofloxacin otic soln (FLOXIN equiv)	-	Tier 1
OTIC COMBINATIONS		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Tier 1
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Tier 1
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Tier 1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	Tier 1
otomax-HC otic soln (CORTANE-B equiv)	-	Tier 1
OTIC STEROIDS		
fluocinolone otic oil (DERMOTIC equiv)	-	Tier 1

OXYTOCICS

OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Tier 1

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS		
HYPERRAB INJ, IMOGRAM INJ	-	Tier 2
MONOCLONAL ANTIBODIES		
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Tier 2 Specialty

PENICILLINS

AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	Tier 1
amoxicillin chew tab (AMOXIL equiv)	-	Tier 1

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DrugName	Special Code	Tier
PENICILLINS Cont.		
AMOXICILLIN CHEW TAB 250MG	-	Tier 1
amoxicillin susp (TRIMOX equiv)	-	Tier 1
amoxicillin tab (AMOXIL equiv)	-	Tier 1
ampicillin cap (AMPICILLIN equiv)	-	Tier 1
NATURAL PENICILLINS		
penicillin g potassium for inj (PFIZERPEN equiv)	-	Tier 1
penicillin vk tab (VEETIDS equiv)	-	Tier 1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Tier 1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Tier 1
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Tier 1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	Tier 2
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	Tier 1
megestrol ES susp (MEGACE ES equiv)	-	Tier 1
MEGESTROL SUSP	-	Tier 1
norethindrone tab (AYGESTIN equiv)	-	Tier 1
progesterone cap (PROMETRIUM equiv)	-	Tier 1
progesterone oil inj	-	Tier 1
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Tier 2 Specialty
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	Tier 1
disulfiram tab (ANTABUSE equiv)	-	Tier 1
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	PA-QL	Tier 2
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv)	-	Tier 1
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Tier 1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Tier 1
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Tier 1
GALANTAMINE SOLN	-	Tier 1
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Tier 1
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Tier 1
memantine tab (NAMENDA equiv)	-	Tier 1
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Tier 1
rivastigmine cap (EXELON equiv)	-	Tier 1
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	Tier 2
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Tier 2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC Plan Exclusion
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC	Vaccine Program	
	LD Limited Distribution	OTC Over-the-Counter
	RDX Restricted to Diagnosis	ST Step Therapy
	BRANDS =CAPITAL LETTERS	

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**UMP Preferred Drug List
Category/Class
Last Updated* 5/1/2025**

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Tier 2
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Tier 2
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	Tier 2
COMBINATION PSYCHOTHERAPEUTICS		
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Tier 1
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Tier 2
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Tier 2
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Tier 1 Specialty
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB TITRATION KIT (QL= 42 tabs/28 days)	LMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty
INGREZZA SPRINKLE CAP (QL= 30 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Tier 1 Specialty
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Tier 1 Specialty
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Tier 1 Specialty
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Tier 1 Specialty
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Tier 1 Specialty

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	Tier 2
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Tier 2
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Tier 2
FLUOXETINE CAP (PMDD)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Tier 2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	Tier 2
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC	Vaccine Program	
	LD Limited Distribution	BRANDS =CAPITAL LETTERS
	OTC Over-the-Counter	
	RDX Restricted to Diagnosis	
	ST Step Therapy	

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
VASOMOTOR SYMPTOM AGENTS		
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Tier 2
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Tier 2 Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 1 Specialty
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Tier 1
TETRACYCLINES		
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Tier 2
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	Tier 1
doxycycline hyclate cap (QL= 2 caps/day)	QL	Tier 1
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Tier 1
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 1
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Tier 1
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 1
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Tier 1
doxycycline susp (VIBRAMYCIN equiv)	-	Tier 1
minocycline cap (MINOCIN equiv)	-	Tier 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered	EXC
LMSP	Ardon Mandatory Specialty Pharmacy Program	Plan Exclusion
PA	Lumicera Mandatory Specialty Pharmacy Program	M
SF	Prior Authorization	Medical Benefit
VAC	Limited to two 15 day fills per month for first 3 months	QL
	Vaccine Program	Quantity Limit
		SMKG
		Smoking Cessation
		LD
		Limited Distribution
		OTC
		Over-the-Counter
		RDX
		Restricted to Diagnosis
		ST
		Step Therapy

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
tetracycline cap	-	Tier 1
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Tier 2
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2
doxycycline monohydrate cap 100mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	Tier 2
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Tier 2
minocycline tab (DYNACIN equiv)	-	Tier 2

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	Tier 1
propylthiouracil tab	-	Tier 1

THYROID HORMONES

levothyroxine tab (SYNTHROID equiv)	-	Tier 1
liothyronine tab (CYTOMEL equiv)	-	Tier 1

TOXOIDS

TOXOID COMBINATIONS

ADACEL/BOOSTRIX INJ	VAC	Preventive
INFANRIX INJ	VAC	Preventive
TETANUS/DIPHtheria TOXOID INJ	VAC	Preventive
VAXELIS INJ	VAC	Preventive

ULCER DRUGS

ANTISPASMODICS

chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Tier 1
dicyclomine cap (BENTYL equiv)	-	Tier 1
dicyclomine soln (BENTYL equiv)	-	Tier 1
dicyclomine tab (BENTYL equiv)	-	Tier 1
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Tier 1
glycopyrrolate tab (ROBINUL equiv)	-	Tier 1
methscopolamine tab (PAMINE equiv)	-	Tier 1
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Tier 2
BELLADONNA ALKALOID/OPIUM SUPP	-	Tier 2
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Tier 2

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LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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UMP Preferred Drug List

Category/Class

Last Updated* 5/1/2025

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
PROPANTHELINE TAB	-	Tier 2
H-2 ANTAGONISTS		
cimetidine tab (TAGAMET equiv)	-	Tier 1
nizatidine cap (AXID equiv)	-	Tier 1
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Tier 1
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Preventive
ULCER THERAPY COMBINATIONS		
OMECLAMOX (QL= 80 tabs/10 days)	QL	Tier 2
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	Tier 2
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Tier 1
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Tier 1
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv)	-	Tier 2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	Tier 1
oxybutynin syrup	-	Tier 1
oxybutynin tab (DITROPAN equiv)	-	Tier 1
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Tier 1
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, tropium IR/ER, solifenacin)	ST	Tier 2
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of oxybutynin IR/ER AND solifenacin)	QL-ST	Tier 2
tolterodine SR cap (DETROL LA equiv)	-	Tier 2
tolterodine tab (DETROL equiv)	-	Tier 2
tropium tab (SANCTURA equiv)	-	Tier 2
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron tab er (MYRBETRIQ equiv) (ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab/SR cap, tropium tab/SR cap)	ST	Tier 2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	Tier 1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin)	QL-ST	Tier 2
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	Preventive

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
VACCINES Cont.		
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive
MENACTRA INJ	VAC	Preventive
MENHIBRIX INJ	VAC	Preventive
MENOMUNE INJ	VAC	Preventive
MENQUADFI INJ	VAC	Preventive
MENVEO INJ	VAC	Preventive
MENVEO SOLN	VAC	Preventive
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive
PNEUMOVAX INJ	VAC	Preventive
PREVNAR 13 INJ	VAC	Preventive
PREVNAR 20 INJ	VAC	Preventive
TRUMENBA INJ	VAC	Preventive
VAXCHORA SUSP	VAC	Preventive
VAXNEUVANCE INJ	VAC	Preventive
VIRAL VACCINES		
ABRYSCO INJ (QL= 1 inj/fill, 1 fill/lifetime)	QL-VAC	Preventive
ACAM2000 INJ	-	Preventive
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	Preventive
AFLURIA INJ, FLUZONE INJ	VAC	Preventive
AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older)	QL-VAC	Preventive
CERVARIX INJ	VAC	Preventive
COMIRNATY INJ	VAC	Preventive
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive

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AMSP	NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
SF	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
VACCINES Cont.		
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive
FLUAD INJ	VAC	Preventive
FLUAD QUAD INJ	VAC	Preventive
FLUBLOK INJ	VAC	Preventive
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive
FLUBLOK QUAD PF INJ	VAC	Preventive
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive
FLUCELVAX QUAD INJ	VAC	Preventive
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventive
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive
FLUVIRIN INJ	VAC	Preventive
FLUZONE HD PF INJ	VAC	Preventive
FLUZONE HIGH DOSE PF INJ	VAC	Preventive
FLUZONE QUAD INJ	VAC	Preventive
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive
GARDASIL 9 INJ	VAC	Preventive
GARDASIL INJ	VAC	Preventive
HAVRIX INJ, VAQTA INJ	VAC	Preventive

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

AMSP	NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
SF	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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**UMP Preferred Drug List
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Last Updated* 5/1/2025**

DrugName	Special Code	Tier
VACCINES Cont.		
HEPLISAV-B INJ	VAC	Preventive
IPOL INJ	-	Preventive
JYNNEOS INJ	-	Preventive
M-M-R II INJ	VAC	Preventive
MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 60 years and older)	QL-VAC	Preventive
NOVAVAX INJ	VAC	Preventive
PRIORIX INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive
SPIKEVAX INJ 50/0.5ML	VAC	Preventive
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
IMOVAX INJ	-	Tier 2
RABAVERT INJ	VAC	Tier 2

VAGINAL AND RELATED PRODUCTS

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
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VAGINAL PRODUCTS

