



Your 2025 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2025

Note About Specialty Drugs:

If a drug listed in this document has the designation “SP” in the Requirements & Limits section, that drug must be obtained from a Specialty Pharmacy and, depending on which plan you are enrolled in, a Specialty copay may apply.

If you are enrolled in the Surest plan, the copay for Specialty drugs is \$200.



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Level2, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	11
Antibacterials	
Drugs for Infections.....	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	13
Anticonvulsants	
Drugs for Seizures	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	15
Antidepressants	
Drugs for Depression.....	15
Antiemetics	
Drugs for Nausea and Vomiting.....	16
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	17
Antimigraine Agents	
Drugs for Migraines	17
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	18
Antimycobacterials	
Drugs to Treat Infections.....	18
Antineoplastics	
Drugs for Cancer	18
Antiparasitics	
Drugs for Parasitic Infections.....	19
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	20
Antipsychotics	
Drugs for Mood Disorders.....	20
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	22
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	22
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	26
Drugs for Multiple Sclerosis.....	27
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	28
Dermatological Agents	
Drugs for Skin Conditions.....	28
Diabetes	
Glucose Monitoring and Supplies.....	32
Insulin.....	36
Non-Insulin Agents.....	36
Drugs for Blood Disorders.....	38
Drugs for Sexual Dysfunction.....	38
Electrolytes / Vitamins	39
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	41
Drugs for Bowel, Intestine and Stomach Conditions	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	42
Drugs for Prostate Conditions.....	43
Hormonal Agents	
Hormone Replacement and Birth Control	43
Oral Steroids.....	48
Other.....	48
Testosterone Replacement.....	48
Thyroid.....	49
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	49
Drugs for Vaccination	53
Infertility Agents	53
Inflammatory Bowel Disease Agents	54
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	55
Other.....	55
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	55
Drugs for Eye Infection and Inflammation.....	56
Drugs for Glaucoma.....	56
Drugs for Miscellaneous Eye Conditions	57
Otic Agents	
Drugs for Ear Conditions.....	57
Respiratory	
Drugs for Anaphylaxis.....	57
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	57
Drugs for Asthma and COPD.....	58
Drugs for Cystic Fibrosis	60
Drugs for Pulmonary Fibrosis.....	60
Drugs for Pulmonary Hypertension	60
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	61
Sleep Disorder Agents.....	61
Index	62

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a full list of medications, and not all medications listed may be covered by your plan.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



Medication tips

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require extra care and support. For most plans, these medications are managed through a specialty pharmacy. Take advantage of personalized support designed to help you get the most out of your treatment plan. To learn more, visit your plan's website or call the toll-free number on your member ID card.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your member ID card to talk with a pharmacist about finding lower-cost options.

Over-the-counter (OTC) medications

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

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁴ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford plans.



Reading your PDL (continued)

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted.

- **Central nervous system: sedatives/hypnotics**

Coverage is set by the member's prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Diabetes: blood glucose monitoring, insulin, non-insulin**

Diabetic supplies and prescription medications may be subject to different cost-share amounts for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.

- **Diabetes: continuous glucose monitors, sensors**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.

- **Endocrine: growth hormone**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share.

- **Infertility**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 % glydo	E	
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral capsule	1	QL	diclofenac potassium oral tablet 50 mg	2	
oxycodone hcl oral solution	1	QL	diclofenac sodium er	3	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL	diclofenac sodium external gel 1 %	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL	diclofenac sodium oral	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac-misoprostol	3	
OXYCONTIN	E	PA, QL	DICLOFONO	E	
oxymorphone hcl er	3	PA, QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
PERCOCET	E	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
premium lidocaine	2	QL	ec-naproxen	1	
PROLATE ORAL TABLET	E	QL	etodolac	2	
ROXICODONE	E	QL	etodolac er	3	
TENCON	3	QL	FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL	flurbiprofen oral	1	
tramadol hcl er	2	(generic for Ultram ER), QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL	indomethacin er	2	
tramadol hcl oral tablet 50 mg	1	QL	indomethacin oral capsule	1	
tramadol-acetaminophen	1	QL	ketorolac tromethamine oral	1	
TREZIX	3	QL	LODINE	E	
TRIDACAINE II	E	PA, QL	LOFENA	E	QL
TRIDACAINE III	E	PA, QL	mefenamic acid oral	3	
XTAMPZA ER	3	PA, QL	meloxicam oral tablet	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL	nabumetone oral	1	
ZTLIDO	3	PA, QL	NAPROSYN	E	
Analgesics - Drugs for Pain and Inflammation			naproxen dr	1	
ANAPROX DS	E		naproxen oral tablet	1	
ARTHROTEC	E		naproxen oral tablet delayed release	1	
CELEBREX	E		naproxen sodium oral tablet 275 mg, 550 mg	2	
celecoxib oral	2		oxaprozin oral tablet	2	
DAYPRO	3		piroxicam oral	2	
diclofenac potassium oral tablet 25 mg	E	QL	RELAFEN DS	E	
			sulindac oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL

Drug Name	Drug Tier	Requirements & Limits
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL
NICODERM CQ	3	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ampicillin	1		doxycycline hyclate oral tablet 20 mg	1	
AUGMENTIN	E		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AVIDOXY	3		doxycycline monohydrate oral suspension reconstituted	3	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral tablet	1	
BACTRIM	3		E.E.S. GRANULES	3	
BACTRIM DS	3		ERYPED 200	3	
cefadroxil	1		ERYPED 400	3	
cefdinir	1		ERY-TAB	3	
cefixime	3		erythromycin base oral tablet	1	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet delayed release	3	
cefprozil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
CENTANY EXTERNAL OINTMENT 2 %	3	QL	erythromycin oral	3	
cephalexin	1		FIRVANQ	3	
CIPRO ORAL TABLET	3		FLAGYL	3	
ciprofloxacin hcl oral	1		fosfomycin tromethamine	3	
clarithromycin er	2		gentamicin sulfate external	1	QL
clarithromycin oral suspension reconstituted	2		HIPREX	3	
clarithromycin oral tablet	1		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		LIKMEZ	3	
CLEOCIN ORAL CAPSULE 75 MG	2		linezolid oral tablet	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN VAGINAL CREAM	3		MACROBID	3	
clindamycin hcl oral	1		MACRODANTIN	3	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral capsule	1	
CLINDESSE	2		metronidazole oral tablet 125 mg	E	
dicloxacillin sodium	1		metronidazole oral tablet 250 mg, 500 mg	1	
DIFICID ORAL TABLET	3	QL			
doxycycline hyclate oral capsule	2				
doxycycline hyclate oral tablet 100 mg	2				
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	3	PA
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diazepam rectal	1	QL	levetiracetam er	2	
DILANTIN INFATABS	3		levetiracetam oral solution	1	
DILANTIN ORAL CAPSULE	3		levetiracetam oral tablet	1	
divalproex sodium er	2		LIBERVANT	3	PA, QL
divalproex sodium oral capsule delayed release sprinkle	2		MOTPOLY XR	3	PA
divalproex sodium oral tablet delayed release	1		MYSOLINE	2	PA
ELEPSIA XR	E	PA	NAYZILAM	3	PA, QL
EPIDIOLEX	3	PA, SP	NEURONTIN	3	PA
epitol	1		ONFI	3	PA
ethosuximide oral	1		oxcarbazepine	1	
felbamate	1		oxcarbazepine er	E	
FELBATOL	3	PA	OXTELLAR XR	E	
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA	phenobarbital oral	1	
FINTEPLA	3	PA	phenytek	1	
FYCOMPA ORAL SUSPENSION	3	PA	phenytoin infatabs	1	
FYCOMPA ORAL TABLET	3	PA	phenytoin oral tablet chewable	1	
gabapentin oral capsule	1		phenytoin sodium extended	1	
gabapentin oral solution 250 mg/5ml	1		primidone oral tablet 125 mg	1	PA
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	primidone oral tablet 250 mg, 50 mg	1	
gabapentin oral tablet 600 mg, 800 mg	1		roweepra	1	
GABARONE	E	PA	rufinamide oral suspension	3	
KEPPRA ORAL	3	PA	rufinamide oral tablet	3	PA
KEPPRA XR	3	PA	subvenite	1	
lacosamide oral	2		SYMPAZAN	3	PA
LAMICTAL	3	PA	TEGRETOL ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	TEGRETOL-XR	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TOPAMAX	3	PA
lamotrigine er	3		TOPAMAX SPRINKLE	3	PA
lamotrigine oral tablet	1		topiramate er oral capsule extended release 24 hour	E	
lamotrigine oral tablet chewable	1		topiramate oral	1	
lamotrigine oral tablet dispersible	3	PA	TRILEPTAL	3	PA
			TROKENDI XR	E	
			valproic acid oral capsule	1	
			valproic acid oral solution 250 mg/5ml	1	
			VALTOCO	3	PA, QL
			vigabatrin oral packet	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VIGADRONE ORAL PACKET	2	PA, QL, SP
vigpoder	2	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	3	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	3	
rivastigmine tartrate	1	

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	

Drug Name	Drug Tier	Requirements & Limits
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranlycypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	

Drug Name	Drug Tier	Requirements & Limits
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	2	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	

Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP

Antimycobacterials - Drugs to Treat Infections

dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
bicalutamide	1	

Drug Name	Drug Tier	Requirements & Limits
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
dasatinib	3	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	3	PA, ST, QL, SP
KISQALI (400 MG DOSE)	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, QL, SP
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP
mercaptopurine oral tablet	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
temozolomide	1	PA, SP

Drug Name	Drug Tier	Requirements & Limits
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

albendazole oral	3	PA, QL
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
CREXONT	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL

Drug Name	Drug Tier	Requirements & Limits
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
NUPLAZID ORAL CAPSULE	3	PA, QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DESCOVY	3	QL, H
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
etravirine	2	
famciclovir oral	2	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL

Drug Name	Drug Tier	Requirements & Limits
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements & Limits
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.2 mg/24hr transdermal	3		EPANED	3	PA
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)	eplerenone	2	
clonidine patch weekly 0.3 mg/24hr transdermal	3		EXFORGE	E	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)	ezetimibe	2	
colesevelam hcl oral tablet	2		ezetimibe-simvastatin	3	
COLESTID ORAL TABLET	3		felodipine er	1	
colestipol hcl oral tablet	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
COREG	E		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	
COREG CR	E		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
CORGARD ORAL TABLET 20 MG, 40 MG	3		fenofibrate oral tablet 120 mg, 40 mg	E	
CORLANOR	3	PA, QL	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
COZAAR	E		fenofibric acid oral capsule delayed release	3	
CRESTOR	E		FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
digitek oral tablet 250 mcg	1		flecainide acetate	1	
digoxin oral tablet	1		fluvastatin sodium	1	
diltiazem hcl er beads	2		fosinopril sodium	1	
diltiazem hcl er coated beads	2		fosinopril sodium-hctz	1	
diltiazem hcl er oral capsule extended release 12 hour	1		FUROSCIX	3	PA, QL
diltiazem hcl er oral capsule extended release 24 hour	1		furosemide oral	1	
diltiazem hcl er oral tablet extended release 24 hour	2		gemfibrozil oral	1	
diltiazem hcl oral	1		guanfacine hcl	1	
dilt-xr	1		HEMANGEOL	3	
DIOVAN	E		hydralazine hcl oral	1	
DIOVAN HCT	E		hydrochlorothiazide oral	1	
dofetilide	2		HYZAAR	E	
doxazosin mesylate oral	1		icosapent ethyl	E	PA
EDARBI	E		indapamide	1	
EDARBYCLOR	E		INDERAL LA	E	
enalapril maleate oral solution	3	PA	INSPIRA	E	
enalapril maleate oral tablet	1		irbesartan	1	
enalapril-hydrochlorothiazide	1		irbesartan-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	3	PA, QL	ISORDIL TITRADOSE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
isosorb dinitrate-hydralazine	2		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide mononitrate	1		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate er	1		mexiletine hcl oral	1	
ivabradine hcl	3	PA, QL	MICARDIS	E	
KAPSPARGO SPRINKLE	3		MICARDIS HCT	E	
KERENDIA	3	PA, QL	midodrine hcl	1	
labetalol hcl oral	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		minoxidil oral	1	
LANOXIN ORAL TABLET 62.5 MCG	3		moexipril hcl	1	
LASIX	3		MULTAQ	3	PA
LIPITOR	E		nadolol oral	1	
lisinopril oral	1		nebivolol hcl	3	
lisinopril-hydrochlorothiazide	1		NEXLETOL	2	PA, ST, QL
LIVALO	E	ST	NEXLIZET	2	PA, ST, QL
LODOCO	3	QL	niacin er (antihyperlipidemic)	2	
LOPID	3		nifedipine er	1	
LOPRESSOR	3		nifedipine er osmotic release	1	
losartan potassium oral	1		nifedipine oral	1	
losartan potassium-hctz	1		nisoldipine er	2	
LOTENSIN	3		NITRO-BID	2	
LOTENSIN HCT	3		NITRO-DUR	3	
LOTREL	E		nitroglycerin rectal	3	QL
lovastatin oral	1	H	nitroglycerin sublingual	1	
LOVAZA	E		nitroglycerin transdermal	1	
matzim la	2		NITROSTAT	3	
MAXZIDE ORAL TABLET 75-50 MG	3		NORLIQVA	3	PA
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		NORVASC	E	
metolazone	1		olmesartan medoxomil oral	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		olmesartan medoxomil-hctz	2	
			olmesartan-amlodipine-hctz	E	
			omega-3-acid ethyl esters	2	
			PACERONE ORAL TABLET 100 MG, 400 MG	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 200 MG	3		TEKTURNA	3	
pentoxifylline er	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
perindopril erbumine	2		telmisartan	2	
pindolol	1		telmisartan-hctz	2	
pitavastatin calcium	E	ST	TENORETIC 100	E	
PRALUENT	E	PA, ST, QL	TENORETIC 50	E	
pravastatin sodium	1		TENORMIN	E	
prazosin hcl oral	1		THALITONE	E	
prevalite	1		tiadylt er	2	
PROCARDIA XL	E		TIAZAC	3	
propafenone hcl	1		TIKOSYN	3	
propafenone hcl er	3		TOPROL XL	E	
propranolol hcl er	2		torseamide	1	
propranolol hcl oral	1		trandolapril	1	
QUESTRAN	3		triamterene oral	3	
QUESTRAN LIGHT	3		triamterene-hctz	1	
quinapril hcl	1		TRIBENZOR	E	
ramipril	1		TRICOR	E	
ranolazine er	2		TRILIPIX	E	
RECTIV	3	QL	valsartan oral tablet	2	
REPATHA	2	PA, QL	valsartan-hydrochlorothiazide	1	
REPATHA PUSHTRONEX SYSTEM	2	PA, QL	VASCEPA	E	PA
REPATHA SURECLICK	2	PA, QL	VASERETIC	E	
rosuvastatin calcium oral	2		VASOTEC	E	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
simvastatin oral tablet 80 mg	1		verapamil hcl er oral tablet extended release	1	
SOAANZ	E	QL	verapamil hcl oral	1	
sotalol hcl (af)	1		VERELAN	3	
sotalol hcl oral	1		VERELAN PM	3	
spironolactone oral tablet	1		VERQUVO	3	PA, QL
spironolactone-hctz	1		VYTORIN	E	
SULAR	3				
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	

Drug Name	Drug Tier	Requirements & Limits
DYANAVAL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	3	QL
METADATE CD	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
ONYDA XR	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	3	SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	

Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel	3	QL
AKLIEF	3	PA, QL
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
amnesteem	2	
AMZEEQ	3	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external ointment	2		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external cream	1		clobetasol propionate e	2	QL
betamethasone valerate external lotion	1		clobetasol propionate external cream	2	QL
betamethasone valerate external ointment	1		clobetasol propionate external foam	E	QL
brimonidine tartrate external	3	PA, QL	clobetasol propionate external gel	2	QL
calcipotriene external cream	2	QL	clobetasol propionate external liquid	1	QL
calcipotriene external ointment	2		clobetasol propionate external ointment	2	QL
calcipotriene external solution	1	QL	clobetasol propionate external shampoo	E	QL
CALCITRENE	3		clobetasol propionate external solution	1	QL
CARAC EXTERNAL CREAM 0.5 %	E		CLOBEX EXTERNAL SHAMPOO	E	QL
CIBINQO	2	PA, QL, SP	CLOBEX SPRAY	E	QL
ciclopirox olamine external suspension	1		clodan	E	QL
claravis	2		clotrimazole external cream	E	
CLEOCIN-T	3		clotrimazole-betamethasone	1	
clindacin	3		CORDRAN	3	QL
clindacin etz external swab	1		dapsone external	3	QL
clindacin-p	1		DERMACINRX UREA	E	
CLINDAGEL	E	QL	DERMA-SMOOTHIE/FS BODY	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DERMA-SMOOTHIE/FS SCALP	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external cream	2	QL
clindamycin phosphate external foam	3		desonide external lotion	3	QL
clindamycin phosphate external lotion	3		desonide external ointment	2	QL
clindamycin phosphate external solution	1		DESOWEN	3	QL
clindamycin phosphate external swab	1		desoximetasone external cream	1	QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL	desoximetasone external ointment	3	QL
clindamycin phosphate gel 1 % external	2	QL	diclofenac sodium external gel 3 %	2	PA, QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL	DIPROLENE	3	
			doxycycline	E	
			DRYSOL	3	
			DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	halobetasol propionate external cream	2	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	halobetasol propionate external ointment	2	QL
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
EFUDEX EXTERNAL CREAM 5 %	3		hydrocortisone butyrate external cream	1	
ELIDEL	E	QL	hydrocortisone external cream 1 %	E	
ENSTILAR	3	QL	hydrocortisone external cream 2.5 %	1	
EPIDUO	E	QL	hydrocortisone external lotion 2 %	3	
EPIDUO FORTE	E	QL	hydrocortisone external lotion 2.5 %	1	
ERYGEL	3		hydrocortisone external ointment 1 %, 2.5 %	1	
erythromycin external	1		hydrocortisone valerate external cream	2	QL
EUCRISA	3	ST, QL	hydrocortisone valerate external ointment	3	QL
EVOCLIN EXTERNAL FOAM 1 %	3		HYDROXYM EXTERNAL CREAM	E	
FINACEA EXTERNAL FOAM	3		imiquimod external cream 3.75 %	E	QL
FINACEA EXTERNAL GEL	E		imiquimod external cream 5 %	1	
fluocinolone acetonide body	3	QL	imiquimod pump	E	QL
fluocinolone acetonide external cream	3	QL	IMPOYZ	E	QL
fluocinolone acetonide external ointment	2	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
fluocinolone acetonide external solution	3	QL	isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide scalp	3		ivermectin external cream	E	QL
fluocinonide external cream 0.05 %	1		KLARON	3	
fluocinonide external cream 0.1 %	E	QL	KLISYRI (250 MG)	3	ST, QL
fluocinonide external gel	1		KLISYRI (350 MG)	3	ST, QL
fluocinonide external ointment	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external solution	1		METROCREAM	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		METROGEL	E	
fluorouracil external cream 5 %	1		METROLOTION	3	
fluticasone propionate external cream	1		metronidazole external cream	1	
fluticasone propionate external ointment	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
metronidazole external gel 0.75 %	1		sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
metronidazole external gel 1 %	E		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
metronidazole external lotion	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
MIRVASO	2	PA, QL	sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
mometasone furoate external	1		sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2		SUMADAN WASH	E	
neuac	3	QL	SYNALAR EXTERNAL OINTMENT	E	QL
NORITATE	E		SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
OLUX EXTERNAL FOAM 0.05 %	E	QL	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
ONEXTON	E	QL	TACLONEX EXTERNAL SUSPENSION	3	QL
OPZELURA	3	PA, QL, SP	tacrolimus external	2	QL
ORACEA	E		tazarotene external cream 0.1 %	3	PA, QL
OVACE PLUS WASH EXTERNAL LIQUID	3		TAZORAC EXTERNAL CREAM	3	PA, QL
OVACE WASH	3		TOLAK	E	
PANRETIN	3		TOPICORT EXTERNAL CREAM	3	QL
pimecrolimus	3	QL	TOPICORT EXTERNAL OINTMENT	3	QL
PLEXION CLEANSER	E		tretinoin external cream	3	QL
podofilox external solution	1		tretinoin external gel 0.01 %, 0.025 %	E	QL
PRAMOSONE EXTERNAL CREAM 1-1 %	2		tretinoin external gel 0.05 %	E	PA, QL
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
RETIN-A	E	PA, QL	triamcinolone acetonide external cream 0.5 %	1	QL
RHOFADE	3	PA, QL	triamcinolone acetonide external lotion	1	
rosadan external cream 0.75 %	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
rosadan external gel 0.75 %	1		triamcinolone acetonide external ointment 0.05 %	E	
SANTYL	3	QL	triamcinolone in absorbase	E	
selenium sulfide external lotion	1				
sodium sulfacetamide wash	1				
SOOLANTRA	3	QL			
spinosad	3				
sss 10-5 external cream	1				
sulfacetamide sodium (acne)	1				
sulfacetamide sodium external	1				
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
XEPI EXTERNAL CREAM 1 %	3	QL
xurea	E	
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS BLUE KIT W/ DEVICE	E	
CONTOUR PLUS TEST STRIP	E	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS NEEDLE COLLECTION/ DISPOSAL	3	
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	

