



Your 2026 Prescription Drug List

Advantage 4-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 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, 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 4-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.....	10
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	14
Antidepressants	
Drugs for Depression.....	14
Antiemetics	
Drugs for Nausea and Vomiting.....	15
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	16
Antimigraine Agents	
Drugs for Migraines	16
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	17
Antimycobacterials	
Drugs to Treat Infections.....	17
Antineoplastics	
Drugs for Cancer	17
Antiparasitics	
Drugs for Parasitic Infections.....	18
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	18
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	19
Antipsychotics	
Drugs for Mood Disorders.....	19
Antivirals	
Drugs for Viral Infections	19
Anxiolytics	
Drugs for Anxiety.....	20
Bipolar Agents	
Drugs for Mood Disorders.....	20
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	20
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	24
Drugs for Multiple Sclerosis.....	25
Miscellaneous.....	25



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	26
Dermatological Agents	
Drugs for Skin Conditions.....	26
Diabetes	
Glucose Monitoring and Supplies.....	30
Insulin.....	31
Non-Insulin Agents.....	32
Drugs for Blood Disorders.....	33
Drugs for Sexual Dysfunction.....	34
Electrolytes / Vitamins.....	34
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	36
Drugs for Bowel, Intestine and Stomach Conditions	36
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	37
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	37
Drugs for Prostate Conditions.....	38
Hormonal Agents	
Hormone Replacement and Birth Control	38
Oral Steroids.....	42
Other.....	42
Testosterone Replacement.....	43
Thyroid.....	43
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	43
Drugs for Vaccination	45
Infertility Agents	45
Inflammatory Bowel Disease Agents	46
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	46
Other.....	46
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	47
Drugs for Glaucoma.....	47
Drugs for Miscellaneous Eye Conditions	48
Otic Agents	
Drugs for Ear Conditions.....	48
Respiratory	
Drugs for Anaphylaxis	49
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	49
Drugs for Asthma and COPD.....	49
Drugs for Cystic Fibrosis	51
Drugs for Pulmonary Fibrosis.....	51
Drugs for Pulmonary Hypertension	51
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	51
Sleep Disorder Agents.....	52
Index	53



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.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help lower your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they 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 Program⁴ – 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, Oxford and UnitedHealthOne.



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 tablet	1	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
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	
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	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
FIORICET	4	QL

Drug Name	Drug Tier	Requirements & Limits
FIORICET/CODEINE	E	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
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
hydromorphone hcl oral tablet	1	QL
JOURNAVX	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	4	QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation

ANAPROX DS	E	
CELEBREX	E	
celecoxib oral	2	
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	4	

Drug Name	Drug Tier	Requirements & Limits
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	
sulindac oral	1	

Anti-Addiction / Substance Abuse Treatment Agents

acamprosate calcium	1	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
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
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	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

Drug Name	Drug Tier	Requirements & Limits
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
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
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	4	H
varenicline	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cephalexin	1		fidaxomicin oral tablet	3	QL
CIPRO ORAL TABLET	4		fosfomycin tromethamine	3	
ciprofloxacin hcl oral	1		gentamicin sulfate external	1	QL
clarithromycin oral tablet	1		HIPREX	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 75 MG	2		LIKMEZ	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		linezolid oral tablet	2	
CLEOCIN VAGINAL CREAM	4		MACROBID	4	
clindamycin hcl oral	1		MACRODANTIN	4	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral tablet 125 mg	E	
CLINDESSE	2		metronidazole oral tablet 250 mg, 500 mg	1	
dicloxacillin sodium	1		metronidazole vaginal	2	
DIFICID ORAL TABLET	E	QL	minocycline hcl oral capsule	1	
doxycycline hyclate oral capsule	2		MONDOXYNE NL	E	
doxycycline hyclate oral tablet 100 mg	2		moxifloxacin hcl oral	3	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		mupirocin cream	3	QL
doxycycline hyclate oral tablet 20 mg	1		mupirocin ointment	1	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		neomycin sulfate oral	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		nitrofurantoin macrocrystal	1	
doxycycline monohydrate oral suspension reconstituted	3		nitrofurantoin monohydrate macrocrystals	1	
doxycycline monohydrate oral tablet	1		NUVESSA	E	
E.E.S. GRANULES	3		NUZYRA ORAL	4	QL
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		penicillin v potassium	1	
ERYPED 400	4		SEYSARA	E	
erythromycin base oral tablet	1		SILVADENE	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1		silver sulfadiazine external	1	
			ssd	1	
			sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
			sulfamethoxazole-trimethoprim oral tablet	1	
			sulfatrim pediatric	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral capsule	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX	4	
ZYVOX ORAL TABLET	E	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL

Anticonvulsants - Drugs for Seizures

APTIOM	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	

Drug Name	Drug Tier	Requirements & Limits
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	PA
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
lacosamide oral	2	
LAMICTAL	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	E	
perampanel	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
TROKENDI XR	E	

Drug Name	Drug Tier	Requirements & Limits
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
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	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	4	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	
citalopram hydrobromide oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
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	4	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	QL
PRISTIQ	E	QL
PROZAC	E	
RALDESY	4	PA
REMERON	E	

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL
trazodone hcl oral	1	
TRINTELLIX	4	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
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 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND BIPACK	E	QL
MARINOL	E	
meclizine hcl oral tablet	E	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	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	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
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	

Drug Name	Drug Tier	Requirements & Limits
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	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	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	QL
REYVOW	4	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
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 oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	

Drug Name	Drug Tier	Requirements & Limits
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
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
dasatinib	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	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	4	SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	4	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
IMKELDI	4	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	4	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCSEMBLIX	4	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	4	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benzotropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	4	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

acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	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
famciclovir oral	2	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
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	4	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
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	

Drug Name	Drug Tier	Requirements & Limits
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	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	
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	4	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	4	
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	3	
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	4	

Drug Name	Drug Tier	Requirements & Limits
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG	4	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	2	
doxazosin mesylate oral	1	
EDARBI	E	
EDARBYCLOR	E	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA, QL
EPANED	4	PA
eplerenone	2	
EXFORGE	E	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		labetalol hcl oral	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral tablet 120 mg, 40 mg	E		LANOXIN ORAL TABLET 62.5 MCG	4	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2		LASIX	4	
fenofibric acid oral capsule delayed release	2		LIPITOR	E	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril oral	1	
flecainide acetate	1		lisinopril-hydrochlorothiazide	1	
fosinopril sodium	1		LIVALO	E	ST
FUROSCIX	4	PA, QL	LODOCO	4	QL
furosemide oral	1		LOPID	4	
gemfibrozil oral	1		LOPRESSOR ORAL TABLET	4	
guanfacine hcl	1		losartan potassium oral	1	
HEMANGEOL	3		losartan potassium-hctz	1	
HEMICLOR	E		LOTENSIN	4	
hydralazine hcl oral	1		LOTENSIN HCT	4	
hydrochlorothiazide oral	1		LOTREL	E	
HYZAAR	E		lovastatin oral	1	H
icosapent ethyl	E	PA	LOVAZA	E	
indapamide	1		matzim la	2	
INDERAL LA	E		MAXZIDE ORAL TABLET 75-50 MG	4	
INSPRA	E		MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
INZIRQO	4	PA	metolazone	1	
irbesartan	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
irbesartan-hydrochlorothiazide	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate er	1		mexiletine hcl oral	1	
ivabradine hcl	3	PA, QL	MICARDIS	E	
KAPSPARGO SPRINKLE	4		MICARDIS HCT	E	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
minoxidil oral	1	
MULTAQ	4	PA
nadolol oral	1	
nebivolol hcl	3	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	E	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	3	

Drug Name	Drug Tier	Requirements & Limits
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
ramipril	1	
ranolazine er	2	
RECTIV	4	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
sacubitril-valsartan	3	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
TOPROL XL	E	
toremide	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	4	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA, QL
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
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	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL

Drug Name	Drug Tier	Requirements & Limits
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	
DYANAVAL XR ORAL TABLET EXTENDED RELEASE	E	QL
EVEKEO	E	
FOCALIN	4	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL
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
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	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

Drug Name	Drug Tier	Requirements & Limits
AVONEX	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	4	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	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP
VUMERITY	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	4	PA, QL
ZEPOSIA	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	4	
DENTAGEL	4	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREIDENT 5000 BOOSTER PLUS	3	
PREIDENT 5000 DRY MOUTH	4	
PREIDENT 5000 KIDS	3	
PREIDENT 5000 ORTHO DEFENSE	3	
PREIDENT 5000 PLUS	4	
PREIDENT DENTAL	4	
SALAGEN	4	
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
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA, QL
adapalene-benzoyl peroxide external gel	3	QL
ADEINZDE	E	
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnesteem	2	
AMZEEQ	4	QL
ARAZLO	E	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external lotion	1		clindamycin phosphate external solution	1	
betamethasone dipropionate external ointment	2		clindamycin phosphate external swab	1	
betamethasone valerate external cream	1		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external lotion	1		clobetasol propionate e	2	QL
betamethasone valerate external ointment	1		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
BLANCHE	E		clobetasol propionate external cream 0.05 %	2	QL
CABTREO	E	QL	clobetasol propionate external foam	E	QL
calcipotriene external cream	2	QL	clobetasol propionate external gel	2	QL
calcipotriene external ointment	2		clobetasol propionate external liquid	1	QL
calcipotriene external solution	1	QL	clobetasol propionate external ointment	2	QL
CALCITRENE	3		clobetasol propionate external shampoo	E	QL
CARAC EXTERNAL CREAM 0.5 %	E		clobetasol propionate external solution	1	QL
CIBINQO	2	PA, QL, SP	CLOBEX EXTERNAL SHAMPOO	E	QL
ciclopirox olamine external suspension	1		CLOBEX SPRAY	E	QL
claravis	2		clodan	E	QL
CLEOCIN-T	4		clotrimazole external cream	E	
clindacin etz external swab	1		clotrimazole-betamethasone	1	
clindacin-p	1		dapsone external	3	QL
CLINDAGEL	E	QL	DERMACINRX UREA	E	
clindamycin phos (once-daily) gel 1 % external	2	QL	DERMA-SMOOTHIE/FS BODY	4	QL
clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL	DERMA-SMOOTHIE/FS SCALP	4	
clindamycin phos (twice-daily) gel 1 % external	2	QL	desonide external cream	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL	desonide external lotion	3	QL
clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL	desonide external ointment	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DESOWEN	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desoximetasone external cream	1	QL
clindamycin phosphate external lotion	3		desoximetasone external ointment	3	QL
			diclofenac sodium external gel 3 %	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	halobetasol propionate external ointment	2	QL
DIPROLENE	4		hydrocortisone external cream 1 %	E	
doxycycline	E		hydrocortisone external cream 2.5 %	1	
DRYSOL	4		hydrocortisone external lotion 2 %	3	
DUPIXENT	2	PA, QL, SP	hydrocortisone external lotion 2.5 %	1	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external ointment 1 %, 2.5 %	1	
EFUDEX EXTERNAL CREAM 5 %	4		hydrocortisone valerate external cream	2	QL
ENSTILAR	4	QL	hydroquinone external	E	
EPIDUO	E	QL	HYDROXYM EXTERNAL CREAM	E	
EPIDUO FORTE	E	QL	imiquimod external cream 3.75 %	E	QL
ERYGEL	3		imiquimod external cream 5 %	1	
erythromycin external	1		imiquimod pump	E	QL
EUCRISA	3	ST, QL	IMPOYZ	E	QL
FINACEA EXTERNAL FOAM	4		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
FINACEA EXTERNAL GEL	E		isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide body	3	QL	ivermectin external cream	E	QL
fluocinolone acetonide external cream	3	QL	KLARON	4	
fluocinolone acetonide external ointment	2	QL	KLISYRI	4	ST, QL
fluocinolone acetonide external solution	1	QL	LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinolone acetonide scalp	3		METROCREAM	4	
fluocinonide external cream 0.05 %	1		METROGEL	E	
fluocinonide external cream 0.1 %	E	QL	METROLOTION	4	
fluocinonide external gel	1		metronidazole external cream	1	