SPERMICIDES

CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive

VAGINAL ANTI-INFECTIVES

clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Tier 1
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SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
terconazole cream (TERAZOL equiv)	-	Tier 1
TERCONAZOLE CREAM 0.8%	-	Tier 1
terconazole supp (TERAZOL equiv)	-	Tier 1
AVC VAGINAL CREAM	-	Tier 2
metronidazole vaginal gel (METROGEL equiv)	-	Tier 2
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Tier 2
VAGINAL ESTROGENS		
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Tier 1
estradiol cream (ESTRACE equiv)	-	Tier 2
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Tier 2
VAGINAL PROGESTINS		
ENDOMETRIN INSERT	PA	Tier 2
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ (QL= 2 inj/fill)	QL	Tier 2
NEFFY SPRAY (QL= 2 doses/fill)	QL	Tier 2
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	AMSP	Tier 1 Specialty
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	Tier 1
EPINEPHRINE INJ	-	Tier 2
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab (MEPHYTON equiv)	-	Tier 1
vitamin D cap (RX strength only)	-	Tier 1
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	Tier 2

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PA	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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	Vaccine Program				

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Tier 1 Specialty
abiraterone tab 250mg	Tier 1 Specialty
ACTHAR HP GEL INJ	Tier 2 Specialty
ACTHAR INJ 80UNIT	Tier 2 Specialty
ADALIMU-ADAZ INJ 80/0.8ML	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Tier 2 Specialty
AIMOVIJ INJ	Tier 2
AJOVY INJ	Tier 2
ALECENSA CAP	Tier 2 Specialty
ALUNBRIG TAB 30MG	Tier 2 Specialty
ALUNBRIG TAB 90MG, 180MG	Tier 2 Specialty
ambrisentan tab	Tier 1 Specialty
AUSTEDO TAB 12MG	Tier 2 Specialty
AUSTEDO TAB 6MG	Tier 2 Specialty
AUSTEDO TAB 9MG	Tier 2 Specialty
AUSTEDO XR TAB	Tier 2 Specialty
AUSTEDO XR TAB 18MG	Tier 2 Specialty
AUSTEDO XR TAB 24MG	Tier 2 Specialty
AUSTEDO XR TAB 6MG	Tier 2 Specialty
AUSTEDO XR TAB TITRATION KIT	Tier 2 Specialty
AUSTEDO XR TAB TITRATION PACK	Tier 2 Specialty
BARACLUDE SOLN	Tier 2 Specialty
betaine powder for oral solution	Tier 1 Specialty
bexarotene cap	Tier 1 Specialty
bexarotene gel	Tier 1 Specialty
bosentan tab	Tier 1 Specialty
BOSULIF CAP	Tier 2 Specialty
BOSULIF TAB	Tier 2 Specialty
CABOMETYX TAB	Tier 2 Specialty
CALQUENCE CAP	Tier 2 Specialty
CALQUENCE TAB	Tier 2 Specialty
CAPRELSA TAB 100MG	Tier 2 Specialty
CAPRELSA TAB 300MG	Tier 2 Specialty
carglumic acid tab	Tier 1 Specialty
CERDELGA CAP	Tier 2 Specialty
COMETRIQ KIT	Tier 2 Specialty
COSENTYX INJ (1-PACK)	Tier 2 Specialty
COSENTYX INJ (2-PACK)	Tier 2 Specialty
COSENTYX INJ 300MG/2ML	Tier 2 Specialty
COTELLIC TAB	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DAKLINZA TAB	Tier 2 Specialty
dalfampridine ER tab	Tier 1 Specialty
dasatinib tab	Tier 1 Specialty
deferasirox granules packet	Tier 1 Specialty
deferasirox tab	Tier 1 Specialty
deferasirox tab 90mg, 360mg	Tier 1 Specialty
deferiprone tab	Tier 1 Specialty
deferiprone tab 1000mg	Tier 1 Specialty
deflazacort susp	Tier 2 Specialty
deflazacort tab	Tier 2 Specialty
DEXCOM G6 RECEIVER	Tier 1
DEXCOM G6 SENSOR	Tier 1
DEXCOM G6 TRANSMITTER	Tier 1
DEXCOM G7 RECEIVER	Tier 1
DEXCOM G7 SENSOR	Tier 1
dichlorphenamide tab	Tier 1 Specialty
DOPTELET TAB	Tier 2 Specialty
DUPIXENT INJ	Tier 2 Specialty
DUPIXENT PEN INJ	Tier 2 Specialty
EMGALITY INJ	Tier 2
EMPAVELI INJ	Tier 2 Specialty
ENBREL INJ	Tier 2 Specialty
ENBREL INJ 25MG	Tier 2 Specialty
ENBREL INJ 50MG	Tier 2 Specialty
ENBREL MINI INJ	Tier 2 Specialty
ENBREL SURECLICK INJ 50MG	Tier 2 Specialty
ENDOMETRIN INSERT	Tier 2
ENTYVIO INJ	Tier 2 Specialty
EPIDIOLEX SOLN	Tier 2 Specialty
ERIVEDGE CAP	Tier 2 Specialty
ERLEADA TAB	Tier 2 Specialty
ERLEADA TAB 240MG	Tier 2 Specialty
erlotinib tab 100mg	Tier 1 Specialty
erlotinib tab 150mg	Tier 1 Specialty
erlotinib tab 25mg	Tier 1 Specialty
everolimus tab	Tier 1 Specialty
everolimus tab for oral susp	Tier 1 Specialty
EXSERVAN FILM	Tier 2 Specialty
fentanyl patch	Tier 2
FREE LIBRE 3-PLUS SENSOR	Tier 1
FREESTYLE LIBRE 2 RECEIVER	Tier 1
FREESTYLE LIBRE 2 SENSOR	Tier 1