Drug Name	Drug Tier	Requirements & Limits
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
FREESTYLE LIBRE 3 READER	3	PA	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
FREESTYLE LIBRE READER	3	PA, QL	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
FREESTYLE PRECISION NEO SYSTEM	E		INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
FREESTYLE PRECISION NEO TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
FREESTYLE TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
GLUCOCARD EXPRESSION TEST	E	QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
GLUCOCARD SHINE TEST	E	QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
GLUCOCARD VITAL TEST	E	QL	LANCETS	1	
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	MICRODOT TEST	E	QL
GUARDIAN 4 TRANSMITTER	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	MINIMED 630G GUARDIAN PRESS	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	MM BLOOD GLUCOSE SYSTEM	E	
GUARDIAN REAL-TIME REPLACE PED	3	PA	MM BLOOD GLUCOSE SYSTEM REFILL	E	
GUARDIAN SENSOR 3	3	PA, QL	MM BLULINK GLUCOSE TEST	E	QL
GVOKE HYPOPEN 1-PACK	2	QL	MM EASY TOUCH GLUCOSE METER	E	
GVOKE HYPOPEN 2-PACK	2	QL	MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
GVOKE KIT	2		NEUTEK 2TEK TEST	E	QL
GVOKE PFS	2		NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E				
IHEALTH BLOOD GLUCOSE TEST STR	E	QL			
IHEALTH GLUCO+ KIT 10	E				
IHEALTH GLUCO+ KIT 100	E				
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3				
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3				
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOFINE PEN NEEDLE	2	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	PTS PANELS EGLU TEST	E	QL
NOVOPEN ECHO	3		QUICK TOUCH BLOOD GLUCOSE	E	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL	QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA	QUINTET AC BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL	QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	RELION ULTIMA GLUCOSE SYSTEM	E	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	RELION ULTIMA TEST	E	QL
ON CALL EXPRESS MONITORING SYS	E		RIGHTEST GT333 GLUCOSE TEST	E	QL
ONETOUCH DELICA LANCETS	1	QL	SHARPS COLLECTOR	3	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		SHARPS CONTAINER	3	
ONETOUCH ULTRA BLUE TEST	1	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRA TEST STRIPS	1	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRASOFT LANCETS	1	QL	TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	1		TEMPO REFILL	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TEMPO WELCOME	E	
ONETOUCH VERIO KIT W/ DEVICE	1		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
OPTIUMEZ TEST	E	QL	TRUE METRIX GO GLUCOSE METER	E	
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX METER	E	
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PRECISION XTRA	E		UNISTRIPI1 GENERIC	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL	VERIFINE SHARPS CONTAINER	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTouch	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTouch	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BYDUREON BCISE AUTOINJECTOR	2	PA, QL	JENTADUETO XR	2	QL
BYETTA 10 MCG PEN	2	PA, QL	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
BYETTA 5 MCG PEN	2	PA, QL			
CYCLOSET	3		liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl er	1	
FARXIGA	E	ST, QL	metformin hcl er (mod)	E	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl er (osm)	E	PA
glimepiride oral tablet 3 mg	E		metformin hcl oral solution	3	
glipizide er	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide oral tablet 10 mg, 5 mg	1		metformin hcl oral tablet 625 mg, 750 mg	E	
glipizide oral tablet 2.5 mg	E				
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		MOUNJARO	2	PA, QL
glipizide-metformin hcl	2		nateglinide	2	QL
GLUCAGON EMERGENCY KIT	2	QL	ONGLYZA	E	QL
glucagon emergency kit 1 mg injection	2	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	pioglitazone hcl	1	QL
GLUCOTROL XL	3		pioglitazone hcl-metformin hcl	2	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	2	QL
glyburide micronized	1		RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL
glyburide oral	1		saxagliptin hcl	2	QL
glyburide-metformin	1		saxagliptin-metformin er	2	QL
GLYNASE ORAL TABLET 1.5 MG	3		SOLQUA	2	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	3		SYMLINPEN 120	3	QL
GLYXAMBI	2	ST, QL	SYMLINPEN 60	3	QL
INVOKANA	E	ST, QL	SYNJARDY	2	QL
JANUMET	E	ST, QL	SYNJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRADJENTA	2	QL
JANUVIA	E	ST, QL	TRIJARDY XR	2	QL
JARDIANCE	2	QL	TRULICITY	2	PA, QL
JENTADUETO	2	QL	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	E	PA, (2 Pak), QL
			VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	E	PA, (3 Pak), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTelet	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	

Drug Name	Drug Tier	Requirements & Limits
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHERA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	2	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E	
FLORIVA PLUS	E	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	

Drug Name	Drug Tier	Requirements & Limits
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	E	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEONATAL VITAMIN	E		PREVIDENT 5000 SENSITIVE	3	
NIVA-PLUS	3		PREVIDENT MOUTH/THROAT	3	
OB COMPLETE	3		QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
ONE VITE WOMENS	E		QUFLORA PEDIATRIC	3	
ONE VITE WOMENS PLUS	3		SE-NATAL 19	3	
ORACIT	2		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
ORAL CITRATE	2		sod fluoride-potassium nitrate	1	
PHOSPHA 250 NEUTRAL	2		sodium fluoride 5000 enamel	1	
phosphorous	1		sodium fluoride 5000 sensitive	1	
phospho-trin 250 neutral	1		sodium fluoride mouth/throat	1	
pnv-dha	3		sodium fluoride oral solution	1	H
POKONZA	E		sodium fluoride oral tablet chewable	1	H
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		SPS (SODIUM POLYSTYRENE SULF)	3	
potassium chloride crys er	1		TARON-C DHA	3	
potassium chloride er	1		THRIVITE RX	3	
potassium chloride oral	1		TRICARE ORAL TABLET	3	
potassium citrate er	1		TRINATAL RX 1	3	
potassium citrate-citric acid	1		TRINATE	3	
PRENA1 PEARL	3		tri-vite/fluoride	1	
prenatal 19 oral tablet 29-1 mg	1		UROCIT-K 10	3	
prenatal 19 oral tablet chewable	1		UROCIT-K 15	3	
prenatal oral tablet 27-0.8 mg	E		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
prenatal oral tablet 27-1 mg	1		VELTASSA	3	PA, QL
prenatal plus	1		virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
prenatal plus vitamin/mineral	1		VITAFOL FE+	3	
prenatal vitamins oral tablet 27-0.8 mg	E		VITAFOL GUMMIES	3	
PRENATE DHA	3		VITAFOL ULTRA	3	
PRENATE ENHANCE	3		VITAFOL-OB	3	
PRENATE ESSENTIAL	3		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATE MINI	3		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PRENATE PIXIE	3		VITAPEARL	3	
PRENATE RESTORE	3				
PRENATOL-M	E				
PRENATRIX	E				
PRENATRYL	E				
PREVIDENT 5000 ENAMEL PROTECT	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	2	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VENXXIVA	E	SP
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	

Drug Name	Drug Tier	Requirements & Limits
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	3	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 &0.01 mg	3	
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	2	
balziva	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BEYAZ	E		drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
BIJUVA	3		drospirenone-ethinyl estradiol	3	
blisovi 24 fe	1	H	DUAVEE	3	QL
blisovi fe 1.5/30	1	H	econtra ez oral tablet 1.5 mg	1	H
blisovi fe 1/20	1	H	econtra one-step	1	H
briellyn	1	H	EEMT	2	
camila	1	H	EEMT HS	3	
camrese	3		ELESTRIN	3	
camrese lo	3		elinest	1	H
charlotte 24 fe	1	H	ELLA	1	QL, H
chateal eq	1	H	eluryng	1	H
CLIMARA	E	QL	emzahh	1	H
CLIMARA PRO	3	QL	enilloring	1	H
COMBIPATCH	3	QL	enpresse-28	1	H
COVARYX	2		enskyce	1	H
COVARYX HS	3		errin	1	H
cryselle-28	1	H	est estrogens-methyltest	1	
curae	1	H	est estrogens-methyltest ds	1	
cyred eq	1	H	est estrogens-methyltest hs	1	
cyred oral tablet 0.15-30 mg-mcg	1	H	estarylla	1	H
dasetta 1/35 (28)	1	H	ESTRACE	E	
dasetta 7/7/7	1	H	estradiol oral	1	
daysee	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
deblitane	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DELESTROGEN	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
delyla	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DEPO-PROVERA	3	QL	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
DEPO-SUBQ PROVERA 104	1	QL, H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H			
DIVIGEL	3				
dolishale	1	H			
dotti	2	QL			
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H

Drug Name	Drug Tier	Requirements & Limits
fyavolv	3	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3		MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	MINIVELLE	E	QL
levonorgestrel	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgestrel-ethinyl estrad	1	H	mono-lynyah	1	H
levonorg-eth estrad triphasic	1	H	my choice	1	H
levora 0.15/30 (28)	1	H	my way	1	H
LO LOESTRIN FE	1	H	MYFEMBREE	2	PA, QL
LOESTRIN 1.5/30 (21)	E		NATAZIA	1	
LOESTRIN 1/20 (21)	E		necon 0.5/35 (28)	1	H
LOESTRIN FE 1.5/30	E		new day	1	H
LOESTRIN FE 1/20	E		NEXTSTELLIS	E	
lojaimiess	3		nikki	3	
loryna	3		nora-be	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3		norelgestromin-eth estradiol	3	H
low-ogestrel	1	H	norethin ace-eth estrad-fe oral tablet	1	H
lo-zumandimine	3		norethin ace-eth estrad-fe oral tablet chewable	1	H
lutura	1	H	norethindrone acetate oral	1	
lyleq	1	H	norethindrone acet-ethinyl est	1	H
lyllana	2	QL	norethindrone oral	1	H
lyza	1	H	norethindrone-eth estradiol	2	
marlissa	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
medroxyprogesterone acetate oral	1		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
megestrol acetate oral tablet	1		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
MENOSTAR	3	QL	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
mibelas 24 fe	1	H	norlyroc	1	H
microgestin 1.5/30	1	H	nortrel 0.5/35 (28)	1	H
microgestin 1/20	1	H	nortrel 1/35 (21)	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nortrel 1/35 (28)	1	H
microgestin fe 1.5/30	1	H			
microgestin fe 1/20	1	H			
mili	1	H			
mimvey	2				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nortrel 7/7/7	1	H	tarina 24 fe	1	H
NUVARING	E		tarina fe 1/20 eq	1	H
nylia 1/35	1	H	tilia fe	1	H
nylia 7/7/7	1	H	tri-estarylla	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tri-legest fe	1	H
ocella	3		tri-lynyah	1	H
opcicon one-step	1	H	tri-lo-estarylla	2	
option 2	1	H	tri-lo-marzia	2	
PHEXXI	E	PA	tri-lo-mili	2	
philith	1	H	tri-lo-sprintec	2	
pimtrea	2		tri-mili	1	H
PLAN B ONE-STEP	1	H	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
portia-28	1	H	tri-sprintec	1	H
PREMARIN ORAL	3		trivora (28)	1	H
PREMARIN VAGINAL	3		tri-vylibra	1	H
PREMPHASE	3		tri-vylibra lo	2	
PREMPRO	3		turqoz	1	H
progesterone intramuscular	1		TWIRLA	E	
progesterone oral	2		TYBLUME	1	
PROMETRIUM	E		tydemy oral tablet 3-0.03-0.451 mg	1	H
PROVERA	3		VAGIFEM	E	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		valtya 1/50	1	H
react	1	H	velivet	1	H
reclipsen	1	H	vestura	3	
rivelsa	1	H	vienva	1	H
SAFYRAL	E		violele	2	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		VIVELLE-DOT	E	QL
setlakin	2	H	volnea	2	
sharobel	1	H	vyfemla	1	H
simliya	2		vylibra	1	H
simpesse	3		wera	1	H
SLYND	3	PA, ST	wymzya fe	1	H
sprintec 28	1	H	xarah fe	1	H
sronyx	1	H	xulane	3	H
syeda	3		YASMIN 28	2	
take action	1	H	YAZ	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	3	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA

Drug Name	Drug Tier	Requirements & Limits
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, QL, SP	ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
ADALIMUMAB-ADB(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP	ARAVA	E	
ADALIMUMAB-ADB(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP	AZASAN	3	
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	azathioprine oral tablet 100 mg, 75 mg	3	
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	azathioprine oral tablet 50 mg	1	
ADALIMUMAB-RYVK (2 PEN)	E	PA, QL, SP	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-RYVK (2 SYRINGE)	E	PA, SP	BIMZELX	3	PA, ST, QL, SP
			CELLCEPT ORAL CAPSULE	E	
			CELLCEPT ORAL TABLET	E	
			CIMZIA (2 SYRINGE)	2	PA, QL, SP
			CIMZIA-STARTER	2	PA, QL, SP
			CINRYZE	E	PA, QL, SP
			COSENTYX (300 MG DOSE)	2	PA, QL, SP
			COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
			COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
			COSENTYX SENSOREADY PEN	2	PA, QL, SP
			COSENTYX UNOREADY	2	PA, QL, SP
			cyclosporine modified oral capsule	1	
			cyclosporine oral	1	
			CYLTEZO (2 PEN)	E	PA, QL, SP
			CYLTEZO (2 SYRINGE)	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP
ENBREL	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP
ENBREL SURECLICK	2	PA, QL, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
ENVARUS XR	E		HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3		HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP
gengraf oral capsule	1		HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP
GRASTEK	3	PA, QL	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HADLIMA	E	PA, QL, SP	HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP
HADLIMA PUSHTOUCH	E	PA, QL, SP	HYFTOR	3	PA, QL
HAEGARDA	2	PA, QL, SP			
HULIO (2 PEN)	E	PA, QL, SP			
HULIO (2 SYRINGE)	E	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP			
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP	MYFORTIC	E	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP	MYHIBBIN	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP	OTEZLA ORAL TABLET 20 MG	2	PA, QL
IDACIO (2 SYRINGE)	E	PA, QL, SP	OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP	OTREXUP	E	QL
IMURAN	E		PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
JYLAMVO	3	PA	PROGRAF ORAL CAPSULE	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
KINERET	3	PA, ST, QL, SP	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
leflunomide oral	1		RASUVO	2	QL
LITFULO	3	PA, QL, SP	RINVOQ	2	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	RUCONEST	3	PA, QL, SP
methotrexate sodium (pf)	1		SIMLANDI (1 PEN)	E	PA, QL, SP
methotrexate sodium injection solution	1		SIMLANDI (1 SYRINGE)	E	PA, SP
methotrexate sodium oral	1		SIMLANDI (2 PEN)	E	PA, QL, SP
mycophenolate mofetil oral	1		SIMLANDI (2 SYRINGE)	E	PA, SP
mycophenolate sodium	2		SIMPONI	2	PA, QL, SP
mycophenolic acid	2		sirolimus oral solution	2	
			sirolimus oral tablet	1	
			SKYRIZI PEN	2	PA, QL, SP
			SKYRIZI SUBCUTANEOUS	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
SOTYKTU	2	PA, QL, SP	ADACEL	3	H
STELARA SUBCUTANEOUS	E	PA, QL, SP	AREXVY	3	H
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP	BEXSERO	3	H
tacrolimus oral	1		BOOSTRIX	2	H
TAKHZYRO	2	PA, QL, SP	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP	COMIRNATY	3	H
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP	ENGERIX-B	2	H
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP	HAVRIX	3	H
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA	HEPLISAV-B	3	H
TREXALL	2		IPOL	2	H
XELJANZ	2	PA, QL, SP	MENQUADFI	3	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP	MENVEO	3	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL	M-M-R II	2	H
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	MODERNA COVID-19 VAC 6M-11Y	3	H
YESINTEK SUBCUTANEOUS	2	PA, QL, SP	PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP	PNEUMOVAX 23	2	H
YUFLYMA (2 PEN)	E	PA, QL, SP	PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
YUFLYMA (2 SYRINGE)	E	PA, QL, SP	PREVNAR 20	3	H
YUFLYMA-CD/UC/HS STARTER	E	PA, SP	RECOMBIVAX HB	2	H
YUSIMRY	E	PA, QL, SP	SHINGRIX	3	H
ZORTRESS	E		SPIKEVAX	3	H
Immunological Agents - Drugs for Vaccination			TENIVAC	3	H
ABRYSVO	3	H	TRUMENBA	3	H
			TWINRIX	3	H
			VAQTA	2	H
			VARIVAX	3	H
			Infertility Agents		
			cetrorelix acetate	3	PA, ST, QL, SP
			CETROTIDE	3	PA, ST, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	