fluocinonide external ointment	1		metronidazole external gel 0.75 %	1	
fluocinonide external solution	1		metronidazole external gel 1 %	E	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		metronidazole external lotion	1	
fluorouracil external cream 5 %	1		MIRVASO	2	PA, QL
fluticasone propionate external cream	1		mometasone furoate external	1	
fluticasone propionate external ointment	1				
halobetasol propionate external cream	2	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NEMLUVIO	2	PA, QL, SP	TAZORAC EXTERNAL CREAM	4	PA, QL
neuac	3	QL	TOLAK	E	
NORITATE	E		TOPICORT	4	QL
ONEXTON	E	QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
OPZELURA	4	PA, QL, SP	tretinoin external cream	3	QL
ORACEA	E		tretinoin external gel 0.01 %, 0.025 %	E	QL
OVACE PLUS WASH EXTERNAL LIQUID	4		tretinoin external gel 0.05 %	E	PA, QL
OVACE WASH	4		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
PANRETIN	3		triamcinolone acetonide external cream 0.5 %	1	QL
pimecrolimus	3	QL	triamcinolone acetonide external lotion	1	
PLEXION CLEANSER	E		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
podofilox external solution	1		triamcinolone acetonide external ointment 0.05 %	E	
RETIN-A	E	PA, QL	triamcinolone in absorbase	E	
RHOFADE	4	PA, QL	TRIANEX EXTERNAL OINTMENT 0.05 %	E	
SANTYL	3	QL	triderm	1	QL
selenium sulfide external lotion	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sodium sulfacetamide wash	1		tritocin external ointment 0.05 %	E	
SOOLANTRA	4	QL	urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium (acne)	1		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium external	1		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		uredeb	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		UREMEZ-40	3	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		URESOL	E	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		VANOS	E	QL
SUMADAN WASH	E		VTAMA	4	PA, QL
SYNALAR	E	QL	WINLEVI	E	PA, QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL	xurea	E	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL	zenatane	2	
TACLONEX EXTERNAL SUSPENSION	3	QL			
tacrolimus external	2	QL			
tazarotene external cream	3	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	PA, QL
ZORYVE EXTERNAL FOAM	4	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	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
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
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
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
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
FREESTYLE LIBRE 2 SENSOR	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	ONETOUCH ULTRA TEST STRIPS	E	QL
FREESTYLE LIBRE 3 READER	3	PA	ONETOUCH VERIO FLEX SYSTEM KIT	E	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH VERIO KIT W/ DEVICE	E	
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH VERIO TEST STRIPS	E	QL
FREESTYLE TEST	E	QL	TECHLITE INSULIN SYRINGES (Arkray)	2	QL
GLUCOCARD EXPRESSION TEST	E	QL	TECHLITE PEN NEEDLES (Arkray)	2	QL
GLUCOCARD SHINE TEST	E	QL	TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
GLUCOCARD VITAL TEST	E	QL	TEMPO REFILL	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	TEMPO WELCOME	E	
GUARDIAN 4 TRANSMITTER	3	PA, QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	TRUE METRIX GO GLUCOSE METER	E	
GUARDIAN SENSOR 3	3	PA, QL	TRUE METRIX METER	E	
INPEN	3	ST	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	TWIIST REFILL KIT	2	PA, QL
NOVOFINE PEN NEEDLE	2	QL	TWIIST REFILL KIT/INFUSION SET	2	PA, QL
NOVOFINE PLUS PEN NEEDLE	2	QL	TWIIST STARTER KIT	2	PA, QL
NOVOPEN ECHO	3		Diabetes - Insulin		
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	ADMELOG	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL	ADMELOG SOLOSTAR	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	BASAGLAR TEMPO PEN	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	HUMALOG CARTRIDGE	2	QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL	HUMALOG KWIKPEN	2	QL
OMNIPOD 5 LIBRE PODS	2	PA, QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	E				
ONETOUCH ULTRA BLUE TEST	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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 TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL	E	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 JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	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