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**UMP Preferred Drug List cont.
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FREESTYLE LIBRE 2-PLUS SENSOR	Tier 1
FREESTYLE LIBRE 3 READER	Tier 1
FREESTYLE LIBRE 3 SENSOR	Tier 1
FREESTYLE LIBRE RECEIVER	Tier 1
FREESTYLE LIBRE SENSOR (14-DAY)	Tier 1
gabapentin (once-daily) tab	Tier 2
gefitinib tab	Tier 1 Specialty
GILOTRIF TAB	Tier 2 Specialty
HADLIMA INJ 40MG/0.4ML	Tier 2 Specialty
HADLIMA INJ 40MG/0.8ML	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.4ML	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.8ML	Tier 2 Specialty
HAEGARDA INJ 2000U	Tier 2 Specialty
HAEGARDA INJ 3000U	Tier 2 Specialty
HYCANTIN CAP	Tier 2 Specialty
hydrocodone bitartrate ER cap	Tier 2
hydrocodone bitartrate er tab	Tier 2
hydromorphone ER tab 12mg	Tier 2
hydromorphone ER tab 16mg	Tier 2
hydromorphone ER tab 32mg	Tier 2
hydromorphone ER tab 8mg	Tier 2
HYDROXYPROGESTERONE CAPROATE INJ	Tier 2 Specialty
icatibant inj	Tier 1 Specialty
ICLUSIG TAB	Tier 2 Specialty
imatinib tab 100mg	Tier 1 Specialty
imatinib tab 400mg	Tier 1 Specialty
IMBRUVICA CAP 140MG	Tier 2 Specialty
IMBRUVICA CAP 70MG	Tier 2 Specialty
IMBRUVICA SUSP	Tier 2 Specialty
IMBRUVICA TAB	Tier 2 Specialty
INGREZZA CAP	Tier 2 Specialty
INGREZZA PACK 40-80MG	Tier 2 Specialty
INGREZZA SPRINKLE CAP	Tier 2 Specialty
INLYTA TAB	Tier 2 Specialty
INLYTA TAB 5MG	Tier 2 Specialty
ivabradine hcl tab	Tier 1
JAKAFI TAB	Tier 2 Specialty
JAVYGTOR PAK 100MG	Tier 1 Specialty
JAVYGTOR POW 500MG	Tier 1 Specialty
JAVYGTOR TAB 100MG	Tier 1 Specialty
JUXTAPID CAP	Tier 2 Specialty
JYNARQUE PAK	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
JYNARQUE TAB 15MG	Tier 2 Specialty
JYNARQUE TAB 30MG	Tier 2 Specialty
KALYDECO PAK	Tier 2 Specialty
KALYDECO TAB	Tier 2 Specialty
KISQALI PAK	Tier 2 Specialty
KISQALI TAB	Tier 2 Specialty
lapatinib ditosylate tab	Tier 1 Specialty
lenalidomide cap	Tier 1 Specialty
LENVIMA CAP	Tier 2 Specialty
LEUPROLIDE INJ (3 MONTH)	Tier 2 Specialty
lofexidine hcl tab	Tier 2
LONSURF TAB	Tier 2 Specialty
LUPRON DEPOT INJ	Tier 2 Specialty
LUPRON DEPOT INJ PED	Tier 2 Specialty
LUPRON DEPOT-PED INJ (1-MONTH)	Tier 2 Specialty
LUPRON DEPOT-PED INJ (3-MONTH)	Tier 2 Specialty
LYNPARZA CAP	Tier 2 Specialty
LYNPARZA TAB	Tier 2 Specialty
MEKINIST SOLN	Tier 2 Specialty
MEKINIST TAB 0.5MG	Tier 2 Specialty
MEKINIST TAB 2MG	Tier 2 Specialty
methadose tab	Tier 1
methyltestosterone cap	Tier 2
metyrosine cap	Tier 2
mifepristone tab	Tier 1 Specialty
miglustat cap	Tier 1 Specialty
morphine sulfate ER cap 100mg	Tier 1
morphine sulfate ER cap 10mg	Tier 2
morphine sulfate ER cap 20mg	Tier 2
morphine sulfate ER cap 30mg	Tier 1
morphine sulfate ER cap 50mg	Tier 2
morphine sulfate ER cap 60mg	Tier 2
morphine sulfate ER cap 80mg	Tier 2
morphine sulfate ER tab	Tier 1
MOVANTIK TAB	Tier 2
nilutamide tab	Tier 1 Specialty
NINLARO CAP	Tier 2 Specialty
nitisinone cap	Tier 1 Specialty
NUBEQA TAB	Tier 2 Specialty
NUCALA INJ	Tier 2 Specialty
octreotide inj	Tier 1 Specialty
OCTREOTIDE INJ 100MCG	Tier 1 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ODOMZO CAP	Tier 2 Specialty
OFEV CAP	Tier 2 Specialty
OLYSIO CAP	Tier 2 Specialty
OPSUMIT TAB	Tier 2 Specialty
OPZELURA CREAM	Tier 2
ORENITRAM TAB	Tier 2 Specialty
ORKAMBI GRANULES PACKET	Tier 2 Specialty
ORKAMBI TAB	Tier 2 Specialty
ormalvi tab 50mg	Tier 1 Specialty
OTEZLA STARTER PACK	Tier 2 Specialty
OTEZLA TAB	Tier 2 Specialty
OXANDROLONE TAB	Tier 1
OXYCODONE ER TAB 10MG	Tier 2
OXYCODONE ER TAB 15MG	Tier 2
OXYCODONE ER TAB 20MG	Tier 2
OXYCODONE ER TAB 30MG	Tier 2
OXYCODONE ER TAB 40MG	Tier 2
OXYCODONE ER TAB 60MG	Tier 2
OXYCODONE ER TAB 80MG	Tier 2
OXYCONTIN ER TAB 10MG	Tier 2
OXYCONTIN ER TAB 20MG	Tier 2
OXYCONTIN ER TAB 40MG	Tier 2
OXYMORPHONE ER TAB 10MG	Tier 2
OXYMORPHONE ER TAB 15MG	Tier 2
OXYMORPHONE ER TAB 20MG	Tier 2
OXYMORPHONE ER TAB 30MG	Tier 2
oxymorphone ER tab 40mg	Tier 2
OXYMORPHONE ER TAB 5MG	Tier 2
OXYMORPHONE ER TAB 7.5MG	Tier 2
pazopanib hcl tab	Tier 1 Specialty
PEGASYS INJ	Tier 2 Specialty
PEG-INTRON INJ	Tier 2 Specialty
pirfenidone cap	Tier 1 Specialty
pirfenidone tab 267mg	Tier 1 Specialty
PIRFENIDONE TAB 534MG	Tier 1 Specialty
pirfenidone tab 801mg	Tier 1 Specialty
POMALYST CAP	Tier 2 Specialty
PROMACTA POWDER	Tier 2 Specialty
PROMACTA TAB	Tier 2 Specialty
pyrimethamine tab	Tier 1 Specialty
RADICAVA ORS SUSP	Tier 2 Specialty
REBETOL SOLN	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
REPATHA INJ	Tier 2
REPATHA PUSHTRONEX INJ	Tier 2
RINVOQ ER TAB	Tier 2 Specialty
RINVOQ ER TAB 45MG	Tier 2 Specialty
RINVOQ ORAL SOLN	Tier 2 Specialty
roflumilast tab	Tier 1
RUBRACA TAB	Tier 2 Specialty
sapropterin dihydrochloride powder packet	Tier 1 Specialty
sapropterin dihydrochloride soluble tab	Tier 1 Specialty
SIGNIFOR INJ	Tier 2 Specialty
sildenafil susp	Tier 1 Specialty
simvastatin tab 80mg	Preventive
SKYRIZI 180MG/1.2ML CARTRIDGE	Tier 2 Specialty
SKYRIZI INJ	Tier 2 Specialty
SKYRIZI INJ 150MG/ML	Tier 2 Specialty
SKYTROFA INJ	Tier 2 Specialty
sodium phenylbutyrate powder	Tier 1 Specialty
sodium phenylbutyrate tab	Tier 1 Specialty
SOFOSBUVIR/VELPATASVIR TAB	Tier 1 Specialty
SOMAVERT INJ	Tier 2 Specialty
sorafenib tosylate tab	Tier 2 Specialty
STELARA INJ	Tier 2 Specialty
STIVARGA TAB	Tier 2 Specialty
STRENSIQ INJ	Tier 2 Specialty
sunitinib malate cap	Tier 1 Specialty
SYMDEKO TAB	Tier 2 Specialty
SYMPROIC TAB	Tier 2
SYNAGIS INJ	Tier 2 Specialty
SYNRIBO INJ	Tier 2 Specialty
TAFINLAR CAP	Tier 2 Specialty
TAFINLAR TAB	Tier 2 Specialty
TAGRISSO TAB	Tier 2 Specialty
TAKHZYRO INJ	Tier 2 Specialty
TAKHZYRO INJ 150MG/ML	Tier 2 Specialty
TASIGNA CAP	Tier 2 Specialty
tasimelteon capsule	Tier 1 Specialty
TECHNIVIE TAB	Tier 2 Specialty
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	Tier 2 Specialty
TERIPARATIDE INJ 620MCG/2.48ML	Tier 2 Specialty
TESTOSTERONE GEL 1% 25MG	Tier 2
testosterone gel 1.62% 1.25gm	Tier 2
testosterone gel 1.62% 2.5gm	Tier 2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TESTOSTERONE GEL 10MG/ACT	Tier 2
testosterone gel 2%	Tier 2
TESTOSTERONE GEL PUMP	Tier 2
testosterone soln	Tier 2
tetrabenazine tab	Tier 1 Specialty
TIGLUTIK SUSP	Tier 2 Specialty
tiopronin tab	Tier 1 Specialty
tiopronin tab delayed release	Tier 1 Specialty
tobramycin neb soln	Tier 1 Specialty
tolvaptan tab	Tier 1 Specialty
tolvaptan tab 15mg	Tier 1 Specialty
TRACLEER TAB 32MG	Tier 2 Specialty
tramadol ER tab	Tier 2
tramadol ER tab 100mg	Tier 1
tramadol ER tab 200mg	Tier 1
tramadol ER tab 300mg	Tier 1
TREMFYA INJ	Tier 2 Specialty
treprostinil inj 10mg/ml	Tier 1 Specialty
treprostinil inj 1mg/ml	Tier 1 Specialty
treprostinil inj 2.5mg/ml	Tier 1 Specialty
treprostinil inj 5mg/ml	Tier 1 Specialty
TYENNE INJ	Tier 2 Specialty
TYMLOS INJ	Tier 2 Specialty
TYVASO DPI POWDER 16-32-48MCG	Tier 2 Specialty
TYVASO DPI POWDER 16-32MCG	Tier 2 Specialty
TYVASO DPI POWDER 32-48MCG	Tier 2 Specialty
TYVASO DPI POWDER	Tier 2 Specialty
TYVASO INH SOLN	Tier 2 Specialty
TYZEKA TAB	Tier 2 Specialty
UPTRAVI TAB	Tier 2 Specialty
VALCHLOR GEL	Tier 2 Specialty
VENCLEXTA STARTER PACK	Tier 2 Specialty
VENCLEXTA TAB	Tier 2 Specialty
VENTAVIS INH SOLN	Tier 2 Specialty
VERZENIO TAB	Tier 2 Specialty
VIEKIRA PAK TAB	Tier 2 Specialty
VIEKIRA XR TAB	Tier 2 Specialty
vigabatrin powder pack	Tier 1 Specialty
vigabatrin tab	Tier 1 Specialty
VOSEVI TAB	Tier 2 Specialty
VOTRIENT TAB	Tier 2 Specialty
VOYDEYA TAB	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VOYDEYA TAB THERAPY PACK	Tier 2 Specialty
XALKORI CAP	Tier 2 Specialty
XALKORI SPRINKLE CAP	Tier 2 Specialty
XELJANZ SOLN	Tier 2 Specialty
XELJANZ TAB	Tier 2 Specialty
XELJANZ XR TAB	Tier 2 Specialty
XOLAIR INJ	Tier 2 Specialty
XOLAIR INJ 150MG/ML	Tier 2 Specialty
XOLAIR INJ 300MG/2ML	Tier 2 Specialty
XOLAIR INJ 75MG/0.5ML	Tier 2 Specialty
ZEJULA CAP	Tier 2 Specialty
ZEJULA TAB	Tier 2 Specialty
ZELBORAF TAB	Tier 2 Specialty
ZEPATIER TAB	Tier 2 Specialty
ZOLINZA CAP	Tier 2 Specialty
ZYDELIG TAB	Tier 2 Specialty
ZYKADIA CAP	Tier 2 Specialty
ZYKADIA TAB	Tier 2 Specialty

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**UMP Preferred Drug List
Last Updated* 5/1/2025
Over-the-Counter (OTC)**

• The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

aspirin ec tab 325mg	aspirin ec tab 81mg	aspirin tab	B-D INSULIN SYRINGE
BD NEEDLES	B-D PEN NEEDLE	CALIBRATION LIQUID	CONTOUR TEST STRIP
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
FEMALE CONDOMS	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE INSULINX
			TEST STRIP
FREESTYLE LITE TEST	FREESTYLE PRECISION	FREESTYLE TEST STRIP	guaifenesin/codeine syrup
STRIP	NEO TEST STRIP		
HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ
HUMULIN R INJ	HYPODERMIC NEEDLES	LANCET KIT	LANCETS
levonorgestrel tab	MALE CONDOMS	NARCAN HCL SPRAY (OTC)	NICODERM PATCH
NICORETTE GUM	NICORETTE LOZENGE	nicotine gum	NICOTINE KIT
nicotine lozenge	nicotine patch	nizoral a-d shampoo	NOVOFINE PEN NEEDLE
NOVOLIN 70/30 FLEXPEN	NOVOLIN R INJ 100 UNIT	NOVOTWIST PEN NEEDLE	PLAN B TAB
INJ			
PRECISION XTRA TEST	SYRINGE LUER-LOK	TODAY SPONGE	trisphec pse liquid
STRIP			