Drug Name	Drug Tier	Requirements & Limits
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
YORVIPATH	3	PA, QL, SP
ZEMPLAR ORAL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
NEVANAC	3		AZOPT	E	QL
OCUFLOX	3		BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
ofloxacin ophthalmic	1		BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
olopatadine hcl ophthalmic solution 0.1 %	3		bimatoprost ophthalmic	2	QL
POLYCIN	3		brimonidine tartrate ophthalmic solution 0.1 %	E	QL
polymyxin b-trimethoprim	1		brimonidine tartrate ophthalmic solution 0.15 %	2	QL
PRED FORTE	E		brimonidine tartrate ophthalmic solution 0.2 %	1	
PRED MILD	3		brimonidine tartrate-timolol	E	QL
prednisolone acetate ophthalmic	1		brinzolamide	2	QL
PREDNISOLONE ACETATE P-F	E		COMBIGAN	2	QL
PROLENSA	E		COSOPT	3	
sulfacetamide sodium ophthalmic solution	1		COSOPT PF	E	QL
TOBRADEX OPHTHALMIC OINTMENT	3		dorzolamide hcl solution 2 % ophthalmic	1	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3		DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
TOBRADEX ST	E		dorzolamide hcl-timolol mal	2	
tobramycin ophthalmic	1	QL	dorzolamide hcl-timolol mal pf	E	QL
tobramycin-dexamethasone	2		ISTALOL	3	
VIGAMOX	E		IYUZEH	E	QL
XDEMVEY	3	PA, QL	latanoprost ophthalmic	1	
ZYLET	3		LUMIGAN	2	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3		methazolamide oral	1	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation			pilocarpine hcl ophthalmic	1	
bacitracin ophthalmic	1		RHOPRESSA	3	QL
neomycin-bacitracin zn-polymyx	1		ROCKLATAN	3	QL
neomycin-polymyxin-hc ophthalmic	1		tafluprost (pf)	3	ST, QL
NEO-POLYCIN	3		timolol hemihydrate	2	QL
sulfacetamide-prednisolone	1		timolol maleate (once-daily)	3	
Ophthalmic Agents - Drugs for Glaucoma			timolol maleate ocudose	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL	timolol maleate ophthalmic	1	
			timolol maleate pf	2	
			TIMOPTIC OCUDOSE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	

Drug Name	Drug Tier	Requirements & Limits
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
--	---	--

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	

Drug Name	Drug Tier	Requirements & Limits
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL	EASIVENT	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL	EASIVENT MASK LARGE	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	EASIVENT MASK MEDIUM	3	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		EASIVENT MASK SMALL	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		FASENRA PEN	3	PA, QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLEXICHAMBER	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
albuterol sulfate oral syrup	1		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ANORO ELLIPTA	3	QL	FLUTICASONE PROPIONATE HFA	E	QL
arformoterol tartrate	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ARNUITY ELLIPTA	1	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
ATROVENT HFA	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
BEVESPI AEROSPHERE	2	QL	formoterol fumarate inhalation	3	QL
BREATHE COMFORT CHAMBER/ADULT	3		INSPIREASE	3	
BREATHE COMFORT CHAMBER/CHILD	3		ipratropium bromide inhalation	1	
BREO ELLIPTA	3	QL, RS	ipratropium-albuterol	2	
breynd	E	QL, RS	levalbuterol hcl inhalation	3	QL
BREZTRI AEROSPHERE	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
BROVANA	3	QL	MICROCHAMBER	3	
budesonide inhalation	2	QL	montelukast sodium oral packet	2	
budesonide-formoterol fumarate	E	QL, RS	montelukast sodium oral tablet	1	
COMBIVENT RESPIMAT	3	QL	montelukast sodium oral tablet chewable	1	
DALIRESP	E	QL	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
DULERA	E	ST, QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
wixela inhub	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
UPTRA VI ORAL	3	PA, QL

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	

Drug Name	Drug Tier	Requirements & Limits
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (Manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (Manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abacavir sulfate-lamivudine... 20, 62
 ABILIFY 20
 abiraterone acetate oral tablet
 250 mg 18
 abiraterone acetate oral tablet
 500 mg 18
 ABRILADA (1 PEN) 49
 ABRILADA (2 PEN) 49
 ABRILADA (2 SYRINGE) 49
 ABRYVO 53
 ABSORICA 28
 acamprosate calcium 11
 ACANYA 28
 acarbose oral 36
 ACCOLATE 58
 ACCRUFER 39
 ACCU-CHEK AVIVA PLUS TEST
 STRIPS 32
 ACCU-CHEK FASTCLIX LANCET... 32
 ACCU-CHEK FASTCLIX LANCET
 DEVICE KIT 32
 ACCU-CHEK GUIDE KIT W/
 DEVICE 32
 ACCU-CHEK GUIDE ME METER... 32
 ACCU-CHEK GUIDE TEST 32
 ACCU-CHEK GUIDE TEST
 STRIPS 32
 ACCU-CHEK SMARTVIEW TEST
 STRIPS 32
 ACCU-CHEK SOFTCLIX
 LANCET 32
 ACCU-CHEK SOFTCLIX LANCET
 DEVICE KIT 32
 accutane 28
 ACCUTREND GLUCOSE 32
 acebutolol hcl oral 22
 acetaminophen-codeine oral
 solution 120-12 mg/5ml 9
 acetaminophen-codeine oral
 tablet 9
 acetazolamide er 22
 acetazolamide oral 22
 acetic acid otic 57
 ACIPHEX 41
 acitretin 28
 ACTEMRA ACTPEN 49
 ACTEMRA SUBCUTANEOUS 49

ACTIVELLA 43
 ACTONEL 55
 ACTOPLUS MET 36
 ACTOS 36
 ACULAR 55
 ACULAR LS 55
 ACUVAIL 55
 acyclovir external ointment 20
 acyclovir oral 20
 ACZONE 28
 ADACEL 53
 ADALIMUMAB-AACF (2 PEN) 49
 ADALIMUMAB-AACF
 (2 SYRINGE) 49
 ADALIMUMAB-AACF(CD/UC/HS
 STRT) 49
 ADALIMUMAB-AACF(PS/UV
 STARTER) 49
 ADALIMUMAB-AATY (1 PEN)
 SUBCUTANEOUS AUTO-
 INJECTOR KIT 40 MG/0.4ML 49
 ADALIMUMAB-AATY (1 PEN)
 SUBCUTANEOUS AUTO-
 INJECTOR KIT 80 MG/0.8ML 49
 ADALIMUMAB-AATY (2 PEN) 49
 ADALIMUMAB-AATY
 (2 SYRINGE) 49
 ADALIMUMAB-ADAZ
 SUBCUTANEOUS SOLUTION
 AUTO-INJECTOR 40 MG/0.4ML .. 49
 ADALIMUMAB-ADAZ
 SUBCUTANEOUS SOLUTION
 AUTO-INJECTOR 80 MG/0.8ML .. 49
 ADALIMUMAB-ADAZ
 SUBCUTANEOUS SOLUTION
 PREFILLED SYRINGE
 20 MG/0.2ML 50
 ADALIMUMAB-ADAZ
 SUBCUTANEOUS SOLUTION
 PREFILLED SYRINGE
 40 MG/0.4ML 50
 ADALIMUMAB-ADB (2 PEN)
 AUTO-INJECTOR KIT
 40 MG/0.4ML SUBCUTANEOUS .. 50
 ADALIMUMAB-ADB (2 PEN)
 AUTO-INJECTOR KIT
 40 MG/0.8ML SUBCUTANEOUS .. 50
 ADALIMUMAB-ADB
 (2 SYRINGE) PREFILLED
 SYRINGE KIT 40 MG/0.4ML
 SUBCUTANEOUS 50

ADALIMUMAB-ADB
 (2 SYRINGE) PREFILLED
 SYRINGE KIT 40 MG/0.8ML
 SUBCUTANEOUS 50
 ADALIMUMAB-ADB
 (2 SYRINGE) SUBCUTANEOUS
 PREFILLED SYRINGE KIT
 10 MG/0.2ML, 20 MG/0.4ML 50
 ADALIMUMAB-ADB(CD/UC/
 HS STRT) 50
 ADALIMUMAB-ADB(PS/UV
 STARTER) 50
 ADALIMUMAB-FKJP (2 PEN) 50
 ADALIMUMAB-FKJP
 (2 SYRINGE) 50
 ADALIMUMAB-RYVK (2 PEN) 50
 ADALIMUMAB-RYVK
 (2 SYRINGE) 50
 adapalene-benzoyl peroxide
 external gel 28
 ADBRY SOLUTION AUTO-
 INJECTOR 50
 ADBRY SUBCUTANEOUS
 SOLUTION PREFILLED SYRINGE . 50
 ADCIRCA 60
 ADDERALL 26
 ADDERALL XR 26
 ADDYI 38
 ADEMPAS 60
 ADMELOG 36
 ADMELOG SOLOSTAR 36
 ADTHYZA 49
 ADVAIR DISKUS 58
 ADVAIR HFA 58
 ADVATE 38
 ADYNOVATE 38
 ADZENYS XR-ODT 26
 AEROCHAMBER HOLDING
 CHAMBER 58
 AEROCHAMBER PLS FLOVU
 MTHPIECE 58
 AEROCHAMBER PLUS FLO-VU 58
 AEROCHAMBER PLUS FLO-VU
 INTERM 58
 AEROCHAMBER PLUS FLO-VU
 LARGE 58
 AEROCHAMBER PLUS FLO-VU
 MEDIUM DEVICE 58
 AEROCHAMBER PLUS FLO-VU
 SMALL 58



AEROCHAMBER PLUS FLO-VU W/MASK.....	58	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	56	amlodipine besylate-benazepril hcl	22
AFINITOR.....	18	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	56	amlodipine besylate-valsartan....	22
afirmelle.....	43	ALPHANATE.....	38	amlodipine-olmesartan	22
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	38	alprazolam er	21	amnestem	28
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	38	alprazolam oral	21	amoxicillin.....	11
aftera.....	43	alprazolam xr	21	amoxicillin-potassium clavulanate.....	11
AGAMATRIX PRESTO TEST.....	32	ALPROLIX.....	38	amphet-dextroamphet 3-bead er.....	26
AIMOVIG.....	17	ALREX.....	55	amphetamine sulfate.....	26
AIRDUO RESPICLICK 113/14.....	58	ALTACE.....	22	amphetamine- dextroamphetamine	26
AIRDUO RESPICLICK 232/14	58	altavera.....	43	amphetamine- dextroamphetamine er	26
AIRDUO RESPICLICK 55/14.....	58	ALTUVIIIO	38	ampicillin.....	12
AIRSUPRA.....	58	ALUNBRIG	18	AMPYRA.....	27
AJOVY.....	17	ALVAIZ	38	AMZEEQ.....	28
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	55	alyacen 1/35	43	ANAFRANIL.....	15
AKLIEF	28	alyacen 7/7/7	43	anagrelide hcl.....	38
ALA SCALP.....	28	alyq.....	60	ANALPRAM HC.....	54
ala-cort.....	28	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	43	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	54
albendazole oral	19	amantadine hcl oral	19	ANALPRAM-HC EXTERNAL CREAM	54
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	58, 59	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG.....	36	ANAPROX DS.....	10
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/ 3ml, 1.25 mg/3ml, 2.5 mg/0.5ml ..	59	AMBIEN	61	ANASPAZ.....	41
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	59	AMBIEN CR.....	61	anastrozole oral.....	18
albuterol sulfate oral syrup.....	59	ambrisentan	60	ANDROGEL PUMP	48
alclometasone dipropionate.....	28	amethia oral tablet 0.15-0.03 & 0.01 mg	43	ANGELIQ.....	43
ALCOHOL PREP PADS PAD.....	32	amethyst.....	43	ANNOVERA	43
ALDACTONE	22	amiloride hcl oral	22	ANORO ELLIPTA.....	59
ALECENSA	18	amiloride-hydrochlorothiazide ...	22	ANTIVERT ORAL TABLET.....	16
alendronate sodium oral tablet...	55	amiodarone hcl oral	22	ANUCORT-HC.....	54
alfuzosin hcl er.....	43	AMITIZA	41	ANUSOL-HC EXTERNAL.....	54
aliskiren fumarate	22	amitriptyline hcl oral	15	ANUSOL-HC RECTAL	54
allopurinol oral tablet 100 mg, 300 mg.....	17	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	50	apap-caff-dihydrocodeine.....	9
allopurinol oral tablet 200 mg	17	AMJEVITA 40 MG/0.8ML	50	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG.....	11
ALLZITAL	9	AMJEVITA 40 MG/0.8ML	50	aprepitant oral capsule 125 mg, 40 mg, 80 mg	16
almotriptan malate.....	17	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 10MG/0.2ML.....	50	apri	43
ALOGLIPTIN BENZOATE	36	AMJEVITA-PED 15KG TO <30KG SOLUTION REFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS.....	50	APRISO.....	54
ALOGLIPTIN-METFORMIN HCL ..	36	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION REFILLED SYRINGE 20 MG/0.4ML.....	50	APTENSIO XR	26
ALORA.....	43	amlodipine besylate oral	22	APTIOM	13
alosetron hcl	41			AQ INSULIN SYRINGE.....	32
				AQINJECT PEN NEEDLE.....	32
				ARAKODA	19
				aranelle.....	43

ARANESP (ALBUMIN FREE)	38	AUSTEDO	27	AZULFIDINE	54
ARAVA	50	AUSTEDO XR	27	AZULFIDINE EN-TABS	54
AREXVY	53	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	27	azurette	43
arformoterol tartrate	59	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	27	B	
ARICEPT	15	AUVELITY	15	bac	9
ARIMIDEX	18	AUVI-Q	57	bacitracin ophthalmic	56
aripiprazole oral solution	20	AVALIDE	22	bacitracin-polymyxin b	55
aripiprazole oral tablet	20	avanafil	38	baclofen oral tablet 10 mg, 20 mg, 5 mg	61
armodafinil	61	AVAPRO	22	baclofen oral tablet 15 mg	61
ARMOUR THYROID	49	AVAR CLEANSER	28	BACTRIM	12
ARNUITY ELLIPTA	59	AVAR LS CLEANSER	28	BACTRIM DS	12
AROMASIN	18	AVAR-E EMOLLIENT	28	BAFIERTAM	27
ARTHROTEC	10	AVAR-E GREEN EXTERNAL CREAM 10-5 %	28	balsalazide disodium	54
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	54	AVAR-E LS EXTERNAL CREAM 10-2 %	28	balziva	43
ascomp-codeine	9	aviane	43	BANZEL	13
asenapine maleate	20	AVIDOXY	12	BAQSIMI ONE PACK	36
ashlyna	43	AVITA EXTERNAL CREAM 0.025 %	28	BAQSIMI TWO PACK	36
aspirin-dipyridamole er	38	AVITA EXTERNAL GEL 0.025 %	28	BARACLUDE ORAL TABLET	20
ATACAND	22	AVODART	43	BASAGLAR KWIKPEN	36
ATACAND HCT	22	AVONEX PEN	27	BASAGLAR TEMPO PEN	36
atenolol oral	22	AVONEX PREFILLED	27	BD AUTOSHIELD DUO PEN NEEDLES	32
atenolol-chlorthalidone	22	AYGESTIN ORAL TABLET 5 MG ...	43	BD BLUNT FILL NEEDLE W/ FILTER	32
ATIVAN ORAL	21	ayuna	43	BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	32
atomoxetine hcl	26	AZASAN	50	BD ECLIPSE NEEDLE 23G X 1" (OTC)	32
ATORVALIQ	22	AZASITE	55	BD ECLIPSE NEEDLE 23G X 1" (RX)	32
atorvastatin calcium oral tablet 10 mg, 20 mg	22	azathioprine oral tablet 100 mg, 75 mg	50	BD ECLIPSE SHIELDED NEEDLE ..	32
atorvastatin calcium oral tablet 40 mg, 80 mg	22	azathioprine oral tablet 50 mg	50	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	32
atovaquone	19	azelaic acid external	28	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	32
atovaquone-proguanil hcl	19	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	57	BD SHARPS COLLECTOR	32
ATRALIN	28	azelastine hcl nasal solution 0.15 %	58	BD ULTRA-FINE INSULIN SYRINGES	32
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	57	azelastine hcl ophthalmic	55	BD ULTRA-FINE PEN NEEDLES ...	32
atropine sulfate ophthalmic solution 1 %	57	azelastine-fluticasone	58	BD ULTRA-FINE U-500 INSULIN SYRINGES	32
ATROVENT HFA	59	AZELEX	28	BD VEO ULTRA-FINE INSULIN SYRINGES	32
AUBAGIO	27	AZILECT	19	BELBUCA	9
aubra eq	43	azithromycin oral packet 1 gm ...	12	BELSOMRA	61
AUGMENTIN	12	AZOPT	56	benazepril hcl oral	22
AUGMENTIN ES-600	12	AZOR	22	benazepril-hydrochlorothiazide ..	22
AUGTYRO	18	AZSTARYS	26	BENICAR	22
aurovela 1/20	43				
aurovela 1.5/30	43				
aurovela 24 fe	43				
aurovela fe 1/20	43				
aurovela fe 1.5/30	43				