Drug Name	Drug Tier	Requirements & Limits
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	4	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BRENZAVVY	3	ST, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
glucagon emergency kit 1 mg injection	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	QL
GLUCOTROL XL	4	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral tablet 625 mg, 750 mg	E	
MOUNJARO	2	PA, QL
nateglinide	2	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA	4	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	4	PA, SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
FABHALTA	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	
PROMACTA POWDER	4	PA, QL, SP
PROMACTA TABLET	E	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHEHA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E	
FLORIVA PLUS	E	
FLOTREX	E	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
klor-con m20	1		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
K-PHOS-NEUTRAL	2		potassium chloride crys er	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		potassium chloride er	1	
levocarnitine oral solution	1		potassium chloride oral	1	
levocarnitine sf	1		potassium citrate er	1	
LOKELMA	3	PA, QL	prenatal oral tablet 27-0.8 mg	E	
M-NATAL PLUS	3		prenatal oral tablet 27-1 mg	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal plus	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus vitamin/mineral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		prenatal vitamins oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		PRENATE MINI	3	
multivitamin w/fluoride tablet chewable 1 mg oral	1		PRENATOL-M	E	
multivitamin w/fluoride tablet chewable 1 mg oral	E		PRENATRIX	E	
multi-vitamin/fluoride	1		PRENATRYL	E	
multivitamin/fluoride oral tablet chewable	1		PREVIDENT 5000 ENAMEL PROTECT	3	
MULTI-VIT-FLOR	E		PREVIDENT 5000 SENSITIVE	3	
NASCOBAL	3		QUFLORA PEDIATRIC	3	
NEONATAL COMPLETE	3		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
NEONATAL PLUS	3		sod fluoride-potassium nitrate	1	
NEONATAL PRENATAL	E		sodium fluoride 5000 enamel	1	
NEONATAL VITAMIN	E		sodium fluoride 5000 sensitive	1	
NIVA-PLUS	3		sodium fluoride oral solution	1	H
ONE VITE WOMENS	E		sodium fluoride oral tablet chewable	1	H
ONE VITE WOMENS PLUS	3		TRICARE ORAL TABLET	3	
ORACIT	2		TRINATAL RX 1	3	
ORAL CITRATE	2		TRINATE	3	
PHOSPHA 250 NEUTRAL	2		tri-vite/fluoride	1	
phosphorous	1		UROCIT-K 10	4	
phospho-trin 250 neutral	1		UROCIT-K 15	4	
pnv 27-ca/fe/fa	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
POKONZA	E		VELTASSA	3	PA, QL
			VITAFOL FE+	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
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	4	
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	4	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

Drug Name	Drug Tier	Requirements & Limits
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	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 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	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
loperamide hcl oral capsule	E	
lubiprostone	2	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OSCIMIN	4	
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	
REZDIFFRA	4	PA, QL
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		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK	E	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	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	
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 5 MG	E	
ELMIRON	4	ST
GEMTESA	E	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
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	
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
VANRAFIA	4	PA, SP
VELPHORO	4	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	

Drug Name	Drug Tier	Requirements & Limits
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	
abigale lo	2	
ACTIVELLA	4	
afirmelle	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	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	2	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahn	1	H
enilloring	1	H

Drug Name	Drug Tier	Requirements & Limits
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly	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
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	1	H
jasmiel	3	
jencycla	1	H
jinteli	1	
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	1	H
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 oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutura	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
ocella	3	
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	2	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
violele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	

Drug Name	Drug Tier	Requirements & Limits
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	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	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	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
JATENZO	E	QL
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
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 (generic Androgel Pump)