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UMP Preferred Drug List
Last Updated* 5/1/2025
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

ABILIFY ASIMTUFII INJ 720MG/2.4ML abiraterone tab 250mg	ABILIFY ASIMTUFII INJ 960MG/3.2ML ACTHAR HP GEL INJ	ABILIFY MAINTENA INJ ACTHAR INJ 80UNIT	abiraterone acetate tab 500mg ADALIMU-ADAZ INJ 80/0.8ML adefovir dipivoxil tab
ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ INJ 10MG/0.1ML	ADALIMUMAB-ADAZ INJ 40MG/0.4ML	ambrisentan tab
ALECENSA CAP	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ARISTADA 675MG/2.4ML IN
aminocaproic acid soln	apomorphine inj	ARANESP INJ	AUSTEDO TAB 9MG
ARISTADA INJ	AUSTEDO TAB 12MG	AUSTEDO TAB 6MG	AUSTEDO XR TAB 6MG
AUSTEDO XR TAB	AUSTEDO XR TAB 18MG	AUSTEDO XR TAB 24MG	BARACLUDE SOLN
AUSTEDO XR TAB TITRATION KIT	AUSTEDO XR TAB TITRATION PACK	AVONEX INJ	
betaine powder for oral solution	bexarotene cap	bexarotene gel	bosentan tab
BOSULIF CAP	BOSULIF TAB	CABOMETYX TAB	CALQUENCE CAP
CALQUENCE TAB	capecitabine tab	CAPRELSA TAB 100MG	CAPRELSA TAB 300MG
carglumic acid tab	CAYSTON INH SOLN	CERDELGA CAP	COMETRIQ KIT
COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COSENTYX INJ 300MG/2ML	COTELLIC TAB
CYSTADANE POWDER	CYSTAGON CAP 150MG	CYSTAGON CAP 50MG	CYSTARAN OPHTH SOLN
DAKLINZA TAB	dalfampridine ER tab	dasatinib tab	deferasirox granules packet
deferasirox tab	deferasirox tab 90mg, 360mg	deferiprone tab	deferiprone tab 1000mg
deflazacort susp	deflazacort tab	dichlorphenamide tab	dimethyl fumarate DR cap
dimethyl fumarate DR starter pack	DOPTELET TAB	droxidopa cap	DUPIXENT INJ
DUPIXENT PEN INJ	EMPAVELI INJ	ENBREL INJ	ENBREL INJ 25MG
ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENTYVIO INJ
EPIDIOLEX SOLN	EPIVIR HBV SOLN	ERIVEDGE CAP	ERLEADA TAB
ERLEADA TAB 240MG	erlotinib tab 100mg	erlotinib tab 150mg	erlotinib tab 25mg
ERZOFRI INJ 117MG/0.75ML	ERZOFRI INJ 156MG/ML	ERZOFRI INJ 234MG/1.5ML	ERZOFRI INJ 351MG/2.25M
ERZOFRI INJ 39MG/0.25ML	ERZOFRI INJ 78MG/0.5ML	everolimus tab	everolimus tab for oral susp
EXSERVAN FILM	figolimod hcl cap	FULPHILA INJ	gefitinib tab
GENOTROPIN INJ 0.2MG	GENOTROPIN INJ 0.4MG	GENOTROPIN INJ 0.6MG	GENOTROPIN INJ 0.8MG
GENOTROPIN INJ 1.2MG	GENOTROPIN INJ 1.4MG	GENOTROPIN INJ 1.6MG	GENOTROPIN INJ 1.8MG
GENOTROPIN INJ 12MG	GENOTROPIN INJ 1MG	GENOTROPIN INJ 2MG	GENOTROPIN INJ 5MG
GILOTRIF TAB	glatiramer inj 20mg/ml	glatiramer inj 40mg/ml	HADLIMA INJ 40MG/0.4ML
HADLIMA INJ 40MG/0.8ML			

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HADLIMA PUSH INJ 40MG/0.4ML haloperidol decanoate inj	HADLIMA PUSH INJ 40MG/0.8ML HEXALEN CAP	HAEGARDA INJ 2000U	HAEGARDA INJ 3000U
icatibant inj IMBRUVICA CAP 140MG IMPAVIDO CAP INGREZZA SPRINKLE CAP INVEGA HAFYERA INJ JAVYGTOR PAK 100MG JYNARQUE PAK KALYDECO TAB lamivudine tab 100mg LEUPROLIDE INJ (3 MONTH) LUPRON DEPOT INJ PED	ICLUSIG TAB IMBRUVICA CAP 70MG INCRELEX INJ INLYTA TAB INVEGA SUSTENNA INJ JAVYGTOR POW 500MG JYNARQUE TAB 15MG KESIMPTA INJ lapatinib ditosylate tab l-glutamine powder packet LUPRON DEPOT-PED INJ (1-MONTH) LYSODREN TAB MEKINIST SOLN mesna tab nilutamide tab NUCALA INJ ODOMZO CAP OMNITROPE INJ ORKAMBI GRANULES PACKET OTEZLA TAB PERSERIS INJ pirfenidone tab 801mg PULMOZYME INH SOLN REBIF INJ RIBAVIRIN CAP RINVOQ ER TAB 45MG RYKINDO INJ	HYCAMTIN CAP imatinib tab 100mg IMBRUVICA SUSP INGREZZA CAP INLYTA TAB 5MG INVEGA TRINZA INJ JAVYGTOR TAB 100MG JYNARQUE TAB 30MG KISQALI PAK lenalidomide cap LONSURF TAB LUPRON DEPOT-PED INJ (3-MONTH) MATULANE CAP MEKINIST TAB 0.5MG mifepristone tab NINLARO CAP NYVEPRIA INJ OFEV CAP OMNITROPE INJ 5.8MG ORKAMBI TAB pazopanib hcl tab pirfenidone cap POMALYST CAP pyrimethamine tab REBIF TITRTN INJ PACK RIBAVIRIN TAB RINVOQ ORAL SOLN sapropterin dihydrochloride powder packet SIRTURO TAB SKYTROFA INJ SOMAVERT INJ STRENSIQ INJ SYMDEKO TAB TAFINLAR CAP TAKHZYRO INJ 150MG/ML temozolomide cap tetrabenazine tab tiopronin tab delayed release	HYDROXYPROGESTERON E CAPROATE INJ imatinib tab 400mg IMBRUVICA TAB INGREZZA PACK 40-80MG INTRON-A INJ JAKAFI TAB JUXTAPID CAP KALYDECO PAK KISQALI TAB LENVIMA CAP LUPRON DEPOT INJ LYNPARZA CAP MAVYRET PAK MEKINIST TAB 2MG miglustat cap nitisinone cap octreotide inj olanzapine inj OPSUMIT TAB ormalvi tab 50mg PEGASYS INJ pirfenidone tab 267mg PROMACTA POWDER RADICAVA ORS SUSP RETACRIT INJ riluzole tab risperidone microspheres inj sapropterin dihydrochloride soluble tab SKYRIZI 180MG/1.2ML CARTRIDGE sodium phenylbutyrate powder sorafenib tosylate tab SUBLOCADE INJ 100MG/0.5ML SYNAGIS INJ TAFINLAR TAB TASIGNA CAP teriflunomide tab THALOMID CAP tobramycin neb soln
LYNPARZA TAB MAVYRET TAB MELPHALAN TAB MYLERAN TAB NUBEQA TAB OCTREOTIDE INJ 100MCG OLYSIO CAP ORENITRAM TAB OTEZLA STARTER PACK PEG-INTRON INJ PIRFENIDONE TAB 534MG PROMACTA TAB REBETOL SOLN RIBAPAK TAB RINVOQ ER TAB RUBRACA TAB SIGNIFOR INJ SKYRIZI INJ sodium phenylbutyrate tab STELARA INJ SUBLOCADE INJ 300MG/1.5ML SYNRIBO INJ TAGRISSO TAB tasimelteon capsule teriparatide (recombinant) soln pen-inj 600mcg/2.4ml TIGLUTIK SUSP	LUPRON DEPOT-PED INJ (1-MONTH) LYSODREN TAB MEKINIST SOLN mesna tab nilutamide tab NUCALA INJ ODOMZO CAP OMNITROPE INJ ORKAMBI GRANULES PACKET OTEZLA TAB PERSERIS INJ pirfenidone tab 801mg PULMOZYME INH SOLN REBIF INJ RIBAVIRIN CAP RINVOQ ER TAB 45MG RYKINDO INJ sildenafil susp SKYRIZI INJ 150MG/ML SOFOSBUVIR/VELPATASVI R TAB STIVARGA TAB sunitinib malate cap TABLOID TAB TAKHZYRO INJ TECHNIVIE TAB TERIPARATIDE INJ 620MCG/2.48ML tiopronin tab	ORKAMBI TAB ORKAMBI GRANULES PACKET OTEZLA TAB PERSERIS INJ pirfenidone tab 801mg PULMOZYME INH SOLN REBIF INJ RIBAVIRIN CAP RINVOQ ER TAB 45MG RYKINDO INJ sildenafil susp SKYRIZI INJ 150MG/ML SOFOSBUVIR/VELPATASVI R TAB STIVARGA TAB sunitinib malate cap TABLOID TAB TAKHZYRO INJ TECHNIVIE TAB TERIPARATIDE INJ 620MCG/2.48ML tiopronin tab	LYNPARZA CAP MAVYRET PAK MEKINIST TAB 2MG miglustat cap nitisinone cap octreotide inj olanzapine inj OPSUMIT TAB ormalvi tab 50mg PEGASYS INJ pirfenidone tab 267mg PROMACTA POWDER RADICAVA ORS SUSP RETACRIT INJ riluzole tab risperidone microspheres inj sapropterin dihydrochloride soluble tab SKYRIZI 180MG/1.2ML CARTRIDGE sodium phenylbutyrate powder sorafenib tosylate tab SUBLOCADE INJ 100MG/0.5ML SYNAGIS INJ TAFINLAR TAB TASIGNA CAP teriflunomide tab THALOMID CAP tobramycin neb soln