BENICAR HCT.....	22	bisoprolol fumarate oral.....	22	budesonide oral	54
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	bisoprolol-hydrochlorothiazide... ..	22	budesonide rectal	54
BENZAMYCIN.....	28	blisovi 24 fe	44	budesonide-formoterol fumarate	59
benzonatate oral capsule 100 mg, 200 mg	58	blisovi fe 1/20	44	bumetanide oral	22
benzonatate oral capsule 150 mg	58	blisovi fe 1.5/30	44	BUMEX	22
benzoyl peroxide-erythromycin ..	28	BLOOD GLUCOSE TEST STRIPS ..	32	BUPAP ORAL TABLET 50-300 MG.....	9
benztropine mesylate oral	19	BLOOD GLUCOSE TEST STRIPS 333	32	buprenorphine.....	9, 11
BESIVANCE	55	BOOSTRIX	53	buprenorphine hcl sublingual.....	11
betamethasone dipropionate aug external cream.....	28	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5.....	53	buprenorphine hcl-naloxone hcl sublingual film	11
betamethasone dipropionate aug external lotion.....	28	BOSULIF ORAL TABLET.....	18	buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	11
betamethasone dipropionate aug external ointment.....	28	BREATHE COMFORT CHAMBER/ ADULT.....	59	bupropion hcl er (smoking det) ...	11
betamethasone dipropionate external cream.....	28	BREATHE COMFORT CHAMBER/ CHILD	59	bupropion hcl er (sr)	15
betamethasone dipropionate external lotion	28	BREO ELLIPTA	59	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	15
betamethasone dipropionate external ointment	29	brey-na.....	59	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15
betamethasone valerate external cream.....	29	BREZTRI AEROSPHERE.....	59	bupropion hcl oral	15
betamethasone valerate external lotion	29	briellyn	44	buspirone hcl oral.....	21
betamethasone valerate external ointment	29	BRILINTA.....	20	butalbital-acetaminophen oral tablet 50-300 mg.....	9
BETAPACE.....	22	brimonidine tartrate external.....	29	butalbital-acetaminophen oral tablet 50-325 mg	9
BETAPACE AF	22	brimonidine tartrate ophthalmic solution 0.1 %	56	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.....	9
BETASERON.....	27	brimonidine tartrate ophthalmic solution 0.15 %	56	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9
betaxolol hcl oral	22	brimonidine tartrate ophthalmic solution 0.2 %	56	butalbital-apap-caffeine oral capsule 50-300-40 mg.....	9
bethanechol chloride oral.....	42	brimonidine tartrate-timolol.....	56	butalbital-apap-caffeine oral capsule 50-325-40 mg	9
BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	56	brinzolamide.....	56	butalbital-apap-caffeine oral tablet.....	9
BETIMOL OPHTHALMIC SOLUTION 0.5 %.....	56	BRIVIACT ORAL SOLUTION	13	butalbital-asa-caff-codeine.....	9
BEVESPI AEROSPHERE.....	59	BRIVIACT ORAL TABLET.....	13	butalbital-aspirin-caffeine.....	9
BEXSERO.....	53	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	58	butorphanol tartrate nasal	9
BEYAZ	44	bromfenac sodium (once-daily) ..	55	BUTRANS	9
bicalutamide.....	18	bromfenac sodium ophthalmic solution 0.07 %	55	BYDUREON BCISE AUTOINJECTOR	37
BIGFOOT UNITY PROGRAM	32	bromfenac sodium ophthalmic solution 0.075 %	55	BYETTA 10 MCG PEN	37
BIJUVA.....	44	bromocriptine mesylate oral tablet.....	19	BYETTA 5 MCG PEN.....	37
BIKTARVY	20	bromphen-pseudoeph-dm	58	BYLVAY	41
bimatoprost ophthalmic	56	BROMSITE	55	BYLVAY (PELLETS).....	41
BIMZELX	50	BRONCHITOL.....	60	BYSTOLIC.....	22
BIOTEL CARE TEST STRIPS	32	BRONCHITOL TOLERANCE TEST	60		
bis subcit-metronid-tetracyc	41	BROVANA	59		
bismuth/metronidaz/ tetracyclin.....	41	BRUKINSA.....	18		
		budesonide inhalation.....	59		



C

cabergoline	48	CARDIZEM LA	22	chateal eq	44
CABOMETYX	18	CARDURA	22	chlordiazepoxide hcl	21
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	22	CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	32	chlordiazepoxide-clidinium	41
calcipotriene external cream	29	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	32	chlorhexidine gluconate mouth/ throat	28
calcipotriene external ointment	29	CAREPOINT SAFETY 1ST NEEDLE	32	chlorpromazine hcl oral tablet	20
calcipotriene external solution	29	CARETOUCH MONITOR SYSTEM	32	chlorthalidone	22
calcitonin (salmon) injection	55	CARETOUCH TEST	33	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	61
calcitonin (salmon) nasal	55	CARISOPRODOL ORAL TABLET 250 mg ..	61	chlorzoxazone oral tablet 500 mg	61
CALCITRENE	29	CARISOPRODOL ORAL TABLET 350 mg ..	61	cholestyramine light	22
calcitriol oral	55	CARNITOR ORAL SOLUTION	39	cholestyramine oral	22
calcium acetate (phos binder) oral capsule	42	CARNITOR ORAL TABLET	42	CHORIONIC GONADOTROPIN INTRAMUSCULAR	54
calcium acetate (phos binder) oral tablet	39	CARNITOR SF	39	CIALIS	38
calcium acetate oral tablet 667 mg	39	cartia xt	22	CIBINQO	29
CALQUENCE	18	carvedilol	22	ciclodan	16
camila	44	carvedilol phosphate er	22	ciclopirox external gel	16
camrese	44	CASODEX	18	ciclopirox external shampoo	16
camrese lo	44	CATAPRES-TTS-1	22	ciclopirox external solution	16
CAMZYOS	22	CATAPRES-TTS-2	22	ciclopirox olamine external cream	16
CANASA	54	CATAPRES-TTS-3	22	ciclopirox olamine external suspension	29
candesartan cilexetil	22	CAVERJECT IMPULSE	42	cilostazol	20
candesartan cilexetil-hctz	22	cefadroxil	12	CIMDUO	20
capecitabine	18	cefdinir	12	cimetidine oral	41
CAPLYTA	20	cefixime	12	CIMZIA (2 SYRINGE)	50
captopril oral	22	cefpodoxime proxetil oral tablet	12	CIMZIA-STARTER	50
CARAC EXTERNAL CREAM 0.5 %	29	cefprozil	12	cinacalcet hcl	55
CARAFATE	41	cefuroxime axetil	12	CINRYZE	50
carbamazepine er oral capsule extended release 12 hour	13	CELEBREX	10	CIPRO HC	57
carbamazepine er oral tablet extended release 12 hour	13	celecoxib oral	10	CIPRO ORAL TABLET	12
carbamazepine oral tablet	13	CELEXA	15	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	57
carbamazepine oral tablet chewable	13	CELLCEPT ORAL CAPSULE	50	ciprofloxacin hcl ophthalmic	55
CARBATROL	13	CELLCEPT ORAL TABLET	50	ciprofloxacin hcl oral	12
carbidopa-levodopa er	19	CENTANY EXTERNAL OINTMENT 2 %	12	ciprofloxacin hcl otic	57
carbidopa-levodopa oral tablet	19	cephalexin	12	ciprofloxacin-dexamethasone	57
carbidopa-levodopa- entacapone	19	CEQUA	57	citalopram hydrobromide oral solution	15
carbinoxamine maleate oral tablet 4 mg	58	CEQUR SIMPLICITY 2U 10PK	33	citalopram hydrobromide oral tablet	15
carbinoxamine maleate oral tablet 6 mg	58	CERDELGA	42	CITRANATAL 90 DHA	39
CARDIZEM	22	cetirizine hcl oral solution	58	CITRANATAL ASSURE	39
CARDIZEM CD	22	CETRAXAL	57	CITRANATAL DHA ORAL 27-1 & 250 MG	39
		cetorelix acetate	53	claravis	29
		CETROTIDE	53	CLARINEX	58
		cevimeline hcl	28		
		charlotte 24 fe	44		



clarithromycin er	12	clobetasol propionate external liquid	29	CONTOUR MONITOR KIT W/ DEVICE.....	33
clarithromycin oral suspension reconstituted	12	clobetasol propionate external ointment	29	CONTOUR NEXT EZ KIT W/ DEVICE.....	33
clarithromycin oral tablet	12	clobetasol propionate external shampoo	29	CONTOUR NEXT GEN MONITOR KIT.....	33
CLENPIQ	41	clobetasol propionate external solution	29	CONTOUR NEXT GEN TEST STRIPS	33
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12	CLOBEX EXTERNAL SHAMPOO... ..	29	CONTOUR NEXT LINK KIT W/ DEVICE.....	33
CLEOCIN ORAL CAPSULE 75 MG	12	CLOBEX SPRAY	29	CONTOUR NEXT MONITOR KIT W/DEVICE	33
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12	clodan	29	CONTOUR NEXT ONE KIT.....	33
CLEOCIN VAGINAL CREAM.....	12	CLOMID	54	CONTOUR NEXT TEST STRIPS....	33
CLEOCIN-T.....	29	clomiphene citrate oral	54	CONTOUR PLUS BLUE KIT W/ DEVICE.....	33
CLIMARA.....	44, 45	clomipramine hcl oral	15	CONTOUR PLUS TEST STRIP.....	33
CLIMARA PRO	44	clonazepam oral	21	CONTOUR TEST STRIPS.....	33
clindacin	29	clonidine hcl er.....	26	COPAXONE	27
clindacin etz external swab	29	clonidine hcl oral.....	22	CORDRAN.....	29
clindacin-p	29	clonidine patch weekly 0.1 mg/24hr transdermal.....	22	COREG	23
CLINDAGEL.....	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	COREG CR	23
clindamycin hcl oral	12	clonidine patch weekly 0.3 mg/24hr transdermal	23	CORGARD ORAL TABLET 20 MG, 40 MG	23
clindamycin palmitate hcl.....	12	clopidogrel bisulfate oral.....	20	CORLANOR.....	23
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	29	clorazepate dipotassium	21	CORTEF	48
clindamycin phos-benzoyl perox external gel 1.2-5 %	29	clotrimazole external cream	29	CORTENEMA.....	54
clindamycin phosphate external foam.....	29	clotrimazole mouth/throat	16	CORTIFOAM	54
clindamycin phosphate external lotion	29	clotrimazole-betamethasone....	29	COSENTYX (300 MG DOSE)	50
clindamycin phosphate external solution	29	clozapine oral tablet.....	20	COSENTYX 150 MG/ML SUBCUTANEOUS.....	50
clindamycin phosphate external swab.....	29	CLOZARIL.....	20	COSENTYX SENSOREADY (300 MG).....	50
clindamycin phosphate gel 1 % external	29	CO-NATAL FA	39	COSENTYX SENSOREADY PEN ...	50
clindamycin phosphate vaginal ...	12	COLAZAL	54	COSENTYX UNOREADY	50
CLINDESSE	12	colchicine oral	17	COSOPT.....	56
CLINPRO 5000	28	colchicine-probenecid	17	COSOPT PF	56
clobazam oral suspension.....	13	COLCRYST ORAL TABLET 0.6 MG..	17	COTELLIC.....	18
clobazam oral tablet.....	13	colesevelam hcl oral tablet.....	23	COTEMPLA XR-ODT	26
clobetasol prop emollient base external cream 0.05 %.....	29	COLESTID ORAL TABLET	23	COVARYX	44
clobetasol propionate e	29	colestipol hcl oral tablet.....	23	COVARYX HS.....	44
clobetasol propionate external cream	29	COMBIGAN	56	COZAAR.....	23
clobetasol propionate external foam.....	29	COMBIPATCH.....	44	CREON	42
clobetasol propionate external gel	29	COMBIVENT RESPIMAT	59	CRESEMBA ORAL.....	16
		COMIRNATY	53	CRESTOR.....	23
		COMPLERA	20	CREXONT	19
		COMPLETENATE	39	cromolyn sodium ophthalmic....	57
		COMTAN ORAL TABLET 200 MG..	19	cromolyn sodium oral	41
		CONCEPT DHA.....	39	cryselle-28	44
		CONCERTA.....	26		
		constulose	41		

curae	44	CYTOTEC.....	41	DERMOTIC.....	57
CUVPOSA	41			DESCOVY	21
CVS ADVANCED GLUCOSE		D		desipramine hcl oral	15
TEST.....	33	D-CARE BLOOD GLUCOSE.....	33	desloratadine oral tablet	58
CVS GLUCOSE METER TEST		D-CARE GLUCOMETER	33	desmopressin acetate oral.....	48
STRIPS	33	dabigatran etexilate mesylate	13	desmopressin acetate spray	48
CVS NEEDLE COLLECTION/		dalfampridine er	27	desogestrel-ethinyl estradiol	
DISPOSAL.....	33	DALIRESP	59	oral tablet 0.15-0.02/0.01 mg	
cvs nicotine	11	DANTRIUM ORAL.....	61	(21/5).....	44
cvs nicotine polacrilex.....	11	dantrolene sodium oral.....	61	desogestrel-ethinyl estradiol	
cvs prenatal.....	39	DAPAGLIFLOZIN PRO-		oral tablet 0.15-30 mg-mcg.....	44
CVS TRUE METRIX GLUCOSE		METFORMIN ER.....	37	desonide external cream.....	29
TEST.....	33	DAPAGLIFLOZIN		desonide external lotion	29
cyanocobalamin injection		PROPANEDIOL.....	37	desonide external ointment	29
solution 1000 mcg/ml.....	39	dapsone external	29	DESOWEN.....	29
CYANOCOBALAMIN INJECTION		dapsone oral	18	desoximetasone external	
SOLUTION 2000 MCG/ML.....	39	darunavir.....	20	cream	29
cyanocobalamin nasal.....	39	dasatinib	18	desoximetasone external	
cyclobenzaprine hcl oral tablet		dasetta 1/35 (28)	44	ointment	29
10 mg, 5 mg	61	dasetta 7/7/7	44	desvenlafaxine succinate er	15
cyclobenzaprine hcl oral tablet		DAVIMET-FLUORIDE.....	39	DETROL.....	42, 43
7.5 mg	61	DAYPRO	10	DETROL LA ORAL CAPSULE	
CYCLOGYL.....	57	daysee.....	44	EXTENDED RELEASE 24 HOUR	
cyclopentolate hcl ophthalmic ...	57	DAYVIGO.....	61	2 MG, 4 MG.....	43
cyclophosphamide oral capsule ..	18	DDAVP ORAL.....	48	DEXABLISS	48
CYCLOSET	37	deblitane.....	44	dexamethasone intensol.....	48
cyclosporine modified oral		deferasirox oral tablet.....	39	dexamethasone oral elixir.....	48
capsule.....	50	DELESTROGEN	44	dexamethasone oral solution	48
cyclosporine ophthalmic.....	57	DELSTRIGO.....	20	dexamethasone oral tablet	48
cyclosporine oral	50	delyla	44	dexamethasone oral tablet	
CYLTEZO (2 PEN)	50	DENTA 5000 PLUS.....	28, 39	therapy pack	48
CYLTEZO (2 SYRINGE)	50	DENTA 5000 PLUS SENSITIVE....	39	dexamethasone sodium	
CYLTEZO-CD/UC/HS STARTER		DENTAGEL	28	phosphate ophthalmic	55
SUBCUTANEOUS AUTO-		DEPAKOTE	13	DEXCOM G6 RECEIVER	33
INJECTOR KIT 40 MG/0.4ML	51	DEPAKOTE ER.....	13	DEXCOM G6 SENSOR	33
CYLTEZO-CD/UC/HS STARTER		DEPAKOTE SPRINKLES.....	13	DEXCOM G6 TRANSMITTER	33
SUBCUTANEOUS AUTO-		DEPEN TITRATABS.....	42	DEXCOM G7 RECEIVER	33
INJECTOR KIT 40 MG/0.8ML	51	DEPO-ESTRADIOL	44	DEXCOM G7 SENSOR	33
CYLTEZO-PSORIASIS/UV		DEPO-PROVERA.....	44	DEXEDRINE.....	26
STARTER SUBCUTANEOUS		DEPO-SUBQ PROVERA 104	44	DEXILANT	41
AUTO-INJECTOR KIT		DEPO-TESTOSTERONE		dexlansoprazole	41
40 MG/0.4ML.....	51	INTRAMUSCULAR SOLUTION		dexmethylphenidate hcl	26
CYLTEZO-PSORIASIS/UV		100 MG/ML	48	dexmethylphenidate hcl er	26
STARTER SUBCUTANEOUS		DEPO-TESTOSTERONE		dextroamphetamine sulfate er	
AUTO-INJECTOR KIT		INTRAMUSCULAR SOLUTION		oral capsule extended release	
40 MG/0.8ML.....	51	200 MG/ML	48	24 hour 10 mg, 15 mg	26
CYMBALTA	15	DERMA-SMOOTH/FS BODY	29	dextroamphetamine sulfate er	
cyproheptadine hcl oral	58	DERMA-SMOOTH/FS SCALP	29	oral capsule extended release	
cyred eq.....	44	DERMACINRX UREA.....	29	24 hour 5 mg	26
cyred oral tablet				dextroamphetamine sulfate oral	
0.15-30 mg-mcg.....	44			tablet 10 mg, 5 mg.....	26
CYTOMEL.....	49				



dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	26	dimethyl fumarate oral	27	doxylamine-pyridoxine	16
DHIVY	20	DIOVAN	23	DRISDOL	39
DIABETES CARE	33	DIOVAN HCT	23	dronabinol	16
DIABETES MONITOR DIGIT ADD-ON	33	DIPENTUM	54	DROPSAFE SAFETY SYRINGE/ NEEDLE	33
DIABETES MONITOR DIGIT SOLN	33	diphenoxylate-atropine oral tablet	41	drospirene-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	44
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	DIPROLENE	29	drospirene-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	44
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	13	disulfiram oral	11	drospirenone-ethinyl estradiol	44
diazepam oral solution	21	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	43	DRYSOL	29
diazepam oral tablet	21	divalproex sodium er	14	DUAVEE	44
diazepam rectal	14	divalproex sodium oral capsule delayed release sprinkle	14	DULERA	59
DICLEGIS	16	divalproex sodium oral tablet delayed release	14	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15
diclofenac potassium oral tablet 25 mg	10	DIVIGEL	44	duloxetine hcl oral capsule delayed release particles 40 mg	15
diclofenac potassium oral tablet 50 mg	10	DODEX INJECTION SOLUTION 1000 MCG/ML	39	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	29
diclofenac sodium er	10	dofetilide	23	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	30
diclofenac sodium external gel 1 %	10	dolishale	44	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	30
diclofenac sodium external gel 3 %	29	donepezil hcl oral tablet 10 mg, 5 mg	15	DUREZOL	57
diclofenac sodium ophthalmic	55	donepezil hcl oral tablet 23 mg	15	dutasteride oral	43
diclofenac sodium oral	10	DOPTelet	38	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	48
diclofenac-misoprostol	10	dorzolamide hcl solution 2 % ophthalmic	56	DYANAVEL XR ORAL TABLET EXTENDED RELEASE	26
DICLOFONO	10	dorzolamide hcl-timolol mal	56	DYMISTA	58
dicloxacin sodium	12	dorzolamide hcl-timolol mal pf	56		
dicyclomine hcl oral	41	dotti	44		
DIFICID ORAL TABLET	12	DOVATO	21		
DIFLUCAN	16	doxazosin mesylate oral	23		
difluprednate	57	doxepin hcl oral capsule	15		
digitek oral tablet 250 mcg	23	doxepin hcl oral concentrate	15		
digoxin oral tablet	23	doxepin hcl oral tablet	61		
DILANTIN INFATABS	14	doxycycline	12, 29		
DILANTIN ORAL CAPSULE	14	doxycycline hyclate oral capsule	12		
DILAUDID ORAL TABLET	9	doxycycline hyclate oral tablet 100 mg	12		
dilt-xr	23	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12		
diltiazem hcl er beads	23	doxycycline hyclate oral tablet 20 mg	12		
diltiazem hcl er coated beads	23	doxycycline monohydrate oral capsule 100 mg, 50 mg	12		
diltiazem hcl er oral capsule extended release 12 hour	23	doxycycline monohydrate oral capsule 150 mg, 75 mg	12		
diltiazem hcl er oral capsule extended release 24 hour	23	doxycycline monohydrate oral suspension reconstituted	12		
diltiazem hcl er oral tablet extended release 24 hour	23	doxycycline monohydrate oral tablet	12		
diltiazem hcl oral	23				