Drug Name	Drug Tier	Requirements & Limits
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
TLANDO	E	PA, QL
UNDECATREX	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOSEL	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	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
ARAVA	E	
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS, QL, SP
ENVARUSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	E	PA, QL, SP
HYFTOR	4	PA, QL
IMURAN	E	
JYLAMVO	4	PA
KEVZARA	4	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium (pf)	1	

Drug Name	Drug Tier	Requirements & Limits
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
ZORTRESS	E	

Immunological Agents - Drugs for Vaccination

ABRYSCO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	

Infertility Agents

CETROTIDE	4	PA, ST, QL, SP
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	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	4	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	QL
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
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	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	

Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	4	
SENSIPAR	E	
YORVIPATH	4	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
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	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
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

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMYY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
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	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	4	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
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	
cyproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
guaifenesin-codeine	1	
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	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
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	4	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRDUO RESPICLICK	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ADULT	3	
BREATHE COMFORT CHAMBER/CHILD	3	
BREO ELLIPTA	3	QL, RS
breynd	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	E	QL
DULERA	E	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL, SP
FLEXICHAMBER	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	4	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	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	4	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
OPSUMIT	2	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
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
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	
ZANAFLEX	4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	QL
DAYVIGO	E	QL
doxepin hcl oral tablet	E	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	QL
ramelteon	3	QL

Drug Name	Drug Tier	Requirements & Limits
RESTORIL	4	
ROZEREM	E	QL
SILENOR	E	QL
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abigale	38	ACTEMRA ACTPEN	43	AEROCHAMBER PLS FLOVU MTHPIECE	50
abigale lo	38	ACTEMRA SUBCUTANEOUS	43	AEROCHAMBER PLUS FLO-VU	50
ABILIFY	19	ACTIVELLA	38	AEROCHAMBER PLUS FLO-VU INTERM	50
abiraterone acetate oral tablet 250 mg	17	ACTONEL	46	AEROCHAMBER PLUS FLO-VU LARGE	50
abiraterone acetate oral tablet 500 mg	17	ACTOPLUS MET	32	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	50
ABIRTEGA	17	ACTOS	32	AEROCHAMBER PLUS FLO-VU SMALL	50
ABRYSSVO	45	ACULAR	47	AEROCHAMBER PLUS FLO-VU W/MASK	50
ABSORICA	26	ACULAR LS	47	AEROCHAMBER2GO ANTI- STATIC	50
acamprosate calcium	10	ACUVAIL	47	afirmelle	38
ACANYA	26	acyclovir external ointment	19	AFLURIA PRESERVATIVE FREE	45
acarbose oral	32	acyclovir oral capsule	19	AFSTYLA	33
ACCOLATE	49	acyclovir oral suspension 200 mg/5ml	19	AIMOVIG	16
ACCRUFER	34	acyclovir oral tablet	19	AIRDUO RESPICLICK	50
ACCU-CHEK AVIVA PLUS TEST STRIPS	30	ACZONE	26	AIRSUPRA	50
ACCU-CHEK FASTCLIX LANCET	30	ADACEL	45	AJOVY	16
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	30	ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	26	AKLIEF	26
ACCU-CHEK GUIDE KIT W/ DEVICE	30	ADALIMUMAB-ADAZ	43	ALA SCALP	26
ACCU-CHEK GUIDE ME METER	30	adapalene external gel	26	ala-cort	26
ACCU-CHEK GUIDE TEST STRIPS	30	adapalene-benzoyl peroxide external gel	26	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	50
ACCU-CHEK SMARTVIEW TEST STRIPS	30	ADBRY	44	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	50
ACCU-CHEK SOFTCLIX LANCET	30	ADCIRCA	51	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	50
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	30	ADDERALL	24	albuterol sulfate oral syrup 2 mg/5ml	50
accutane	26	ADDERALL XR	24	alclometasone dipropionate	26
acebutolol hcl oral	20	ADDYI	34	ALDACTONE	20
acetaminophen-codeine oral tablet	9	ADEINZDE	26	ALECENSA	17
acetazolamide er	20	ADEMPAS	51	alendronate sodium oral tablet	46
acetazolamide oral	20	ADMELOG	31	alfuzosin hcl er	38
acetic acid otic	48	ADMELOG SOLOSTAR	31		
ACIPHEX	36	ADTHYZA	43		
acitretin	26	ADVAIR DISKUS	49		
		ADVAIR HFA	49		
		ADVATE	33		
		ADYNOVATE	33		
		ADZENYS XR-ODT	24		
		AEROCHAMBER HOLDING CHAMBER	49		