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tolvaptan tab	tolvaptan tab 15mg	TRACLEER TAB 32MG	TREMFYA INJ
treprostinil inj 10mg/ml	treprostinil inj 1mg/ml	treprostinil inj 2.5mg/ml	treprostinil inj 5mg/ml
tretinoin cap	TYENNE INJ	TYMLOS INJ	TYVASO DPI POWDER
			16-32-48MCG
TYVASO DPI POWDER	TYVASO DPI POWDER	TYVASO DPI POWDER	TYVASO INH SOLN
16-32MCG	32-48MCG		
TYZEKA TAB	UPTRAVI TAB	UZEDY INJ	VALCHLOR GEL
VEMLIDY TAB	VENCLEXTA STARTER	VENCLEXTA TAB	VENTAVIS INH SOLN
	PACK		
VERZENIO TAB	VIEKIRA PAK TAB	VIEKIRA XR TAB	vigabatrin powder pack
vigabatrin tab	VISTOGARD PAK	VIVITROL INJ	VOSEVI TAB
VOTRIENT TAB	VOYDEYA TAB	VOYDEYA TAB THERAPY	VUMERITY CAP
		PACK	
XALKORI CAP	XALKORI SPRINKLE CAP	XDEMVY DROP	XELJANZ SOLN
XELJANZ TAB	XELJANZ XR TAB	XOLAIR INJ	XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML	XOLAIR INJ 75MG/0.5ML	ZARXIO INJ	ZARXIO INJ 480/0.8
ZEJULA CAP	ZEJULA TAB	ZELBORAF TAB	ZEPATIER TAB
ziprasidone mesylate inj	ZOLINZA CAP	ZYDELIG TAB	ZYKADIA CAP
ZYKADIA TAB	ZYPREXA RELPREVV INJ		

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**UMP Preferred Drug List
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
acitretin cap	Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene 0.1 cream, or tacro oint
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AFREZZA INH POWDER	QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
aliskiren tab	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
allopurinol tab 200mg	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
amcinonide oint	Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol halobetasol)
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexamethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexamethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexamethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexamethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexamethylphen ER, or dextroamph ER
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
baclofen oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open o crushed)
baclofen tab 15mg	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine
bepotastine besilate ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate gel	QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical
brimonidine tartrate ophth soln 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
bromfenac ophth soln	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol, WIXELA, DULERA
buprenorphine hcl buccal film	Step therapy requires trial of buprenorphine patch
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
candesartan tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
captopril tab	Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
cyanocobalamin nasal spray 500mcg/0.1ml	ST req trial of cyanocobalamin injection
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
cyclobenzaprine tab 7.5mg	Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darifenacin SR tab	Step therapy requires trial of 2: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin
DAYVIGO TAB	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
diclofenac sodium soln 2%	Step therapy requires trial of of diclofenac 1.5% soln
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
doxepin hcl cream	ST req trial of a topical corticosteroid AND topical tacrolimus
doxepin tab	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 50mg	Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps
dutasteride/tamsulosin cap	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
E.E.S. TAB	ST req trial of erythromycin ethinylsuccinate susp
eletriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENVARUSUS XR TAB	Step therapy requires trial of tacrolimus IR capsules
EOHILIA SUS 2MG/10ML	Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)
epinastine ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
erythromycin ethylsuccinate tab	ST req trial of erythromycin ethinylsuccinate susp
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of oxybutynin IR/ER AND solifenacin
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
FLUTICASONE LOTION	ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%)
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastati pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
frovatriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
halcinonide cream	Step Therapy requires trial of 2 High potency corticosteroids
halobetasol propionate foam	QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint)
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
hydrocodone bitartrate ER cap	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
imiquimod cream 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
isosorbide dinitrate tab 40mg	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer
lactulose oral crystal packet	ST req trial of lactulose
lamotrigine odt	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth gel	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
mesalamine ER cap	QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
metformin ER osmotic tab	Step Therapy requires trial of metformin or metformin ER
methazolamide tab	Step Therapy requires trial of acetazolamide
methocarbamol tab 1000mg	QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methylphenidate ER cap	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
mirabegron tab er	ST req trial 2: oxybutynin tab/syrup, oxybutynin ER tab, tolterodine tab/SR cap, trospium tab/SR cap
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
nitazoxanide tab	QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole
NUDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
PENTASA CAP 500MG	QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or generic LIALDA
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
pioglitazone/glimepiride tab	Step Therapy requires trial of metformin or metformin ER
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
posaconazole susp	Step therapy requires trial of fluconazole, itraconazole or voriconazole
prednisolone ODT	Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln
prednisolone tab	Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
PROZAC WEEKLY CAP	QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR
prucalopride succinate tab	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone
QTERN TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
REBIF INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone
RIBAPAK TAB	Step Therapy requires trial of ribavirin
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate pregabalin, levetiracetam
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan vial inj	QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan/naproxen tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
tavaborole soln	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine t
tazarotene cream 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
telmisartan/amlodipine tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 40-12.5MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 80-25MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
timolol maleate ophth gel	Step Therapy requires trial of timolol maleate ophth soln; Covered for members age years or younger
timolol maleate ophth soln 0.5%	Step Therapy requires trial of timolol maleate ophth soln
topiramate cap er 200mg	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkl (generic Qudexy XR)
topiramate ER cap	QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR
toremifene tab	Step Therapy requires trial of tamoxifen
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
triamcinolone acetone oint	Step Therapy requires trial of triamcinolone acetone oint 0.025% or 0.1%
TRIAMCINOLONE SPRAY	QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
trientine cap 250mg	ST req trial of generic penicillamine tab
TRIENTINE CAP 500MG	ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsior (generic Restasis)
UBRELVY TAB	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptar ODT, sumatriptan tab
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
verapamil SR cap	Step Therapy requires trial of verapamil ER tab (generic Calan)
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
zolmitriptan nasal spray	QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal
zolmitriptan ODT	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
zolpidem tartrate SL tab	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er, eszopiclone, zaleplon, ramelteon

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**UMP Preferred Drug List
Smoking Cessation Agents
Last Updated* 5/1/2025**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	Preventive
CHANTIX PAK(Limited to 180 days/plan year)	Preventive
CHANTIX TAB(Limited to 180 days/plan year)	Preventive
NICODERM PATCH(Limited to 180 days/plan year)	Preventive
NICORETTE GUM(Limited to 180 days/plan year)	Preventive
NICORETTE LOZENGE(Limited to 180 days/plan year)	Preventive
nicotine gum(Limited to 180 days/plan year)	Preventive
NICOTINE KIT(Limited to 180 days/plan year)	Preventive
nicotine lozenge(Limited to 180 days/plan year)	Preventive
nicotine patch(Limited to 180 days/plan year)	Preventive
NICOTROL INHALER(Limited to 180 days/plan year)	Preventive
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	Preventive
varenicline tartrate tab(Limited to 180 days/plan year)	Preventive
varenicline tartrate tab start pack(Limited to 180 days/plan year)	Preventive
ZYBAN TAB(Limited to 180 days/plan year)	Preventive