E

E.E.S. GRANULES	12
EASIVENT	59
EASIVENT MASK LARGE	59
EASIVENT MASK MEDIUM	59
EASIVENT MASK SMALL	59
EASY COMFORT SHARPS CONTAINER	33
EASY MAX BLOOD GLUCOSE TEST	33
EASY MAX T1 GLUCOSE SYSTEM	33
EASY TOUCH HEALTHPRO GLUCOSE	33
EASY TOUCH TEST	33
EASYGLUCO	33

EASYMAX 15 TEST	33	emtricitabine-tenofovir df oral tablet 200-300 mg	21	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
EASYMAX NG BLOOD GLUCOSE KIT.....	33	emzakh.....	44	EQUETRO	22
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30	enalapril maleate oral solution....	23	ergocalciferol oral capsule....	39, 40
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	enalapril maleate oral tablet	23	ERIVEDGE	18
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	enalapril-hydrochlorothiazide	23	ERLEADA ORAL TABLET 240 MG .	18
ec-naproxen	10	ENBREL	51	ERLEADA ORAL TABLET 60 MG...	18
econazole nitrate external	16	ENBREL MINI	51	ERMEZA.....	49
econtra ez oral tablet 1.5 mg.....	44	ENBREL SURECLICK.....	51	errin	44
econtra one-step	44	endocet	9	ERY-TAB	12
EDARBI.....	23	ENDOMETRIN	54	ERYGEL.....	30
EDARBYCLOR.....	23	ENGERIX-B.....	53	ERYPED 200.....	12
EDEX	43	enilloring	44	ERYPED 400	12
EEMT	44	ENLITE GLUCOSE SENSOR	33	erythromycin base oral tablet	12
EEMT HS.....	44	enoxaparin sodium injection solution prefilled syringe.....	13	erythromycin base oral tablet delayed release	12
efavirenz-emtricitab-tenofo df ...	21	enpresse-28.....	44	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	12
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ.....	39	enskyce	44	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	12
EFFEXOR XR	15	ENSTILAR.....	30	erythromycin external.....	30
EFFIENT.....	20	entacapone.....	20	erythromycin ophthalmic.....	55
EFUDEX EXTERNAL CREAM 5 % ..	30	entecavir	21	erythromycin oral.....	12
ELEPSIA XR	14	ENTRESTO ORAL TABLET	23	escitalopram oxalate oral solution	15
ELESTRIN	44	ENTYVIO PEN.....	51	escitalopram oxalate oral tablet ..	15
eletriptan hydrobromide	17	enulose.....	41	ESGIC	9
ELIDEL.....	30	ENVARUS XR.....	51	ESGIC ORAL CAPSULE 50-325-40 MG	9
ELIMITE.....	19	EPANED	23	esomeprazole magnesium oral capsule delayed release.....	41
elinest.....	44	EPCLUSA ORAL TABLET.....	21	esomeprazole magnesium oral packet.....	41
ELIQUIS.....	13	EPIDIOLEX.....	14	est estrogens-methyltest	44
ELIQUIS DVT/PE STARTER PACK	13	EPIDUO	30	est estrogens-methyltest ds	44
ELITE-OB	39	EPIDUO FORTE	30	est estrogens-methyltest hs	44
ELLA.....	44	epinephrine solution auto- injector 0.15 mg/0.15ml injection.....	57	estarylle.....	44
ELMIRON.....	43	epinephrine solution auto- injector 0.15 mg/0.3ml injection.....	57	estazolam.....	61
ELOCTATE.....	38	epinephrine solution auto- injector 0.3 mg/0.3ml injection...	57	ESTRACE.....	44
eluryng.....	44	EPIPEN 2-PAK.....	57	estradiol oral	44, 46
EMBRACE BLOOD GLUCOSE TEST.....	33	EPIPEN JR 2-PAK	57	estradiol patch twice weekly 0.025 mg/24hr transdermal.....	44
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	33	epitol.....	14	estradiol patch twice weekly 0.0375 mg/24hr transdermal	44
EMEND ORAL CAPSULE.....	16	eplerenone.....	23	estradiol patch twice weekly 0.05 mg/24hr transdermal....	44, 45
EMGALITY	17	EQ BLOOD GLUCOSE TEST	33	estradiol patch twice weekly 0.075 mg/24hr transdermal.....	45
EMPAVELI.....	51	eq nicotine	11		
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	21	eq nicotine mouth/throat gum 4 mg	11		
		eq nicotine polacrilex.....	11		
		eq nicotine step 3.....	11		

estradiol patch twice weekly 0.1 mg/24hr transdermal.....	45	EXELDERM EXTERNAL CREAM ...	16	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.	9
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm.....	45	EXELON	15	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	9
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	45	exemestane.....	18	FETZIMA	15
estradiol transdermal patch weekly.....	45	EXFORGE	23	FEXMID	61
estradiol vaginal cream.....	45	EXKIVITY ORAL CAPSULE 40 MG	18	FINACEA EXTERNAL FOAM.....	30
estradiol vaginal tablet.....	45	EXTAVIA SUBCUTANEOUS KIT 0.3 MG.....	27	FINACEA EXTERNAL GEL	30
estradiol valerate intramuscular ..	45	EYSUVIS	55	finasteride oral tablet 5 mg	43
estradiol-norethindrone acet.....	45	ezetimibe	23	fingolimod hcl	27
estratest f.s.....	45	ezetimibe-simvastatin.....	23	FINTEPLA	14
ESTRATEST H.S.....	45	F		finzala	45
ESTRING	45	FABHALTA.....	38	FIORICET	9
ESTROGEL	45	falmina	45	FIORICET/CODEINE	9
eszopiclone	61	famciclovir oral	21	FIRVANQ	12
ethambutol hcl oral.....	18	famotidine oral suspension reconstituted	41	flac	57
ethosuximide oral	14	famotidine oral tablet 20 mg, 40 mg	41	FLAGYL	12
ethynodiol diac-eth estradiol	45	FARXIGA	37	FLAREX	55
etodolac.....	10	FASENRA PEN.....	59	flecainide acetate	23
etodolac er.....	10	fayosim oral tablet 42-21-21-7 days	45	FLEXICHAMBER	59
etonogestrel-ethinyl estradiol....	45	febuxostat	17	FLOMAX.....	43
etravirine.....	21	feirza 1/20.....	45	FLORAFOL PEDIATRIC ORAL SOLUTION	39
EUCRISA	30	feirza 1.5/30.....	45	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	39
euthyrox.....	49	felbamate.....	14	FLORIVA PLUS.....	39
EVAMIST	45	FELBATOL.....	14	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	59
EVEKEO	26	FELBATOL ORAL SUSPENSION 600 MG/5ML	14	fluconazole oral.....	16
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	51	FELDENE ORAL CAPSULE 10 MG, 20 MG	10	fludrocortisone acetate oral	48
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18	felodipine er	23	flunisolide nasal.....	58
EVERSENSE 365 SENSOR/ HOLDER.....	33	FEMARA.....	18	fluocinolone acetonide body	30
EVERSENSE 365 SMART TRANSMIT	33	FEMRING	45	fluocinolone acetonide external cream	30
EVERSENSE E3 SENSOR/ HOLDER.....	33	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	23	fluocinolone acetonide external ointment	30
EVERSENSE E3 SMART TRANSMITTER.....	33	FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG.....	23	fluocinolone acetonide external solution	30
EVERSENSE SENSOR/HOLDER....	33	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	23	fluocinolone acetonide otic.....	57
EVERSENSE SMART TRANSMITTER.....	33	fenofibrate oral tablet 120 mg, 40 mg	23	fluocinolone acetonide scalp	30
EVISTA	55	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	23	fluocinonide external cream 0.05 %	30
EVOCLIN EXTERNAL FOAM 1 %...	30	fenofibric acid oral capsule delayed release	23	fluocinonide external cream 0.1 %	30
EVOXAC.....	28	FENOGLIDE ORAL TABLET 120 MG, 40 MG.....	23	fluocinonide external gel.....	30
EVRYSDI ORAL SOLUTION RECONSTITUTED.....	42			fluocinonide external ointment...30	
				fluocinonide external solution....30	

FLUORIDEX.....	28	FORA 6 CONNECT/GTEL TEST....	33	gabapentin oral solution 250 mg/5ml.....	14
FLUORIDEX ENHANCED WHITENING.....	28	FORFIVO XL	15	GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	14
FLUORIMAX 5000.....	28, 39	formoterol fumarate inhalation...	59	gabapentin oral tablet 600 mg, 800 mg.....	14
FLUORIMAX 5000 SENSITIVE....	39	FORTEO	55	GABARONE	14
fluoritab oral solution 0.275 (0.125 f) mg/drop	39	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	48	galantamine hydrobromide er ...	15
fluorometholone	55	FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	33	gallifrey.....	45
FLUOROURACIL EXTERNAL CREAM 0.5 %.....	30	FORTISCARE TEST IN VITRO STRIP.....	33	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	54
fluorouracil external cream 5 %...	30	FOSAMAX	55	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	53
fluoxetine hcl oral capsule	15	fosfomycin tromethamine	12	GASTROCROM.....	41
fluoxetine hcl oral capsule delayed release	15	fosinopril sodium	23	gatifloxacin ophthalmic.....	55
fluoxetine hcl oral solution.....	15	fosinopril sodium-hctz	23	gavilyte-c	41
fluoxetine hcl oral tablet 10 mg...	15	FRAICHE 5000 DENTAL.....	28	gavilyte-g	41
fluoxetine hcl oral tablet 20 mg, 60 mg	15	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	39	gavilyte-n with flavor pack	41
fluphenazine hcl oral tablet.....	20	FREESTYLE LIBRE 14 DAY READER	33	GAVRETO	18
flurbiprofen oral	10	FREESTYLE LIBRE 14 DAY SENSOR	33	gemfibrozil oral.....	23
FLUTICASONE FUROATE- VILANTEROL	59	FREESTYLE LIBRE 2 PLUS SENSOR	33	GEMTESA	43
fluticasone propionate external cream	30	FREESTYLE LIBRE 2 READER	33	GEN7T EXTERNAL PATCH 3.5 %...	9
fluticasone propionate external ointment.....	30	FREESTYLE LIBRE 2 SENSOR	34	generlac.....	41
FLUTICASONE PROPIONATE HFA.....	59	FREESTYLE LIBRE 3 PLUS SENSOR	34	gengraf oral capsule.....	51
fluticasone propionate nasal.....	58	FREESTYLE LIBRE 3 READER	34	gentamicin sulfate external.....	12
FLUTICASONE-SALMETEROL INHALATION AEROSOL	59	FREESTYLE LIBRE 3 SENSOR	34	gentamicin sulfate ophthalmic ...	55
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	59	FREESTYLE LIBRE READER	34	GENVOYA	21
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	59	FREESTYLE PRECISION NEO SYSTEM	34	GEODON ORAL.....	20
fluvastatin sodium.....	23	FREESTYLE PRECISION NEO TEST	34	GILENYA ORAL CAPSULE 0.25 MG	27
fluvoxamine maleate	15	FREESTYLE TEST	34	GILENYA ORAL CAPSULE 0.5 MG.....	27
fluvoxamine maleate er	15	FROVA.....	17	glatiramer acetate.....	27
FML FORTE	55	frovatriptan succinate.....	17	glatopa	27
FML LIQUIFILM	55	ft nicotine	11	GLEEVEC.....	18
FOCALIN.....	26	ft nicotine mini.....	11	glimepiride oral tablet 1 mg, 2 mg, 4 mg	37
FOCALIN XR	26	FUROSCIX	23	glimepiride oral tablet 3 mg.....	37
folic acid oral tablet 1 mg.....	39	furosemide oral.....	23	glipizide er	37
FOLLISTIM AQ.....	54	fyavolv.....	45	glipizide oral tablet 10 mg, 5 mg ..	37
fondaparinux sodium.....	13	FYCOMPA ORAL SUSPENSION ...	14	glipizide oral tablet 2.5 mg	37
		FYCOMPA ORAL TABLET.....	14	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg.....	37
		FYREMADEL	54	glipizide-metformin hcl	37
				GLUCAGON EMERGENCY KIT	37
				glucagon emergency kit 1 mg injection.....	37

G



GLUCOCARD EXPRESSION TEST.....	34	GUARDIAN SENSOR 3.....	34	hm nicotine polacrilex mouth/ throat lozenge 2 mg.....	11
GLUCOCARD SHINE TEST.....	34	GVOKE HYPOPEN 1-PACK.....	34	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr....	11
GLUCOCARD VITAL TEST.....	34	GVOKE HYPOPEN 2-PACK.....	34	HORIZANT.....	27
GLUCOTROL XL.....	37	GVOKE KIT.....	34	HULIO (2 PEN).....	51
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG.....	37	GVOKE PFS.....	34	HULIO (2 SYRINGE).....	51
glyburide micronized.....	37	GYNAZOLE-1.....	16	HUMALOG CARTRIDGE.....	36
glyburide oral.....	37	H			
glyburide-metformin.....	37	habitrol.....	11	HUMALOG INJECTION.....	36
GLYCATE.....	41	HADLIMA.....	51	HUMALOG KWIKPEN.....	36
glycopyrrolate oral solution.....	41	HADLIMA PUSHTOUCH.....	51	HUMALOG MIX 50/50 KWIKPEN.....	36
glycopyrrolate oral tablet 1 mg, 2 mg.....	41	HAEGARDA.....	51	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.....	36
GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	41	hailey 1.5/30.....	45	HUMALOG MIX 75/25 KWIKPEN..	36
glydo.....	9	hailey 24 fe.....	45	HUMALOG MIX 75/25 VIAL.....	36
GLYNASE ORAL TABLET 1.5 MG ..	37	hailey fe 1/20.....	45	HUMALOG SUBCUTANEOUS.....	36
GLYNASE ORAL TABLET 3 MG, 6 MG.....	37	hailey fe 1.5/30.....	45	HUMALOG TEMPO PEN.....	36
GLYXAMBI.....	37	HALCION.....	21	HUMALOG U-100 JUNIOR KWIKPEN.....	36
gnp nicotine mini.....	11	halobetasol propionate external cream.....	30	HUMATE-P.....	38
gnp nicotine polacrilex mouth/ throat gum 2 mg.....	11	halobetasol propionate external ointment.....	30	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	51
gnp nicotine polacrilex mouth/ throat lozenge.....	11	haloette.....	45	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	51
gnp nicotine transdermal.....	11	haloperidol oral.....	20	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	51
GOLYTELY.....	41	HARVONI ORAL TABLET.....	21	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ...	51
GONAL-F.....	54	HAVRIX.....	53	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS...	51
GONAL-F RFF.....	54	HEALTHPRO BLOOD GLUCOSE MONITO.....	34	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ..	51
GONAL-F RFF REDIRECT.....	54	heather.....	45	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML.....	51
goodsense nicotine.....	11	HEMADY.....	48	HUMIRA-CD/UC/HS STARTER....	51
granisetron hcl oral.....	16	HEMANGEOL.....	23	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML....	51
GRASTEK.....	51	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	38	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	51
griseofulvin microsize oral.....	16	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML.....	38		
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg.....	16	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG.....	54		
guanfacine hcl.....	23, 26	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG.....	54		
guanfacine hcl er.....	26	HEMOFIL M.....	38		
GUARDIAN 4 GLUCOSE SENSOR.....	34	heparin sodium (porcine) injection solution.....	38		
GUARDIAN 4 TRANSMITTER.....	34	heparin sodium (porcine) pf.....	38		
GUARDIAN CONNECT TRANSMITTER.....	34	HEPLISAV-B.....	53		
GUARDIAN LINK 3 TRANSMITTER.....	34	her style.....	45		
GUARDIAN REAL-TIME REPLACE PED.....	34	HIDEX 6-DAY.....	48		
		HIPREX.....	12		
		hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg.....	11		

HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	51
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	51
HUMIRA-PSORIASIS/UVEIT STARTER	51
HUMULIN 70/30 KWIKPEN	36
HUMULIN 70/30 VIAL	36
HUMULIN N KWIKPEN	36
HUMULIN N VIAL	36
HUMULIN R U-500 KWIKPEN	36
HUMULIN R U-500 VIAL	36
HUMULIN R VIAL	36
HYCODAN ORAL SOLUTION	58
hydralazine hcl oral	23
HYDREA	18
hydrochlorothiazide oral	23
hydrocod poli-chlorphe poli er.	58
hydrocodone bit-homatrop mbr oral solution	58
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	9
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9
hydrocodone-ibuprofen	9
hydrocort-pramoxine (perianal) ..	54
hydrocortisone (perianal) external cream 1 %	54
hydrocortisone (perianal) external cream 2.5 %	54
hydrocortisone ace-pramoxine external cream 1-1 %	54
hydrocortisone ace-pramoxine external cream 2.5-1 %	30
hydrocortisone acetate rectal	54
hydrocortisone butyrate external cream	30
hydrocortisone external cream 1 %	30
hydrocortisone external cream 2.5 %	30

hydrocortisone external lotion 2 %	30
hydrocortisone external lotion 2.5 %	30
hydrocortisone external ointment 1 %, 2.5 %	30
hydrocortisone oral	48
hydrocortisone rectal	54
hydrocortisone valerate external cream	30
hydrocortisone valerate external ointment	30
hydrocortisone-acetic acid	57
hydromet	58
hydromorphone hcl oral tablet	9
hydroxychloroquine sulfate oral ..	19
HYDROXYM EXTERNAL CREAM ..	30
hydroxyurea oral	18
hydroxyzine hcl oral	21
hydroxyzine pamoate oral	21
HYFTOR	51
hyoscyamine sulfate er	41
hyoscyamine sulfate oral tablet. ...	42
hyoscyamine sulfate oral tablet dispersible	42
hyoscyamine sulfate sublingual. ...	42
HYPERSAL	58
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	52
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	52
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	52
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	52
HYRIMOZ-CROHNS/UC STARTER	52
HYRIMOZ-PED<40KG CROHN STARTER	52
HYRIMOZ-PED>/=40KG CROHN START	52
HYRIMOZ-PLAQ PSOR/UVEIT START	52
HYRIMOZ-PLAQUE PSORIASIS START	52
HYZAAR	23

I	
ibandronate sodium oral	55
IBRANCE	18
IBSRELA	42
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10
iclevia	45
ICLUSIG ORAL TABLET 10 MG, 30 MG	18
ICLUSIG ORAL TABLET 15 MG, 45 MG	18
icosapent ethyl	23
IDACIO (2 PEN)	52
IDACIO (2 SYRINGE)	52
IDACIO-CROHNS/UC STARTER	52
IDACIO-PSORIASIS STARTER	52
IDELVION	38
IDHIFA	18
IHEALTH BLOOD GLUCOSE TEST STR	34
IHEALTH GLUCO+ KIT 10	34
IHEALTH GLUCO+ KIT 100	34
ILEVRO	55
imatinib mesylate	18
IMBRUVICA ORAL CAPSULE	18
IMBRUVICA ORAL TABLET 140 MG, 280 MG	18
IMBRUVICA ORAL TABLET 420 MG	18
IMBRUVICA ORAL TABLET 560 MG	18
imipramine hcl oral	15
imiquimod external cream 3.75 %	30
imiquimod external cream 5 %	30
imiquimod pump	30
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17
IMITREX ORAL	17
IMITREX STATDOSE SYSTEM	17
IMPOYZ	30
IMURAN	52
IMVEXXY MAINTENANCE PACK	38
IMVEXXY STARTER PACK	38
INBRIJA	20
incassia	45
indapamide	23
INDERAL LA	23
indomethacin er	10

KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	52
KINERET	52
KISQALI (200 MG DOSE)	18
KISQALI (400 MG DOSE)	18
KISQALI (600 MG DOSE)	19
KLARITY-A	55
KLARITY-C DROPS	57
KLARON	30
klayesta	17
KLISYRI (250 MG)	30
KLISYRI (350 MG)	30
KLONOPIN	21
klor-con	39
klor-con 10	39
klor-con m10	39
klor-con m15	39
klor-con m20	39
KLOXXADO	11
kls quit2	11
kls quit4	11
KOATE	38
KOATE-DVI	38
KOGENATE FS	38
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	37
KOSELUGO	19
kosher prenatal plus iron	39
KOURZEQ	28
KOVALTRY	38
KRINTAFEL	19
KRISTALOSE	42
kurvelo	45
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	20
KYZATREX	48

L

labetalol hcl oral	24
lacosamide oral	14
lactulose encephalopathy	42
lactulose oral solution	42
LAGEVRIO	21
LAMICTAL	14
LAMICTAL ODT ORAL TABLET DISPERSIBLE	14

LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	14
lamotrigine er	14
lamotrigine oral tablet	14
lamotrigine oral tablet chewable	14
lamotrigine oral tablet dispersible	14
LANCETS	34, 35
LANOXIN ORAL TABLET 125 MCG, 250 MCG	24
LANOXIN ORAL TABLET 62.5 MCG	24
lansoprazole oral capsule delayed release	41
lansoprazole oral tablet delayed release dispersible	41
LANTUS SOLOSTAR	36
LANTUS U-100 VIAL	36
larin 1/20	45
larin 1.5/30	45
larin 24 fe	45
larin fe 1/20	45
larin fe 1.5/30	45
LASIX	24
latanoprost ophthalmic	56
LATUDA	20
LEDIPASVIR-SOFOSBUVIR	21
leena	45
leflunomide oral	52
lenalidomide	19
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	19
lessina	45
letrozole oral	19
leucovorin calcium oral	19
leuprolide acetate injection	48
levalbuterol hcl inhalation	59
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	59
LEVIBID	42
levetiracetam er	14
levetiracetam oral solution	14
levetiracetam oral tablet	14
levo-t	49
levocarnitine oral solution	39

levocarnitine oral tablet	42
levocarnitine sf	39
levocetirizine dihydrochloride oral solution	58
levocetirizine dihydrochloride oral tablet	58
levofloxacin oral tablet	12
levonest	45
levonorg-eth estrad triphasic	46
levonorgest-eth est & eth est	45
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	46
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	46
levonorgestrel	46
levonorgestrel-ethinyl estrad	46
levora 0.15/30 (28)	46
LEVOTHYROXINE SODIUM ORAL CAPSULE	49
levothyroxine sodium oral tablet	49
levoxyl	49
LEVSIN	42
LEVSIN/SL	42
LEXAPRO	15
LIALDA	54
LIBERVANT	14
LIBRAX	42
lidocaine external ointment 5 % ...	9
lidocaine external patch 5 %	9
lidocaine hcl mouth/throat	28
lidocaine hcl urethral/mucosal	9
lidocaine viscous hcl	28
lidocaine-prilocaine external cream	9
LIDOCAN	9
LIDODERM	9
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	9
LIKMEZ	12
linezolid oral tablet	12
LINZESS	42
liothyronine sodium oral	49
LIPITOR	24
liraglutide solution pen-injector 18 mg/3ml subcutaneous	37
lisdexamfetamine dimesylate	26
lisinopril oral	24

lisinopril-hydrochlorothiazide.....	24	loteprednol etabonate ophthalmic suspension.....	55	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	27
LITFULO	52	LOTREL.....	24	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	27
lithium carbonate er.....	22	lovastatin oral.....	24	me/naphos/mb/hyo1.....	43
lithium carbonate oral.....	22	LOVAZA	24	meclizine hcl oral tablet.....	16
LITHOBID.....	22	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	13	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	48
LIVALO.....	24	low-ogestrel	46	MEDROL ORAL TABLET 2 MG.....	48
LIVDELZI	42	loxapine succinate.....	20	MEDROL ORAL TABLET THERAPY PACK	48
LO LOESTRIN FE.....	46	lubiprostone	42	medroxyprogesterone acetate intramuscular.....	46
lo-zumandimine	46	LUMAKRAS.....	19	medroxyprogesterone acetate oral	46
LODINE	10	LUMIGAN	56	mefenamic acid oral.....	10
LODOCO	24	LUMRYZ.....	61	mefloquine hcl.....	19
LOESTRIN 1/20 (21)	46	LUNESTA.....	61	megestrol acetate oral suspension 40 mg/ml	48
LOESTRIN 1.5/30 (21)	46	LUPKYNIS.....	52	megestrol acetate oral tablet.....	46
LOESTRIN FE 1/20.....	46	lurasidone hcl.....	20	MEKINIST ORAL TABLET	19
LOESTRIN FE 1.5/30.....	46	lutera.....	46	meloxicam oral tablet	10
LOFENA	10	lyleq	46	memantine hcl er.....	15
lojaimiess	46	lyllana	46	memantine hcl oral tablet.....	15
LOKELMA	39	LYMEPAK ORAL TABLET 100 MG. .	12	MENOPUR.....	54
LOMOTIL.....	42	LYNPARZA	19	MENOSTAR.....	46
LONSURF	19	LYRICA ORAL CAPSULE.....	27	MENQUADFI.....	53
LOPID	24	LYUMJEV KWIKPEN	36	MENVEO	53
LOPRESSOR.....	24	LYUMJEV TEMPO PEN.....	36	MEPRON	19
LOPROX EXTERNAL CREAM 0.77 %	17	LYUMJEV VIAL	36	mercaptapurine oral tablet	19
LOPROX EXTERNAL SHAMPOO 1 %	17	lyza	46	mesalamine er	54
LOPROX EXTERNAL SUSPENSION 0.77 %.....	30			mesalamine oral tablet delayed release 1.2 gm.....	54
lorazepam intensol	21			mesalamine oral tablet delayed release 800 mg	54
lorazepam oral concentrate 2 mg/ml	22			mesalamine rectal enema.....	54
lorazepam oral tablet.....	22			mesalamine rectal suppository ...	54
LORTAB ORAL ELIXIR 10-300 MG/15ML.....	9			mesalamine-cleanser	54
loryna	46			MESTINON ORAL TABLET	18
losartan potassium oral	24			METADATE CD	26
losartan potassium-hctz	24			metaxalone oral tablet 400 mg, 800 mg.....	61
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG.....	46			metaxalone oral tablet 640 mg...	61
LOTEMAX OPHTHALMIC GEL.....	55			metformin hcl er.....	37
LOTEMAX OPHTHALMIC OINTMENT.....	55			metformin hcl er (mod)	37
LOTEMAX OPHTHALMIC SUSPENSION	55			metformin hcl er (osm).....	37
LOTEMAX SM	55			metformin hcl oral solution	37
LOTENSIN.....	24				
LOTENSIN HCT	24				
loteprednol etabonate ophthalmic gel.....	55				

M

M-M-R II.....	53
M-NATAL PLUS.....	39
MACROBID.....	12
MACRODANTIN.....	12
MALARONE	19
MARINOL	16
marlissa	46
matzim la.....	24
MAVENCLAD.....	27
MAVYRET	21
MAXALT.....	17
MAXALT-MLT	17
MAXITROL.....	55
MAXZIDE ORAL TABLET 75-50 MG	24
MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	24
MAYZENT ORAL TABLET 0.25 MG, 2 MG	27
MAYZENT ORAL TABLET 1 MG	27



metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	37	metolazone	24	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	24
metformin hcl oral tablet 625 mg, 750 mg	37	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	24	MINIVELLE	44-46
methadone hcl oral tablet.	9	metoprolol succinate er oral tablet extended release 24 hour 25 mg.	24	minocycline hcl oral capsule	13
methazolamide oral	56	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	24	minoxidil oral	24
methenamine hippurate	12	metoprolol tartrate oral tablet 37.5 mg, 75 mg.	24	mirabegron er.	43
METHERGINE.	48	metoprolol-hydrochlorothiazide. .	24	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	46
methimazole oral	49	METROCREAM.	30	mirtazapine oral	15
methocarbamol oral tablet 1000 mg.	61	METROGEL	30	MIRVASO.	31
methocarbamol oral tablet 500 mg, 750 mg	61	METROLOTION.	30	misoprostol oral	41
methotrexate sodium (pf)	52	metronidazole external cream.	30	MITIGARE.	17
methotrexate sodium injection solution	52	metronidazole external gel 0.75 %	31	MM BLOOD GLUCOSE SYSTEM.	34
methotrexate sodium oral	52	metronidazole external gel 1 %.	31	MM BLOOD GLUCOSE SYSTEM REFILL	34
methscopolamine bromide oral ..	42	metronidazole external lotion	31	MM BLULINK GLUCOSE TEST	34
methylergonovine maleate oral ..	48	metronidazole oral capsule	12	MM EASY TOUCH GLUCOSE METER.	34
METHYLIN	26	metronidazole oral tablet 125 mg	12	modafinil oral	61
methylphenidate hcl er (cd).	26	metronidazole oral tablet 250 mg, 500 mg	12	MODERNA COVID-19 VAC 6M-11Y	53
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	26	metronidazole vaginal.	13	moexipril hcl	24
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg.	26	mexiletine hcl oral	24	mometasone furoate external	31
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	26	MIACALCIN	55	mometasone furoate nasal	58
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	26	mibelas 24 fe.	46	MONDOXYNE NL	13
methylphenidate hcl er (osm) oral tablet extended release 72 mg.	26	MICARDIS.	24	mono-lynyah	46
methylphenidate hcl er (xr)	26	MICARDIS HCT	24	MONOJECT HYPODERMIC NEEDLE 18G X 1"	34
methylphenidate hcl er oral tablet extended release	26	MICROCHAMBER.	59	montelukast sodium oral packet.	59
methylphenidate hcl er oral tablet extended release 24 hour. .	26	MICRODOT TEST	34	montelukast sodium oral tablet ..	59
methylphenidate hcl oral solution	26	microgestin 1/20	46	montelukast sodium oral tablet chewable.	59
methylphenidate hcl oral tablet ..	26	microgestin 1.5/30	46	morphine sulfate (concentrate).	9
methylphenidate hcl oral tablet chewable.	26	microgestin 24 fe oral tablet 1-20 mg-mcg.	46	morphine sulfate er oral tablet extended release	9
methylprednisolone oral	48	microgestin fe 1/20.	46	morphine sulfate oral.	9
metoclopramide hcl oral solution	16	microgestin fe 1.5/30.	46	MOTEGRITY	42
metoclopramide hcl oral tablet. .	16	midodrine hcl	24	MOTPOLY XR.	14
		MIEBO.	57	MOUNJARO.	37
		mili	46	MOVIPREP	42
		mimvey.	46	moxifloxacin hcl (2x day).	55
		MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24).	46	moxifloxacin hcl ophthalmic.	55
		MINILINK REAL-TIME TRANSMITTER.	34	moxifloxacin hcl oral	13
		MINIMED 630G GUARDIAN PRESS	34	MS CONTIN	9
				MULTAQ.	24
				MULTI-VIT-FLOR	39
				multi-vitamin/fluoride	39

multivitamin w/fluoride tablet chewable 0.25 mg oral	39
multivitamin w/fluoride tablet chewable 0.5 mg oral.....	39
multivitamin w/fluoride tablet chewable 1 mg oral	39
multivitamin/fluoride oral tablet chewable.....	39
mupirocin cream	13
mupirocin ointment	13
my choice	46
my way	46
MYAMBUTOL ORAL TABLET 400 MG.....	18
MYCOBUTIN ORAL CAPSULE 150 MG	18
mycophenolate mofetil oral	52
mycophenolate sodium	52
mycophenolic acid	52
MYDAYIS.....	26
MYFEMBREE	46
MYFORTIC	52
MYHIBBIN.....	52
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	31
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ...	43
MYSOLINE	14

N

na sulfate-k sulfate-mg sulf.....	42
nabumetone oral	10
nadolol oral	24
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	39
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	39
NALOCET	9
naloxone hcl injection solution prefilled syringe	11
naloxone hcl nasal	11
naltrexone hcl oral.....	11
NAMENDA ORAL TABLET 10 MG, 5 MG.....	15
NAMENDA TITRATION PAK	15
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	15
NAPROSYN.....	10
naproxen dr	10

naproxen oral tablet.....	10
naproxen oral tablet delayed release	10
naproxen sodium oral tablet 275 mg, 550 mg.....	10
naratriptan hcl.....	17
NARCAN.....	11
NASCOBAL.....	39
NATALVIT	39
NATAZIA	46
nateglinide.....	37
NATESTO.....	48
NAYZILAM	14
nebivolol hcl	24
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %... 58	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %... 58	
necon 0.5/35 (28).....	46
NEFFY.....	57
NEO-POLYCIN	56
neomycin sulfate oral	13
neomycin-bacitracin zn-polymyx	56
neomycin-polymyxin-dexameth ophthalmic ointment.....	55
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1.....	56
neomycin-polymyxin-hc ophthalmic.....	56
neomycin-polymyxin-hc otic	57
NEONATAL COMPLETE.....	39
NEONATAL PLUS.....	39
NEONATAL PRENATAL.....	39
NEONATAL VITAMIN	40
NEORAL ORAL CAPSULE.....	52
NERLYNX.....	19
neuac.....	31
NEULASTA	38
NEUPRO.....	20
NEURONTIN	14
NEUTEK 2TEK TEST.....	34
NEVANAC	56
new day	46
NEXIUM ORAL CAPSULE DELAYED RELEASE.....	41
NEXIUM ORAL PACKET	41
NEXLETOL	24