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**UMP Preferred Drug List
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
acetaminophen/codeine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
ACTINEL LIQUID	QL= 1200ml/30 days
ADALIMU-ADAZ INJ 80/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	QL= 0.2ml/28 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	QL= 2 inj/28 days
adapalene cream	QL= 360g/30 days
adapalene gel 0.3%	QL= 360g/30 days
adefovir dipivoxil tab	QL= 1 tab/day
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP
ADVIL COLD/ TAB SINUS	QL= 240 tabs/30 days
AEROCHAMBER	QL= 1 device/365 days
AFLURIA INJ	QL= 0.5ml/fill
AFREZZA INH POWDER	QL= 360 inhalations/28 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, or FIASP
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 inj/28 days
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
alendronate sodium oral soln	QL= 300ml/28 days
allopurinol tab 200mg	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ambrisentan tab	QL= 1 tab/day
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amoxapine tab	QL= 4 tabs/day
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexamethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine/dextroamphetamine tab 10mg	QL= 180 tabs/30 days
amphetamine/dextroamphetamine tab 12.5mg	QL= 150 tabs/30 days
amphetamine/dextroamphetamine tab 15mg	QL= 120 tabs/30 days
amphetamine/dextroamphetamine tab 20mg	QL= 90 tabs/30 days
amphetamine/dextroamphetamine tab 30mg	QL= 60 tabs/30 days
amphetamine/dextroamphetamine tab 5mg	QL= 360 tabs/30 days
amphetamine/dextroamphetamine tab 7.5mg	QL= 240 tabs/30 days
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexamethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexamethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexamethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexamethylphen ER, or dextroamph ER
ANORO ELLIPTA INHALER	QL= 60 gm/30 days
APAP/CODEINE SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, c FIASP
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVLOG, INSULIN ASPART, c FIASP
apomorphine inj	QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month
APTOM TAB	QL= 60 tabs/30 days
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
ARANESP INJ	QL= 4 vials/30 days
AREXVY INJ	QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 60 tabs/30 days
armodafinil tab 50mg	QL= 3 tabs/day
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine XR, risperidone, or risperidone ODT
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
aspirin/codeine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 120 caps/30 days
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
atorvastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 10mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 20mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 40mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay
ATRIPLA TAB	QL= 1 tab/day
atropine ophth soln	QL= 1 bottle/30 days
ATROVENT HFA INHALER	QL= 25.8gm/30 days
AUSTEDO TAB 12MG	QL= 120 tabs/30 days
AUSTEDO TAB 6MG	QL= 30 tabs/30 days
AUSTEDO TAB 9MG	QL= 30 tabs/30 days
AUSTEDO XR TAB	QL= 30 tabs/30 days
AUSTEDO XR TAB 18MG	QL= 2 tabs/day
AUSTEDO XR TAB 24MG	QL= 60 tabs/30 days
AUSTEDO XR TAB 6MG	QL= 8 tabs/day
AUSTEDO XR TAB TITRATION KIT	QL= 42 tabs/28 days
AUSTEDO XR TAB TITRATION PACK	QL= 28 tabs/28 days
AUVI-Q INJ	QL= 2 inj/fill
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azelaic acid gel	QL= 300g/30 days
baclofen oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)
baclofen tab 15mg	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb chlorzoxazone, orphenadrine
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BASAGLAR KWIKPEN INJ	QL= 60 units/30 days
b-donna tab	QL= 8 tabs/day
BENZONATATE CAP	QL= 3 caps/day
bepotastine besilate ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
bexarotene gel	QL= 60g/30 days
BIKTARVY TAB	QL= 1 tab/day
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bismuth/metro/tetra cap	QL= 120 tabs/10 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BOSULIF CAP	QL= 5 caps/day; Only available through Walgreens 888-347-3416
BRILINTA TAB	QL= 2 tabs/day
brimonidine tartrate gel	QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
budesonide inh susp	QL= 120 units/30 days
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.3g/30 days; Step therapy requires trial of two: fluticasone/salmeterol, WIXELA DULERA
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine/codeine cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
butalbital/aspirin/caffeine/codeine cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
butorphanol nasal spray	QL= 5ml/30 days
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
CALQUENCE CAP	QL= 2 caps/day

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CALQUENCE TAB	QL= 2 tabs/day
CAPMIST DM TAB	QL= 4 tabs/day
CAPRELSA TAB 100MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPVAXIVE INJ	QL= 0.5 mL/fill; Covered for ages 19 years and older
carbidopa-levodopa-entacapone tab 12.5-50-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 18.75-75-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 25-100-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 31.25-125-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 37.5-150-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 50-200-200mg	QL= 6 tabs/day
CARBINOXAMINE SOLN	QL= 40ml/day
carbinoxamine tab	QL= 240 tabs/30 days
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap
CEQR SIMPLICITY 2U	QL= 10 patches/30 days
CEQR SIMPLICITY INSERTER	QL= 1 device/lifetime
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin vaginal cream	QL= 1 tube/fill
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
clobazam susp	QL= 480ml/30 days
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CLOZAPINE ODT	QL= 3 tabs/day
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
codeine sulfate tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine cap	QL= 4 caps/day
colchicine tab	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30days
COMPLERA TAB	QL= 1 tab/day
CONTOUR BLOOD GLUCOSE TEST STRIP	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 2ml/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 TEST	QL= 2 tests/30 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CUE HEALTH MIS MONITOR	QL= 1 kit/year
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine methocarbamol, or orphenadrine ER
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYSTADANE POWDER	QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CYSTAGON CAP 50MG	QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrostatic cystinosis (E72.04)
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416
dabigatran etexilate mesylate cap	QL= 2 caps/day
danazol cap	QL= 4 caps/day
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darunavir tab 600mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
darunavir tab 800mg	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
DAYVIGO TAB	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er eszopiclone, zaleplon, ramelteon
DEPO-PROVERA INJ	QL= 1 inj/84 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PrEP
desvenlafaxine ER tab	QL= 1 tab/day
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/30 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER	QL= 1 receiver/year
DEXCOM G7 SENSOR	QL= 3 sensors/30 days
dexmethylphenidate ER 10mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 15mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 20mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 5mg caps	QL= 60 caps/30 days
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 tabs/30 days
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days
dextroamphetamine ER cap 10mg	QL= 2 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine soln	QL= 1800ml/30 days
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine tab 10mg	QL= 6 tabs/day
DIAZEPAM GEL	QL= 4 doses/fill
diazepam oral soln 5mg/5ml	QL= 360ml/30 days
diazepam rectal gel	QL= 4 doses/fill
dichlorphenamide tab	QL= 4 tabs/day
diclofenac gel	QL= 100gm/fill, 2 fills/month
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
DIDANOSINE DR CAP	QL= 2 caps/day
DIFICID SUSP	QL= 126 mL/10 days
DIFICID TAB	QL= 20 tabs/10 days
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
digoxin tab 62.5mcg	QL= 1 tab/day
dihydroergotamine mesylate inj	QL= 24ml/28 days
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
dimethyl fumarate DR cap	QL= 60 caps/30 days
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
donepezil tab 10mg	QL= 60 tabs/30 days
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 60 tabs/30 days
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
doxepin cap	QL= 2 tabs/day
doxepin tab	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate cap 100mg	QL= 2 caps/day
doxycycline monohydrate cap 50mg	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine cap 40mg	QL= 2 caps/day
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
eletriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
ELIQUIS STARTER PACK 5MG	QL= 1 pack/30 days
ELIQUIS TAB 2.5MG	QL= 60 tabs/30 days
ELIQUIS TAB 5MG	QL= 74 tabs/30 days
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
EMGALITY INJ	QL= 1 inj/28 days
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
emtricitabine cap	QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
EMTRIVA SOLN	QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO CAP	QL= 8 caps/day
ENTRESTO TAB	QL= 2 tabs/day
ENTYVIO INJ	QL= 1.36ml/28 days
epinastine ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
EPIVIR HBV SOLN	QL= 720ml/30 days
ergotamine/cafeine tab	QL= 40 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	QL= 3 tabs/day
erlotinib tab 150mg	QL= 3 tabs/day
erlotinib tab 25mg	QL= 3 tabs/day
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol patch	QL= 4 patches/28 days
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
ESTRING	QL= 1 ring/90 days; 3 copays per Rx
eszopiclone tab	QL= 1 tab/day
etravirine tab 100mg	QL= 4 tabs/day
etravirine tab 200mg	QL= 2 tabs/day
everolimus tab	QL= 2 tabs/day
everolimus tab for oral susp	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479
ezetimibe tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 42 tabs/fill, 2 fills/month
FARXIGA TAB	QL= 1 tab/day
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FEMLYV TAB	QL= 28 tabs/24 days
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fentanyl patch	QL=15 patches/30 days
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of oxybutynin IR/ER AND solifenacin
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
FIASP PUMP CARTRIDGE	QL= 60 units/30 days
fingolimod hcl cap	QL= 30 caps/30 days
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of oxybutynin AND solifenacin
FLUBLOK INJ	QL= 0.5ml/fill
FLUCELVAX INJ	QL= 0.5ml/fill
FLUMIST NASAL	QL= 1 dose/fill; Limited to members aged 2 to 49 years old
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
FLUTICASONE-SALMETEROL INHALER	QL= 1 inhaler/30 days
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at \$0 for members 40 years or older; All other members covered at generic copay
fluvoxamine ER cap	QL= 2 caps/day
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
fosamprenavir tab	QL= 4 tabs/day
FREE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
FREESTYLE LITE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE PRECISION NEO TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL= 300 strips/30 days
frovatriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FULPHILA INJ	QL= 2 syringes/28 days
gabapentin (once-daily) tab	QL= 2 tabs/day
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 60 tabs/30 days
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
gefitinib tab	QL= 1 tab/day
GENOTROPIN INJ 0.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 12MG	QL= 4 cartridges/28 days
GENOTROPIN INJ 1MG	QL= 35 syringes/28 days
GENOTROPIN INJ 2MG	QL= 21 syringes/28 days
GENOTROPIN INJ 5MG	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill, 2 fills/month
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
granisetron tab	QL= 8 tabs/30 days
GRASTEK SL TAB	QL= 30 tabs/30 days
guaifenesin/codeine syrup	QL= 240ml/fill, 2 fills/month
guanfacine ER tab	QL= 1 tab/day
guanfacine ER tab 1mg	QL= 2 tabs/day
guanfacine ER tab 2mg	QL= 2 tabs/day
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE INJ KIT	QL= 2 vials/fill, 2 fills/30 days
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HADLIMA INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days
HAEGARDA INJ 2000U	QL= 30 vials/30 days; Only available through Accredo 800-803-2523