NEXLIZET	24
NEXTSTELLIS.....	46
NGENLA.....	48
niacin er (antihyperlipidemic).....	24
NICODERM CQ	11
NICORETTE MINI.....	11
NICORETTE MOUTH/THROAT GUM.....	11
NICORETTE MOUTH/THROAT LOZENGE	11
NICORETTE STARTER KIT.....	11
nicotine mini.....	11
nicotine polacrilex mini.....	11
nicotine polacrilex mouth/ throat.....	11
nicotine step 1	11
nicotine step 2	11
nicotine step 3	11
nicotine transdermal patch 24 hour	11
NICOTROL	11
nifedipine er	24
nifedipine er osmotic release	24
nifedipine oral	24
nikki	46
NINLARO.....	19
nisoldipine er.....	24
nitazoxanide oral	19
NITRO-BID.....	24
NITRO-DUR.....	24
nitrofurantoin macrocrystal	13
nitrofurantoin monohydrate macrocrystals.....	13
nitrofurantoin oral suspension 25 mg/5ml	13
nitroglycerin rectal	24
nitroglycerin sublingual	24
nitroglycerin transdermal	24
NITROSTAT	24
NIVA THYROID.....	49
NIVA-PLUS.....	40
NIVESTYM	38
NOC DURNA.....	48
nora-be.....	46
NORDITROPIN FLEXPPO	48
norelgestromin-eth estradiol.....	46
norethin ace-eth estrad-fe oral tablet.....	46



norethin ace-eth estrad-fe oral tablet chewable.....	46	NOVOLOG FLEXPEN RELION.....	36	OCALIVA.....	42
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg..	46	NOVOLOG RELION.....	36	ocella.....	47
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	46	NOVOLOG U-100 VIAL.....	36	OCUFLOX.....	56
norethindrone acet-ethinyl est ...	46	NOVOPEN ECHO.....	35	ODACTRA.....	58
norethindrone acetate oral	46	NOXAFIL ORAL TABLET DELAYED RELEASE.....	17	ODEFSEY.....	21
norethindrone oral	46	np thyroid	49	ODOMZO.....	19
norethindrone-eth estradiol	46	NUBEQA.....	19	OFEV.....	60
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	46	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	59	ofloxacin ophthalmic.....	56
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	46	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	59	ofloxacin otic	57
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	46	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	60	olanzapine oral tablet	20
NORITATE.....	31	NUCYNATA	9	olanzapine oral tablet dispersible	20
NORLIQVA	24	NUCYNATA ER.....	9	olanzapine-fluoxetine hcl	15
norlyroc	46	NUEDEXTA.....	27	olmesartan medoxomil oral.....	24
NORPRAMIN.....	15	NULEV.....	42	olmesartan medoxomil-hctz.....	24
nortrel 0.5/35 (28).....	46	NUPLAZID ORAL CAPSULE.....	20	olmesartan-amlodipine-hctz	24
nortrel 1/35 (21)	46	NURTEC.....	17	olopatadine hcl nasal.....	58
nortrel 1/35 (28).....	46	NUTROPIN AQ NUSPIN 10	48	olopatadine hcl ophthalmic solution 0.1 %	56
nortrel 7/7/7	47	NUTROPIN AQ NUSPIN 20	48	OLUMIANT ORAL TABLET 1 MG, 4 MG.....	52
nortriptyline hcl oral capsule.....	15	NUTROPIN AQ NUSPIN 5.....	48	OLUMIANT ORAL TABLET 2 MG ..	52
NORVASC	24	NUVARING.....	47	OLUX EXTERNAL FOAM 0.05 % ...	31
NOVAREL	54	NUVESSA.....	13	OMECLAMOX-PAK.....	41
NOVOEIGHT	38	NUVIGIL	61	omega-3-acid ethyl esters.....	24
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT.....	38	omeprazole oral capsule delayed release	41
NOVOFINE PEN NEEDLE.....	35	NUWIQ INTRAVENOUS KIT 1500 UNIT.....	38	OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	35
NOVOFINE PLUS PEN NEEDLE ...	35	NUZYRA ORAL.....	13	OMNIPOD 5 DEXG7G6 PODS GEN 5.....	35
NOVOLIN 70/30 FLEXPEN	36	nyamyc.....	17	OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	35
NOVOLIN 70/30 FLEXPEN RELION.....	36	nylia 1/35.....	47	OMNIPOD 5 G7 PODS (GEN 5)....	35
NOVOLIN 70/30 RELION	36	nylia 7/7/7	47	OMNIPOD 5 LIBRE2 PLUS G6.....	35
NOVOLIN 70/30 VIAL.....	36	nymyo oral tablet 0.25-35 mg-mcg.....	47	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	35
NOVOLIN N FLEXPEN	36	nystatin external.....	17	OMNITROPE	48
NOVOLIN N FLEXPEN RELION ...	36	nystatin mouth/throat	17	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	52
NOVOLIN N RELION.....	36	nystatin oral.....	17	OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO- INJECTOR.....	52
NOVOLIN N VIAL	36	nystatin-triamcinolone.....	17	ON CALL EXPRESS BLOOD GLUCOSE	35
NOVOLIN R FLEXPEN	36	nystop.....	17	ON CALL EXPRESS MONITORING SYS.....	35
NOVOLIN R FLEXPEN RELION....	36	NYVEPRIA.....	38	ondansetron hcl oral	16
NOVOLIN R RELION	36				
NOVOLIN R VIAL	36				
NOVOLOG FLEXPEN	36				

O

OB COMPLETE.....40



ondansetron odt oral tablet dispersible 16 mg	16	OSPHERA	38	paliperidone er	20
ondansetron odt oral tablet dispersible 4 mg, 8 mg	16	OTEZLA ORAL TABLET 20 MG	52	PAMELOR	15
ONE VITE WOMENS	40	OTEZLA ORAL TABLET 30 MG	52	PANCREAZE	42
ONE VITE WOMENS PLUS	40	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	52	PANRETIN	31
ONETOUCH DELICA LANCETS	35	OTREXUP	52	pantoprazole sodium oral tablet delayed release	41
ONETOUCH ULTRA 2 KIT W/ DEVICE	35	OVACE PLUS WASH EXTERNAL LIQUID	31	PARADIGM REAL-TIME TRANSMITTER	35
ONETOUCH ULTRA BLUE TEST	35	OVACE WASH	31	paricalcitol oral	55
ONETOUCH ULTRA TEST STRIPS	35	OVIDREL	54	PARLODEL ORAL TABLET	20
ONETOUCH ULTRASOFT LANCETS	35	oxaprozin oral tablet	10	PARNATE	15
ONETOUCH VERIO FLEX SYSTEM KIT	35	OXAYDO ORAL TABLET 5 MG, 7.5 MG	9	paroxetine hcl er	15
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	35	oxazepam	22	paroxetine hcl oral tablet	15
ONETOUCH VERIO KIT W/ DEVICE	35	oxcarbazepine	14	PATANASE NASAL SOLUTION 0.6 %	58
ONETOUCH VERIO REFLECT KIT W/DEVICE	35	oxcarbazepine er	14	PAXIL CR	16
ONETOUCH VERIO TEST STRIPS	35	OXTELLAR XR	14	PAXIL ORAL TABLET	16
ONEXTON	31	oxybutynin chloride er	43	PAXLOVID (150/100)	21
ONFI	14	oxybutynin chloride oral tablet 2.5 mg	43	PAXLOVID (300/100)	21
ONGLYZA	37	oxybutynin chloride oral tablet 5 mg	43	pazopanib hcl	19
ONYDA XR	26	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	9	PEDIAPRED	48
opcicon one-step	47	oxycodone hcl oral capsule	10	peg 3350-kcl-na bicarb-nacl	42
opium	42	oxycodone hcl oral solution	10	peg-3350/electrolytes	42
OPSUMIT	60	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	10	peg-3350/electrolytes/ascorbic acid	42
option 2	47	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	10	peg-kcl-nacl-nasulf-na asc-c	42
OPTIUMEZ TEST	35	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10	penicillin v potassium	13
OPZELURA	31	OXYCONTIN	10	pentoxifylline er	25
ORACEA	31	oxymorphone hcl er	10	PEPCID	41
ORACIT	40	OZEMPIC	37	PERCOCET	10
ORAL CITRATE	40			PERFOROMIST	60
ORALONE	28			PERIDEX	28
ORAPRED ODT	48			perindopril erbumine	25
ORENCIA CLICKJECT	52			periogard	28
ORENCIA SUBCUTANEOUS	52			permethrin external	19
ORENITRAM	60			perphenazine oral	16
ORFADIN	42			PERTZYE	42
ORGOVYX	19			PFIZER COVID-19 VAC-TRIS 5-11Y	53
ORIAHNN	48			PFIZER COVID-19 VAC-TRIS 6M-4Y	53
ORILISSA	48			phenazo oral tablet 200 mg	43
orphenadrine citrate er	61			phenazopyridine hcl oral tablet 100 mg, 200 mg	43
OSCIMIN	42			phenobarbital oral	14
oseltamivir phosphate oral	21			phenytek	14
				phenytoin infatabs	14
				phenytoin oral tablet chewable	14
				phenytoin sodium extended	14

P



PHEXXI.....	47	potassium citrate-citric acid.....	40	PRENATE ENHANCE.....	40
philith.....	47	PRADAXA ORAL CAPSULE.....	13	PRENATE ESSENTIAL.....	40
PHOSPHA 250 NEUTRAL.....	40	PRALUENT.....	25	PRENATE MINI.....	40
phospho-trin 250 neutral.....	40	pramipexole dihydrochloride.....	20	PRENATE PIXIE.....	40
phosphorous.....	40	PRAMOSONE EXTERNAL		PRENATE RESTORE.....	40
PIFELTRO.....	21	CREAM 1-1 %.....	31	PRENATOL-M.....	40
pilocarpine hcl ophthalmic.....	56	PRAMOSONE EXTERNAL		PRENATRIX.....	40
pilocarpine hcl oral.....	28	CREAM 1-2.5 %.....	31	PRENATRYL.....	40
pimecrolimus.....	31	prasugrel hcl.....	20	PREVACID.....	41
pimozide.....	20	pravastatin sodium.....	25	PREVACID SOLUTAB.....	41
pimtrea.....	47	prazosin hcl oral.....	25	prevalite.....	25
pindolol.....	25	PRECISION XTRA.....	35	PREVIDENT 5000 BOOSTER	
pioglitazone hcl.....	37	PRECISION XTRA BLOOD		PLUS.....	28
pioglitazone hcl-metformin hcl....	37	GLUCOSE.....	35	PREVIDENT 5000 DRY MOUTH... 28	
PIP BLOOD GLUCOSE TEST		PRED FORTE.....	56	PREVIDENT 5000 ENAMEL	
STRIP.....	35	PRED MILD.....	56	PROTECT.....	40
PIQRAY.....	19	prednisolone acetate		PREVIDENT 5000 KIDS.....	28
pirfenidone oral tablet 267 mg,		ophthalmic.....	56	PREVIDENT 5000 ORTHO	
801 mg.....	60	PREDNISOLONE ACETATE P-F....	56	DEFENSE.....	28
pirfenidone oral tablet 534 mg ...	60	prednisolone oral solution.....	48	PREVIDENT 5000 PLUS.....	28
piroxicam oral.....	10	prednisolone sodium phosphate		PREVIDENT 5000 SENSITIVE	40
pitavastatin calcium.....	25	oral solution 10 mg/5ml,		PREVIDENT DENTAL.....	28
PLAN B ONE-STEP.....	47	25 mg/5ml, 6.7 (5 base) mg/5ml..	48	PREVIDENT MOUTH/THROAT	40
PLAQUENIL.....	19	prednisolone sodium phosphate		PREVNAR 20.....	53
PLAVIX.....	20	oral solution 15 mg/5ml.....	48	PREVYMIS ORAL TABLET.....	21
PLEGRIDY INTRAMUSCULAR.....	27	prednisolone sodium phosphate		PREZCOBIX.....	21
PLEGRIDY STARTER PACK.....	27	oral solution 20 mg/5ml.....	48	PREZISTA ORAL TABLET	
PLEGRIDY SUBCUTANEOUS.....	27	prednisolone sodium phosphate		150 MG, 75 MG.....	21
PLENVU.....	42	oral tablet dispersible.....	48	primidone oral tablet 125 mg.....	14
PLEXION CLEANSER.....	31	prednisone oral.....	48	primidone oral tablet 250 mg,	
PNEUMOVAX 23.....	53	pregabalin oral capsule.....	27	50 mg.....	14
PNEUMOVAX 23 INJECTION		PREGNYL.....	54	PRISTIQ.....	16
SOLUTION 25 MCG/0.5ML.....	53	PREMARIN ORAL.....	47	probenecid.....	17
pnv-dha.....	40	PREMARIN VAGINAL.....	47	PROCARDIA XL.....	25
podofilox external solution.....	31	PREMIUM BLOOD GLUCOSE		PROCHAMBER VHC.....	60
POKONZA.....	40	TEST.....	35	prochlorperazine.....	16
POLY-VI-FLOR ORAL TABLET		premium lidocaine.....	10	prochlorperazine maleate oral....	16
CHEWABLE.....	40	PREMPHASE.....	47	PROCORT.....	54
POLYCIN.....	56	PREMPRO.....	47	procto-med hc.....	54
polymyxin b-trimethoprim.....	56	PRENA1 PEARL.....	40	PROCTOCORT.....	54
POMALYST.....	19	prenatal 19 oral tablet 29-1 mg ...	40	PROCTOFOAM HC.....	54
portia-28.....	47	prenatal 19 oral tablet chewable..	40	PROCTOSOL HC.....	54
posaconazole oral tablet		prenatal oral tablet 27-0.8 mg	40	PROCTOZONE-HC.....	54
delayed release.....	17	prenatal oral tablet 27-1 mg.....	40	progesterone intramuscular.....	47
potassium chloride crys er.....	40	prenatal plus.....	39, 40	progesterone oral.....	47
potassium chloride er.....	40	prenatal plus vitamin/mineral....	40	PROGRAF ORAL CAPSULE.....	52
potassium chloride oral.....	40	prenatal vitamins oral tablet		PROLATE ORAL TABLET.....	10
potassium citrate er.....	40	27-0.8 mg.....	40	PROLENSA.....	56
		PRENATE DHA.....	40		

risedronate sodium oral tablet	
30 mg, 5 mg.....	55
RISPERDAL	20
risperidone.....	20
RITALIN	27
RITALIN LA	27
ritonavir	21
rivastigmine.....	15
rivastigmine tartrate	15
rivelsa	47
rizatriptan benzoate oral tablet	
10 mg.....	17
rizatriptan benzoate oral tablet	
5 mg.....	17
rizatriptan benzoate oral tablet	
dispersible 10 mg	17
rizatriptan benzoate oral tablet	
dispersible 5 mg	17
ROBINUL ORAL TABLET 1 MG.....	42
ROBINUL-FORTE ORAL TABLET	
2 MG.....	42
ROCALTROL	55
ROCKLATAN	56
roflumilast	60
ropinirole hcl.....	20
rosadan external cream 0.75 % ...	31
rosadan external gel 0.75 %	31
rosuvastatin calcium oral	25
ROWASA.....	54
roweepra.....	14
ROXICODONE	10
ROZEREM	61
ROZLYTREK	19
RUCONEST.....	52
rufinamide oral suspension	14
rufinamide oral tablet.....	14
RUKOBIA	21
RYALTRIS.....	58
RYBELSUS ORAL TABLET 14 MG,	
3 MG, 7 MG	37
RYTARY.....	20
RYTHMOL SR ORAL CAPSULE	
EXTENDED RELEASE 12 HOUR	
225 MG, 325 MG, 425 MG.....	25
ryvent	58

S

SAFYRAL.....	47
SALAGEN	28

SANTYL	31
SAPHRIS	20
sapropterin dihydrochloride oral	
packet.....	42
SAVELLA	27
saxagliptin hcl	37
saxagliptin-metformin er	37
scopolamine	16
SE-NATAL 19	40
SEASONIQUE ORAL TABLET	
0.15-0.03 & 0.01 MG.....	47
selenium sulfide external lotion ..	31
SENSIPAR	55
SEREVENT DISKUS	60
SEROQUEL.....	20
SEROQUEL XR	20
SERTRALINE HCL ORAL	
CAPSULE.....	16
sertraline hcl oral concentrate....	16
sertraline hcl oral tablet.....	16
setlakin.....	47
sevelamer carbonate oral tablet..	43
SEYSARA.....	13
sf 5000 plus.....	28
sf gel 1.1%	28
SFROWASA.....	54
sharobel.....	47
SHARPS COLLECTOR.....	32, 35
SHARPS CONTAINER.....	33, 35
SHINGRIX.....	53
sildenafil citrate oral tablet	
100 mg, 25 mg, 50 mg.....	38
sildenafil citrate oral tablet	
20 mg	60
SILENOR.....	61
silodosin.....	43
SILVADENE.....	13
silver sulfadiazine external	13
SIMLANDI (1 PEN).....	52
SIMLANDI (1 SYRINGE)	52
SIMLANDI (2 PEN).....	52
SIMLANDI (2 SYRINGE)	52
simliya.....	47
simpesse	47
SIMPONI.....	52
simvastatin oral tablet 10 mg,	
20 mg, 40 mg, 5 mg.....	25
simvastatin oral tablet 80 mg.....	25
SINEMET.....	20

SINGULAIR ORAL PACKET.....	60
SINGULAIR ORAL TABLET	60
SINGULAIR ORAL TABLET	
CHEWABLE.....	60
sirolimus oral solution	52
sirolimus oral tablet	52
SITAVIG	21
SKYRIZI PEN.....	52
SKYRIZI SUBCUTANEOUS.....	52
SKYTROFA	48
SLYND	47
sm nicotine.....	11
sm nicotine polacrilex	11
SOAANZ.....	25
sod citrate-citric acid oral	
solution 500-334 mg/5ml.....	40
sod fluoride-potassium nitrate ...	40
sodium chloride inhalation.....	58
sodium fluoride 5000 enamel	40
sodium fluoride 5000 plus.....	28
sodium fluoride 5000 ppm	28
sodium fluoride 5000 sensitive...	40
sodium fluoride dental	28
sodium fluoride mouth/throat....	40
sodium fluoride oral solution	40
sodium fluoride oral tablet	
chewable.....	40
SODIUM OXYBATE SOLUTION	
500 MG/ML ORAL.....	61
sodium sulfacetamide wash	31
SOFOSBUVIR-VELPATASVIR.....	21
solifenacin succinate	43
SOLIQUA.....	37
SOMA.....	61
SOOLANTRA.....	31
sotalol hcl (af).....	25
sotalol hcl oral	25
SOTYKTU.....	53
SOVUNA.....	19
SPIKEVAX	53
spinosad.....	31
SPIRIVA HANDIHALER	60
SPIRIVA RESPIMAT	60
spironolactone oral tablet.....	25
spironolactone-hctz.....	25
SPORANOX ORAL CAPSULE	17
SPRAVATO (56 MG DOSE).....	16
SPRAVATO (84 MG DOSE).....	16



sprintec 28	47	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	31	TACLONEX EXTERNAL SUSPENSION	31
SPRYCEL	19	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	31	tacrolimus external.....	31
SPS (SODIUM POLYSTYRENE SULF).....	40	sulfacetamide sodium-sulfur external suspension 10-5 %	31	tacrolimus oral.....	53
sronyx	47	sulfacetamide-prednisolone.....	56	tadalafil (pah).....	60
ssd.....	13	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	13	tadalafil oral.....	38
sss 10-5 external cream	31	sulfamethoxazole-trimethoprim oral tablet	13	TADLIQ.....	60
STALEVO 100 ORAL TABLET 25-100-200 MG.....	20	sulfasalazine oral	54	TAFINLAR ORAL CAPSULE.....	19
STALEVO 125 ORAL TABLET 31.25-125-200 MG	20	sulfatrim pediatric.....	13	tafluprost (pf).....	56
STALEVO 150 ORAL TABLET 37.5-150-200 MG	20	sulindac oral	10	TAGRISSO.....	19
STALEVO 200 ORAL TABLET 50-200-200 MG	20	SUMADAN WASH	31	take action	47
STALEVO 50 ORAL TABLET 12.5-50-200 MG	20	sumatriptan nasal	17	TAKHZYRO	53
STALEVO 75 ORAL TABLET 18.75-75-200 MG	20	sumatriptan succinate oral.....	17	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	53
STELARA SUBCUTANEOUS	53	sumatriptan succinate refill subcutaneous solution cartridge	17	TAMIFLU	21
STENDRA.....	38	sumatriptan succinate subcutaneous.....	17	tamoxifen citrate oral tablet 10 mg.....	19
STEQEYMA SUBCUTANEOUS	53	SUNOSI	61	tamoxifen citrate oral tablet 20 mg	19
STIOLTO RESPIMAT	60	SUPREP BOWEL PREP KIT	42	tamsulosin hcl	43
STIVARGA.....	19	SUTAB	42	TANLOR	61
STRATTERA	27	syeda	47	TAPERDEX 12-DAY	48
STRENSIQ.....	42	SYMBICORT.....	60	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	48
STRIBILD.....	21	SYMBYAX.....	16	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	48
STRIVERDI RESPIMAT.....	60	SYMFI	21	TAPERDEX 7-DAY	48
STROMECTOL	19	SYMFI LO	21	TARGADOX.....	13
SUBOXONE	11	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML....	57	tarina 24 fe	47
subvenite.....	14	SYMLINPEN 120	37	tarina fe 1/20 eq	47
SUCRAID.....	42	SYMLINPEN 60	37	TARON-C DHA	40
sucralfate oral suspension	41	SYMPAZAN.....	14	TASIGNA	19
sucralfate oral tablet	41	SYMPROIC	42	TAVALISSE	38
SUFLAVE.....	42	SYNALAR EXTERNAL OINTMENT.....	31	tazarotene external cream 0.1 %..	31
SULAR.....	25	SYNALAR EXTERNAL SOLUTION 0.01 %.....	31	TAZORAC EXTERNAL CREAM.....	31
SULCONAZOLE NITRATE EXTERNAL CREAM	17	SYNJARDY	37	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	25
sulfacetamide sod-sulfur wash external liquid 9-4 %.....	31	SYNJARDY XR.....	37	TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	27
sulfacetamide sod-sulfur wash external liquid 9-4.5 %.....	31	SYNTHROID.....	49	TECHLITE INSULIN SYRINGES ...	35
sulfacetamide sodium (acne)	31			TECHLITE PEN NEEDLES.....	35
sulfacetamide sodium external...	31			TECHLITE PLUS PEN NEEDLES ...	35
sulfacetamide sodium ophthalmic solution	56			TEGLUTIK.....	27
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	31			TEGRETOL ORAL TABLET	14
				TEGRETOL-XR.....	14
				TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	42
				TEKTURNA.....	25