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HAEGARDA INJ 3000U	QL= 20 vials/30 days; Only available through Accredo 800-803-2523
halobetasol propionate foam	QL= 50g/30 days; ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol cream/oint)
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500	QL= 40 units/30 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24 units/30 days
HYD POL/CPM SUSP	QL= 10ml/day
hydrocodone bitartrate ER cap	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/acetaminophen cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen soln	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen soln 10-325 mg/15ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 10-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 10mg-300mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 2.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 5mg-300mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 7.5mg-300mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/ibuprofen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 32mg	QL= 2 tabs/day
hydromorphone ER tab 8mg	QL= 1 tab/day
hydromorphone liquid	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
HYDROMORPHONE SUPP	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydromorphone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydroxyprogesterone caproate inj	QL= 4 vials/28 days
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days; Only available through Accredo 888-773-7376
icosapent ethyl cap 0.5gm	QL= 2 caps/day
icosapent ethyl cap 1gm	QL= 4 caps/day
imatinib tab 100mg	QL= 3 tabs/day
imatinib tab 400mg	QL= 2 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Optum 877-445-6874
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Optum 877-445-6874
IMBRUVICA SUSP	QL= 2 bottles/30 days; Only available through Optum 877-445-6874
IMBRUVICA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
imiquimod cream 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
imiquimod cream 5%	QL= 24gm/30 days
IMPAVIDO CAP	QL= 3 caps/day
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA PACK 40-80MG	QL= 1 pack/28 days; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA SPRINKLE CAP	QL= 30 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
INLYTA TAB 5MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
INSULIN ASPART FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART INJ	QL= 60 units/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART MIX INJ	QL= 60 units/30 days
INSULIN ASPART PENFILL INJ	QL= 60 units/30 days

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL)	QL= 18ml/30 days
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL)	QL= 18ml/30 days
INSULIN LISP INJ 100/ML	QL= 60 units/30 days
INTELENCE TAB	QL= 4 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
ISENTRESS (HD) TAB	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS CHEW TAB	QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS POWDER PACK	QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP PrEP
isosorbide dinitrate-hydralazine hcl tab	QL= 6 tabs/day
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ivabradine hcl tab	QL= 60 tabs/30 days
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JULUCA TAB	QL= 1 tab/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 30MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
KALETRA TAB 100-25MG	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
KALETRA TAB 200-50MG	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KRINTAFEL TAB	QL= 2 tabs/365 days
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LAGEVRIO CAP 200MG	QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older
lamivudine soln	QL= 960ml/30 days
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lamotrigine ER tab 100mg	QL= 3 tabs/day
lamotrigine ER tab 200mg	QL= 2 tabs/day
lamotrigine ER tab 250mg	QL= 2 tabs/day
lamotrigine ER tab 25mg	QL= 6 tabs/day
lamotrigine ER tab 300mg	QL= 2 tabs/day
lamotrigine ER tab 50mg	QL= 6 tabs/day
lamotrigine odt	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lapatinib ditosylate tab	QL= 5 tabs/day
lenalidomide cap	QL= 1 cap/day; Only available through Onco360 877-662-6633
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEUPROLIDE INJ (3 MONTH)	QL= 1 kit/90 days
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
lidocaine oint	QL= 8gm/day
LIKMEZ SUSP	QL= 210ml/14 days
LINZESS CAP	QL= 30 caps/30 days
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
lisdexamfetamine dimesylate cap	QL= 1 cap/day
lisdexamfetamine dimesylate chew tab	QL= 1 tab/day
lofexidine hcl tab	QL= 224 tabs/fill, 1 fill/month
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
lopinavir/ritonavir soln	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
loteprednol etabonate ophth gel	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
lovastatin tab	QL= 2 tabs/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
lubiprostone cap	QL= 60 caps/30 days
LUPRON DEPOT INJ	QL= 1 syringe kit/30 days
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
LUPRON DEPOT-PED INJ (1-MONTH)	QL= 1 syringe kit/30 days
LUPRON DEPOT-PED INJ (3-MONTH)	QL= 1 syringe kit/90 days
lurasidone hcl tab	QL= 1 tab/day
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/84 days
MEKINIST SOLN	QL= 40ml/day
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
memantine soln	QL= 300 ml/30 days
memantine titrapak	QL= 49 tabs/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
MEPERIDINE SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
meperidine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine enema	QL= 60mL/day
mesalamine ER cap	QL= 8 caps/day
mesalamine supp	QL= 1 supp/day
mesalamine tab	QL= 9 tabs/1 day
methadone soln	QL= 4 ml/day
methadone soln 10mg/5ml	QL= 20ml/day
methadone soln 5mg/5ml	QL= 40ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day
methocarbamol tab 1000mg	QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methylphenidate 10mg ER caps	QL= 60 caps/30 days
methylphenidate 20mg ER caps	QL= 60 caps/30 days
methylphenidate 30mg ER caps	QL= 60 caps/30 days
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/day
methylphenidate ER 18mg tabs	QL= 60 tabs/30 days
methylphenidate ER 27mg tabs	QL= 60 tabs/30 days
methylphenidate ER 36mg tabs	QL= 60 tabs/30 days
methylphenidate ER cap	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER tab	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
METHYLPHENIDATE HCL TAB ER 24HR 18MG	QL= 60 tabs/30 days
METHYLPHENIDATE HCL TAB ER 24HR 27MG	QL= 60 tabs/30 days
METHYLPHENIDATE HCL TAB ER 24HR 36MG	QL= 60 tabs/30 days
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
methyltestosterone cap	QL= 150 tablets/30 days
metyrosine cap	QL= 448 caps/28 days
mifepristone tab	QL= 4 tabs/day
MIGERGOT SUPP	QL= 20 supp/28 days
miglustat cap	QL= 3 caps/day; Only available through Accredo 800-803-2523
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
modafinil tab	QL= 2 tabs/day
MOLNUIPIRAVIR CAP	QL= 40 caps/fill
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER tab	QL= 3 tabs/day
morphine sulfate oral soln 100mg/5ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
morphine sulfate oral soln 10mg/5ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
morphine sulfate oral soln 20mg/5ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
MORPHINE SULFATE SUPP	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
morphine sulfate tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
MOVANTIK TAB	QL= 30 tabs/30 days
MRESVIA INJ	QL= 0.5 mL/fill; Covered for ages 60 years and older

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NALOXONE HCL SOLN 0.4MG/ML	QL= 2ml/fill, 2 fills/30 days
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/month
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er
naratriptan tab	QL= 9 tabs/30 days
NATACYN OPHTH SUSP	QL= 45ml/30 days
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month
nebivolol hcl tab	QL= 1 tab/day
NEFFY SPRAY	QL= 2 doses/fill
NEVIRAPINE ER TAB	QL= 3 tabs/day
NEVIRAPINE SUSP	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
NEXTSTELLIS TAB	QL= 28 tabs/24 days
niacin ER tab	QL= 2 tabs/day
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nilutamide tab	QL= 150mg/day after the first 30 days
nitazoxanide tab	QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole
NORVIR CAP	QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
NORVIR POWDER PACK	QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEI / PrEP
NORVIR SOLN	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN N INJ	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL= 60 units/30 days
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN R INJ 100 UNIT	QL= 60ml/30 days
NOVOLIN RELION INJ 70/30	QL= 60 units/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG INJ FLEX REL	QL= 60ml/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NOVOPEN ECHO	QL= 1 pen device/365 days
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NYVEPRIA INJ	QL= 2 inj/28 days
ODACTRA SL TAB	QL= 30 tabs/30 days
ODEFSEY TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
olanzapine ODT	QL= 1 tab/day
olanzapine/fluoxetine cap	QL= 1 cap/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days
olopatadine nasal spray	QL= 30.5ml/30 days
OMECLAMOX	QL= 80 tabs/10 days
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 G6 KIT	QL= 1 kit/year
OMNIPOD 5 G6 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 G6 PODS MISC	QL= 15 pods/30 days
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 PACK PODS	QL= 15 pods/30 days
OMNIPOD DASH KIT	QL= 1 kit/year
OMNIPOD DASH PDM KIT (GEN 4)	QL= 10 pods/30 days
OMNIPOD DASH PODS	QL= 15 pods/30 days
OMNIPOD GO KIT 10 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 15 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 20 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 25 UNITS/DAY	QL= 10 pods/30 days

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OMNIPOD GO KIT 30 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 35 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 40 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD STARTER KIT	QL= 1 kit/year
OMNITROPE INJ	QL= 13.5 mL/28 days
OMNITROPE INJ 5.8MG	QL= 8 vials/28 days
ondansetron inj	QL= 24ml/fill, 1 fill/15 days
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 120 grams/28 days
ORALAIR SL TAB	QL= 30 tabs/30 days
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
ormalvi tab 50mg	QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-72
oseltamivir cap 30mg	QL= 40 caps/183 days
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 days
oseltamivir susp	QL= 360ml/183 days
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
oxcarbazepine er tab 150mg	QL= 1 tab/day
oxcarbazepine er tab 300mg	QL= 1 tab/day
oxcarbazepine er tab 600mg	QL= 4 tabs/day
oxycodone cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone conc	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone soln	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 10-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oxycodone/acetaminophen tab 2.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 7.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
OXYCODONE/ASPIRIN TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
OXYCODONE/IBUPROFEN TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 30MG	QL= 4 tabs/day
oxymorphone ER tab 40mg	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
oxymorphone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
paroxetine cap	QL= 1 cap/day
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PAXLOVID PAK	QL= 11 tabs/5 days
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older
PAXLOVID TAB 300-100	QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older
pazopanib hcl tab	QL= 120 tabs/30 days
pb-belladonna elixir	QL= 1200ml/30 days
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
penicillamine tab	QL= 480 tabs/30 days
PENTASA CAP 500MG	QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC ST req trial of generic APRISO or generic LIALDA
pentazocine/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
pentazocine/naloxone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
PHENELZINE SULFATE TAB	QL= 4 tabs/day

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PHEXXI GEL	QL= 180gm/30 days
phospha 250 neutral tab	QL= 8 tabs/day
pioglitazone tab	QL= 1 tab/day
pirfenidone cap	QL= 3 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Pra OR Simvastatin tabs
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
PODOFILOX SOLN	QL= 0.5ml/day
POMALYST CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
potassium iodide oral soln	QL= 90ml/30 days
potassium phosphate monobasic tab	QL= 8 tabs/day
pramipexole ER tab	QL= 1 tab/day
prasugrel tab	QL= 1 tab/day
pravastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
pregabalin soln	QL= 30ml/day
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PRIMIDONE TAB	QL= 4 tabs/day
PROMACTA POWDER	QL= 6 packets/day
PROMACTA TAB	QL= 2 tabs/day
PROMETHAZINE VC SYRUP	QL= 30ml/day
PROZAC WEEKLY CAP	QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR
prucalopride succinate tab	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMOZYME INH SOLN	QL= 30 ampules/30 days

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QTERN TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER
quetiapine tab	QL= 3 tabs/day
quetiapine XR tab	QL= 1 tab/day
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QVAR REDIHALER	QL= 21.2gm/30 days
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 30 tabs/30 days
raloxifene tab	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
REBIF INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETACRIT INJ	QL= 12 vials/30 days
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
REYATAZ POWDER PACK	QL= 5 packets/day
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ER TAB 45MG	QL= 1 tab/day, 3 fills/year
RINVOQ ORAL SOLN	QL= 360ml/30 days
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
ritonavir tab	QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
rivastigmine patch	QL= 1 patch/day
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rosuvastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RYBELSUS TAB	QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
SANTYL OINT	QL= 90gm/30 days
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
scopolamine patch	QL= 10 patches/30 days
selegiline tab	QL= 2 tabs/day
SELZENTRY SOLN	QL= 31ml/day
SELZENTRY TAB 150MG	QL= 2 tabs/day
SELZENTRY TAB 25MG	QL= 4 tabs/day
SELZENTRY TAB 300MG	QL= 4 tabs/day
SELZENTRY TAB 75MG	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
simvastatin tab 80mg	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
SIVEXTRO TAB	QL= 6 tabs/fill
SKYRIZI 180MG/1.2ML CARTRIDGE	QL= 1 cartridge/56 days
SKYRIZI INJ	QL= 1 cartridge/56 days
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYTROFA INJ	QL= 4 inj/28 days
sodium/potassium/magnesium soln	QL= 2 fills/year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
solifenacin tab	QL= 1 tab/day
sorafenib tosylate tab	QL= 4 tabs/day
SPIKEVAX INJ	QL= 1 dose/24 days

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
stavudine cap	QL= 2 caps/day
STELARA INJ	QL= 1 inj/84 days
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUBOXONE SL FILM 12-3MG	QL= 2 films/day
SUBOXONE SL FILM 8-2MG	QL= 3 films/day
SUFLAVE SOLN	QL= 2 fills/year
sulfadiazine tab	QL= 8 tabs/day
sumatriptan inj	QL= 8 inj/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 8 inj/30 days
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan/naproxen tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sunitinib malate cap	QL= 28 caps/42 days
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABLOID TAB	QL= 4 tabs/day
tadalafil tab	QL= 1 tab/day
tadalafil tab (PAH)	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAFINLAR TAB	QL= 12 tabs/day
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
TAGRISSO TAB	QL= 1 tab/day

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TAKHZYRO INJ	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
tazarotene cream 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
tazarotene cream 0.1%	QL= 360g/30 days
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
tenofovir disoproxil fumarate tab	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
teriflunomide tab	QL= 30 tabs/30 days
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	QL= 2.4 units/28 days
TERIPARATIDE INJ 620MCG/2.48ML	QL= 2.48 units/28 days
testosterone cypionate inj	QL= 1 vial/28 days
testosterone cypionate inj 200mg/ml	QL= 4 vials/28 days
TESTOSTERONE ENANTHATE INJ	QL= 5 mL/28 days
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 300gm/30 days
testosterone gel 1% pump	QL= 300gm/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL 10MG/ACT	QL= 2 bottles/30 days
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/30 days
TESTOSTERONE INJ	QL= 4 vials/28 days
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
testosterone soln	QL= 2 bottles/30 days
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
thioridazine hcl tab	QL= 8 tabs/day
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
ticagrelor tab	QL= 2 tabs/day
timolol maleate (pf) ophth soln 0.5%	QL= 2ml/day
timolol maleate preservative free ophth soln	QL= 2ml/day
timolol ophth soln	QL= 10ml/30 days

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiopronin tab delayed release	QL= 8 tabs/day
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
TIVICAY TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
tolcapone tab	QL= 3 caps/day
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab 15mg	QL= 1 tab/day; Only available through Walgreens 888-347-3416
topiramate cap er 200mg	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
topiramate ER cap	QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
tramadol hcl tab 100mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
tramadol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
tramadol/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
tranexamic acid tab	QL= 180 tabs/30 days
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRELEGY ELLIPTA INHALER	QL= 1 inhaler/30 days
TREMFYA INJ	QL= 1ml/56 days
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TRIAMCINOLONE SPRAY	QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
TRIHEXYPHENIDYL SOLN	QL= 946ml/28 days
trilyte soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trisphec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day
TRULANCE TAB	QL= 30 tabs/30 days
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
tussin cf liquid	QL= 1200ml/30 days
TYENNE INJ	QL= 1.8ml/28 days
TYMLOS INJ	QL= 1.56 units/30 days
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TYVASO DPI POWDER 16-32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 16-32MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
VALSARTAN SOLN	QL= 2400ml/30 days
VALTOCO NASAL SPRAY	QL= 4 doses/fill, 5 fills/month
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab start pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VEMLIDY TAB	QL= 1 tab/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VERZENIO TAB	QL= 2 tabs/day
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
VIEKIRA XR TAB	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
vigabatrin powder pack	QL= 6 packs/day; Only available through Lumicera 855-847-3553
vigabatrin tab	QL= 6 tabs/day; Only available through Lumicera 855-847-3553
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox
VIREAD TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VOYDEYA TAB	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
XALKORI CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
XALKORI SPRINKLE CAP	QL= 6 caps/day; Only available through Walgreens 888-347-3416
XARELTO STARTER PACK 15MG/20MG	QL= 1 pack/30 days

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**UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XARELTO SUSP	QL= 10ml/day
XARELTO TAB	QL= 60 tabs/30 days
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XDEMVY DROP	QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis)
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XOLAIR INJ	QL= 1 syringe/28 days
XOLAIR INJ 150MG/ML	QL= 1ml/28 days
XOLAIR INJ 300MG/2ML	QL= 2ml/28 days
XOLAIR INJ 75MG/0.5ML	QL= 0.5ml/28 days
zaleplon cap	QL= 1 cap/day
zaleplon cap 10mg	QL= 2 caps/day
ZARXIO INJ	QL= 15 syringes/30 days
ZARXIO INJ 480/0.8	QL= 15 syringes/30 days
ZEJULA CAP	QL= 30 caps/30 days; Only available through Optum 877-445-6874
ZEJULA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
ZELBORAF TAB	QL= 8 tabs/day
ZEPATIER TAB	QL= 1 tab/day
zephrex-d tab 30mg	QL= 240 tabs/30 days
ZERVIAE OPHTH SOLN	QL= 30 single use containers/30 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
zileuton ER tab	QL= 2 tabs/day
ziprasidone cap	QL= 2 caps/day
zolmitriptan nasal spray	QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal
zolmitriptan ODT	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
zolmitriptan tab	QL= 9 tabs/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem er tab 6.25mg	QL= 2 tabs/day
zolpidem tab	QL= 1 tab/day

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UMP Preferred Drug List Cont.
Last Updated* 5/1/2025
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
zolpidem tab 5mg	QL= 2 tabs/day
zolpidem tartrate SL tab	QL= 1 tab/day; Step Therapy requires trial of all the following: zolpidem ir, zolpidem er
ZYBAN TAB	eszopiclone, zaleplon, ramelteon
ZYKADIA CAP	Limited to 180 days/plan year
ZYKADIA TAB	QL= 3 caps/day
	QL= 3 tabs/day

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Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, religion, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call ArrayRx Customer Service at:

1-888-361-1611 (TRS: 711)

If you think we did not offer these services, or discriminated against you, you can file a written complaint.

Please mail or fax it to:

ArrayRx
Attn: Appeals Unit
PO Box 40168
Portland, OR 97240-0168
Fax: 1-866-923-0412

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

You can also file a civil rights complaint with:

The U.S. Department of Health and Human Services,
Office for Civil Rights

- Online complaint portal - ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail - U.S. Department of Health and Human Services
200 Independence Ave S.W.
HHH Building, Room 509F
Washington, D.C. 20201
- Phone - 1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at
www.hhs.gov/ocr/office/file/index.html

The Washington State Office of the Insurance Commissioner

- Online complaint portal - <https://www.insurance.wa.gov/filecomplaint-or-check-your-complaint-status>
- Phone - 800-562-6900
360-586-0241 (TDD)

Complaint forms are available at
<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TRS: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-888-361-1611 (TRS: 711)

注意: 如果您說中文, 可得到免費語言幫助服務。請致電 1-888-361-1611 (聾啞人專用 TRS: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TRS: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TRS: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي) 1-888-361-1611 (TRS: 711)

بوتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پکال کریں 1-888-361-1611 (TRS: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон TRS: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TRS: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TRS: 711) 1-888-361-1611 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TRS: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 711)

注意: 日本語をご希望の方には、日本語サービスを無料で提供しております。1-888-361-1611 (TRS:、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વાનિ મુક્ત સહાય ઉપલબ્ધ છે. 1-888-361-1611 (TRS: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-888-361-1611 (TRS: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TRS: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-888-361-1611 (TRS: 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TRS: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TRS: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TRS: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le togotia. Vala'au i le 1-888-361-1611 (TRS: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TRS: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TRS: 711)