T



TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	25	THRIVE	11	TOPICORT EXTERNAL OINTMENT	31
telmisartan	25	THRIVITE RX	40	topiramate er oral capsule extended release 24 hour	14
telmisartan-hctz	25	THYQUIDITY	49	topiramate oral	14
temazepam	61	thyroid oral	49	TOPROL XL	25
temozolomide	19	tiadylt er	25	torpenz	19
TEMPO REFILL	35	TIAZAC	25	torsemide	25
TEMPO WELCOME	35	TIGLUTIK	27	TOSYMRA	17
TENCON	10	TIKOSYN	25	TOUJEO MAX SOLOSTAR	36
TENIVAC	53	tilia fe	47	TOUJEO SOLOSTAR	36
tenofovir disoproxil fumarate	21	timolol hemihydrate	56	TRACLEER	61
TENORETIC 100	25	timolol maleate (once-daily)	56	TRADJENTA	37
TENORETIC 50	25	timolol maleate ocudose	56	tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	10
TENORMIN	25	timolol maleate ophthalmic	56	tramadol hcl er	10
terazosin hcl	43	timolol maleate pf	56	tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	10
terbinafine hcl oral	17	TIMOPTIC OCUDOSE	56	tramadol hcl oral tablet 50 mg ...	10
terconazole	17	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	57	tramadol-acetaminophen	10
teriflunomide	27	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	57	trandolapril	25
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	55	tinidazole oral	13	tranexamic acid oral	38
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	55	tiopronin oral tablet delayed release	43	TRANSDERM-SCOP	16
TESTIM	48	tiotropium bromide monohydrate	60	tranylcypromine sulfate	16
TESTOSTERONE CYPIONATE INJECTION	48	TIROSINT	49	TRAVATAN Z	57
testosterone cypionate intramuscular	48	TIROSINT-SOL	49	travoprost (bak free)	57
testosterone enanthate intramuscular	49	TIVICAY	21	trazodone hcl oral	16
testosterone gel 12.5 mg/act (1%) transdermal	49	tizanidine hcl oral capsule	61	TRELEGY ELLIPTA	60
testosterone gel 20.25 mg/act (1.62%) transdermal	49	tizanidine hcl oral tablet	61	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	53
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	49	TOBI PODHALER	60	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	53
testosterone transdermal gel 1.62 %	49	TOBRADEX OPHTHALMIC OINTMENT	56	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	53
tetracycline hcl oral capsule	13	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	56	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	53
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	60	TOBRADEX ST	56	TRESIBA FLEXTOUCH	36
THALITONE	25	tobramycin inhalation nebulization solution 300 mg/4ml	60	tretinoin external cream	31
theophylline er	60	tobramycin ophthalmic	56	tretinoin external gel 0.01 %, 0.025 %	31
THIOLA	43	tobramycin-dexamethasone	56	tretinoin external gel 0.05 %	31
THIOLA EC	43	TOLAK	31	TREXALL	53
		TOLSURA	17	TREZIX	10
		tolterodine tartrate	43	tri-estarylla	47
		tolterodine tartrate er	43	tri-legest fe	47
		TOPAMAX	14	tri-linyah	47
		TOPAMAX SPRINKLE	14		
		TOPICORT EXTERNAL CREAM ...	31		

tri-lo-estarylla	47	TRIUMEQ.....	21	unithroid	49
tri-lo-marzia	47	trivora (28).....	47	UPTRAVI ORAL	61
tri-lo-mili.....	47	TROKENDI XR.....	14	urea external cream 20 %, 40 %, 45 %	32
tri-lo-sprintec.....	47	tropium chloride.....	43	urea external cream 39 %, 41 %, 47 %	32
tri-mili	47	tropium chloride er.....	43	UREA EXTERNAL CREAM 39.5 %..	32
tri-nymyo oral tablet		TRUE FOCUS BLOOD GLUCOSE		uredeb	32
0.18/0.215/0.25 mg-35 mcg.....	47	STRIP.....	35	UREMEZ-40	32
tri-sprintec.....	47	TRUE METRIX AIR GLUCOSE		URESOL	32
tri-vite/fluoride	40	METER KIT	35	UROCIT-K 10	40
tri-vylibra.....	47	TRUE METRIX BLOOD GLUCOSE		UROCIT-K 15	40
tri-vylibra lo	47	TEST.....	35	UROCIT-K 5 ORAL TABLET	
triamcinolone acetoneide		TRUE METRIX GO GLUCOSE		EXTENDED RELEASE 5 MEQ	
external cream 0.025 %, 0.1 %	31	METER.....	35	(540 MG).....	40
triamcinolone acetoneide		TRUE METRIX METER	35	UROGESIC-BLUE	43
external cream 0.5 %	31	TRUE METRIX PRO BLOOD		UROXATRAL	43
triamcinolone acetoneide		GLUCOSE	35	URSO 250 ORAL TABLET 250 MG.	42
external lotion	31	TRULANCE.....	42	URSO FORTE.....	42
triamcinolone acetoneide		TRULICITY.....	37	URSODIOL ORAL CAPSULE	
external ointment 0.025 %, 0.1 %, 0.5 %.....	31	TRUMENBA.....	53	200 MG, 400 MG.....	42
triamcinolone acetoneide		TRUQAP ORAL TABLET.....	19	ursodiol oral capsule 300 mg	42
external ointment 0.05 %.....	31	TRUSOPT OPHTHALMIC		ursodiol oral tablet	42
triamcinolone acetoneide mouth/		SOLUTION 2 %.....	57		
throat.....	28	TRUVADA ORAL TABLET			
triamcinolone in absorbase	31	100-150 MG, 133-200 MG,			
triamterene oral	25	167-250 MG	21		
triamterene-hctz	25	TRUVADA ORAL TABLET			
TRIANEX EXTERNAL OINTMENT		200-300 MG	21		
0.05 %	32	turqoz	47		
triazolam	22	TWINRIX	53		
TRIBENZOR	25	TWIRLA	47		
TRICARE ORAL TABLET	40	TYBLUME	47		
TRICOR.....	25	tydemy oral tablet			
TRIDACAINE II.....	10	3-0.03-0.451 mg	47		
TRIDACAINE III.....	10	TYMLOS.....	55		
triderm.....	32	TYRVAYA	57		
TRIDESILON EXTERNAL CREAM		TYVASO	61		
0.05 %	32	TYVASO DPI INSTITUTIONAL			
trihexyphenidyl hcl oral tablet	20	KIT.....	61		
TRIJARDY XR.....	37	TYVASO DPI MAINTENANCE KIT.	61		
TRIKAFTA ORAL TABLET		TYVASO DPI TITRATION KIT	61		
THERAPY PACK	60	TYVASO REFILL KIT.....	61		
TRILEPTAL	14	TYVASO STARTER KIT	61		
TRILIPIX	25				
trimethoprim oral	13				
TRINATAL RX 1.....	40				
TRINATE.....	40				
TRINTELLIX.....	16				
tritocin external ointment 0.05 %.	32				

U

V



VARIVAX	53	VIGADRONE ORAL PACKET.....	15	VOYDEYA ORAL TABLET	38
VASCEPA	25	VIGAMOX	56	VOYDEYA ORAL TABLET THERAPY PACK	38
VASERETIC.....	25	vigpoder	15	VRAYLAR	20
VASOTEC.....	25	VIIBRYD.....	16	VTAMA	32
velivet	47	VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG.....	16	vyfemla	47
VELPHORO.....	43	vilazodone hcl.....	16	VYLEESI.....	38
VELTASSA	40	VIMPAT ORAL.....	15	vylibra	47
VEMLIDY	21	viorele	47	VYNDAMAX	42
VENCLEXTA.....	19	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	21	VYTORIN.....	25
venlafaxine hcl.....	16	VIREAD ORAL TABLET 300 MG...	21	VYVANSE.....	27
venlafaxine hcl er oral capsule extended release 24 hour	16	virt-pn dha oral capsule 27-0.6-0.4-300 mg	40	VYZULTA	57
venlafaxine hcl er oral tablet extended release 24 hour	16	VISTARIL ORAL CAPSULE 25 MG, 50 MG	22	W	
VENTOLIN HFA	59, 60	VITAFOL FE+	40	WAINUA	16
VENXXIVA.....	43	VITAFOL GUMMIES	40	WAKIX.....	61
VEOZAH	27	VITAFOL ULTRA	40	warfarin sodium oral.....	13
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg.....	25	VITAFOL-OB	40	WELCHOL ORAL TABLET.....	26
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg.....	25	VITAMEDMD ONE RX/ QUATREFOLIC.....	40	WELLBUTRIN SR.....	16
verapamil hcl er oral tablet extended release	25	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	40	WELLBUTRIN XL.....	16
verapamil hcl oral	25	VITAPEARL.....	40	wera	47
VERELAN.....	25	VITATHELY WITH GINGER	41	wes-phos 250 neutral.....	41
VERELAN PM.....	25	VITRAKVI	19	WESCAP-C DHA	41
VERIFINE SHARPS CONTAINER ..	35	VIVAGUARD INO GLUCOSE METER KIT	36	WESCAP-PN DHA.....	41
VERKAZIA.....	57	VIVAGUARD INO TEST STRIPS....	36	WESTAB PLUS.....	41
VERQUVO	25	VIVELLE-DOT.....	44, 45, 47	WILATE.....	38
VERZENIO.....	19	VIVJOA.....	17	WINLEVI	32
VESICARE.....	43	VOGELXO	49	wixela inhub.....	60
vestura	47	VOGELXO PUMP.....	49	wymzya fe.....	47
VEVYE.....	57	volnea	47	X	
VFEND ORAL TABLET 200 MG....	17	VOQUEZNA	41	XACIATO	13
VFEND ORAL TABLET 50 MG	17	VOQUEZNA DUAL PAK	41	XALATAN	57
VIAGRA	38	VOQUEZNA TRIPLE PAK.....	41	XANAX	22
VIBERZI	42	voriconazole oral tablet	17	XANAX XR.....	22
VIBRAMYCIN ORAL CAPSULE 100 MG.....	13	VORTEX HOLD CHMBR/MASK/ CHILD	60	xarah fe	47
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	13	VORTEX HOLD CHMBR/MASK/ TODDLER	60	XARELTO	13
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS.....	37	VORTEX VALVE CHAMBER-PEDI MASK.....	60	XARELTO STARTER PACK.....	13
vienva	47	VORTEX VALVED HOLDING CHAMBER DEVICE	60	XCOPRI.....	15
vigabatrin oral packet	14	VOSEVI.....	21	XDEMVI.....	56
				XELJANZ	53
				XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	53
				XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	53
				XELODA.....	19

XENLETA ORAL TABLET 600 MG .	13	ZANAFLEX ORAL CAPSULE		ZOMIG NASAL SOLUTION	
XEPI EXTERNAL CREAM 1 %.....	32	2 MG, 4 MG, 6 MG.....	61	2.5 MG.....	18
XHANCE.....	58	ZARONTIN.....	15	ZOMIG NASAL SOLUTION 5 MG..	18
XIFAXAN.....	13	ZARXIO.....	38	ZOMIG ORAL TABLET 5 MG.....	18
XIGDUO XR.....	38	ZATEAN-PN DHA ORAL		ZONEGRAN.....	15
XIIDRA.....	57	CAPSULE 27-0.6-0.4-300 MG.....	41	zonisamide oral.....	15
XOFLUZA (40 MG DOSE).....	21	ZAVZPRET.....	17	ZORTRESS.....	53
XOFLUZA (80 MG DOSE).....	21	ZEBUTAL ORAL CAPSULE		ZORYVE EXTERNAL CREAM	
XOLAIR SUBCUTANEOUS		50-325-40 MG.....	10	0.3 %.....	32
SOLUTION PREFILLED SYRINGE.	53	ZEGALOGUE SUBCUTANEOUS		ZORYVE EXTERNAL FOAM.....	32
XOPENEX CONCENTRATE		SOLUTION AUTO-INJECTOR.....	38	zovia 1/35 (28).....	48
INHALATION NEBULIZATION		ZEJULA ORAL CAPSULE 100 MG .	19	ZOVIRAX EXTERNAL OINTMENT .	21
SOLUTION 1.25 MG/0.5ML.....	60	ZELBORAF.....	19	ZOVIRAX ORAL SUSPENSION	
XOPENEX HFA.....	60	ZEMBRACE SYMTOUCH.....	17	200 MG/5ML.....	21
XOPENEX INHALATION		ZEMPLAR ORAL.....	55	ZTLIDO.....	10
NEBULIZATION SOLUTION		zenatane.....	32	ZUBSOLV.....	11
0.31 MG/3ML, 0.63 MG/3ML,		ZENPEP.....	42	zumandimine.....	48
1.25 MG/3ML.....	60	ZENZEDI.....	27	ZURZUVAE.....	16
XTAMPZA ER.....	10	ZEPOSIA.....	27	ZYCLARA.....	32
XTANDI.....	19	ZEPOSIA 7-DAY STARTER PACK...	27	ZYCLARA PUMP.....	32
xulane.....	47	ZEPOSIA STARTER KIT.....	27	ZYLET.....	56
xurea.....	32	ZESTORETIC.....	26	ZYLOPRIM ORAL TABLET	
XYOSTED.....	49	ZESTRIL.....	26	100 MG, 300 MG.....	17
XYREM.....	61	ZETIA.....	26	ZYMAXID OPHTHALMIC	
XYWAV.....	61	ZETONNA NASAL AEROSOL		SOLUTION 0.5 %.....	56
Y		SOLUTION 37 MCG/ACT.....	58	ZYPREXA ORAL.....	20
YASMIN 28.....	47	ZIAC ORAL TABLET 10-6.25 MG,		ZYPREXA ZYDIS ORAL TABLET	
YAZ.....	47	2.5-6.25 MG.....	26	DISPERSIBLE 10 MG, 15 MG,	
YESINTEK SUBCUTANEOUS.....	53	ZIAC ORAL TABLET 5-6.25 MG ...	26	20 MG, 5 MG.....	20
YORVIPATH.....	55	ZILBRYSQ.....	18	ZYTIGA.....	19
YUFLYMA (1 PEN)		ZILXI.....	32	ZYVOX ORAL TABLET.....	13
SUBCUTANEOUS AUTO-		ZIMHI.....	11		
INJECTOR KIT 40 MG/0.4ML.....	53	ZIOPTAN.....	57		
YUFLYMA (1 PEN)		ziprasidone hcl.....	20		
SUBCUTANEOUS AUTO-		ZIRGAN.....	21		
INJECTOR KIT 80 MG/0.8ML.....	53	ZITHROMAX ORAL.....	13		
YUFLYMA (2 PEN).....	53	ZITHROMAX TRI-PAK.....	13		
YUFLYMA (2 SYRINGE).....	53	ZITHROMAX Z-PAK.....	13		
YUFLYMA-CD/UC/HS STARTER...	53	ZOCOR.....	26		
YUPELRI.....	60	ZOLMITRIPTAN NASAL			
YUSIMRY.....	53	SOLUTION 2.5 MG.....	17		
yuvaferm.....	48	zolmitriptan nasal solution 5 mg..	18		
Z		zolmitriptan oral tablet.....	18		
zafemy.....	48	zolmitriptan oral tablet			
zafirlukast.....	60	dispersible.....	18		
zaleplon.....	61	ZOLOFT.....	16		
ZANAFLEX.....	61	zolpidem tartrate er.....	61		
		zolpidem tartrate oral tablet.....	61		

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات

المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxít hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nítł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíłnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates, including but not limited to: UnitedHealthcare Freedom Insurance Company; UnitedHealthcare Insurance Companies of Illinois, New York, and Ohio, Inc.; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Life Insurance Company; All Savers Insurance Company; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; and Sierra Health & Life Insurance Company, Inc. Health plan coverage provided by or through a UnitedHealthcare company, including but not limited to: UnitedHealthcare of Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Louisiana, Michigan, Mississippi, Nebraska, New England, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Washington, or Wisconsin, Inc.; UnitedHealthcare Benefits Plan of California; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of the Mid-Atlantic, Midlands, Midwest, or River Valley, Inc.; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; Neighborhood Health Partnership, Inc.; Optimum Choice, Inc. Administrative services provided by or through United HealthCare Services, Inc. or its affiliates, including but not limited to: UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; Oxford Health Plans LLC; and Bind Benefits, Inc. d/b/a Surest d/b/a Surest Administrators Services in CA. For level-funded plans, stop-loss insurance underwritten by UnitedHealthcare Insurance Company or its affiliates, including but not limited to: United HealthCare Life Insurance Company (NJ); and UnitedHealthcare Insurance Company of New York (NY).

UnitedHealthcare and the dimensional U logo are registered trademarks owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.