aliskiren fumarate	20	amlodipine-olmesartan	20	ARANESP (ALBUMIN FREE)	33
allopurinol oral tablet 100 mg, 300 mg	16	ammonium lactate external	26	ARAVA	44
allopurinol oral tablet 200 mg	16	amnestem	26	ARAZLO	26
ALOGLIPTIN BENZOATE	32	amoxicillin	11	AREXVY	45
ALORA	38	amoxicillin-potassium clavulanate	11	ARICEPT	14
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	47	amphet-dextroamphet 3-bead er	24	ARIMIDEX	17
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	48	amphetamine sulfate	24	aripiprazole oral	19
ALPHANATE	33	amphetamine- dextroamphetamine	24	armodafinil	52
alprazolam er	20	amphetamine- dextroamphetamine er	24	ARMOUR THYROID	43
alprazolam oral	20	ampicillin	11	ARNUITY ELLIPTA	50
alprazolam xr	20	AMPYRA	25	AROMASIN	17
ALPROLIX	33	AMZEEQ	26	ascomp-codeine	9
ALREX	47	ANAFRANIL	14	asenapine maleate	19
ALTACE	20	ANALPRAM HC	46	ashlyna	38
altavera	38	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	46	ASMANEX HFA	50
ALTUVIIIO	33	ANALPRAM-HC EXTERNAL CREAM	46	ATACAND	20
ALUNBRIG	17	ANAPROX DS	10	ATACAND HCT	20
ALVAIZ	33	ANASPAZ	36	atenolol oral	20
alyacen 1/35	38	anastrozole oral	17	atenolol-chlorthalidone	20
alyacen 7/7/7	38	ANDROGEL PUMP	43	ATIVAN ORAL	20
alyq	51	ANNOVERA	38	atomoxetine hcl	24
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	38	ANORO ELLIPTA	50	ATORVALIQ	20
amantadine hcl oral capsule	18	ANTIVERT ORAL TABLET 50 MG ..	15	atorvastatin calcium oral tablet 10 mg, 20 mg	21
amantadine hcl oral tablet	18	ANUCORT-HC	46	atorvastatin calcium oral tablet 40 mg, 80 mg	21
AMBIEN	52	ANUSOL-HC EXTERNAL	46	atovaquone	18
AMBIEN CR	52	ANUSOL-HC RECTAL	46	atovaquone-proguanil hcl	18
amethia oral tablet 0.15-0.03 & 0.01 mg	38	apap-caff-dihydrocodeine	9	ATRALIN	26
amiloride hcl oral	20	aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	48
amiodarone hcl oral	20	apri	38	atropine sulfate ophthalmic solution 1 %	48
AMITIZA	36	APRISO	46	ATROVENT HFA	50
amitriptyline hcl oral	14	APTENSIO XR	24	ATTRUBY	37
AMJEVITA	44	APTIOM	13	AUBAGIO	25
amlodipine besylate oral	20	ARAKODA	18	aubra eq	38
amlodipine besylate-benazepril hcl	20	aranelle	38	AUGMENTIN	11
amlodipine besylate-valsartan	20			AUGMENTIN ES-600	11
				AUGTYRO	17



aurovela 1/20	38	AZULFIDINE EN-TABS	46	BESIVANCE	47	
aurovela 1.5/30	38	azurette	38	BESREMI	17	
aurovela 24 fe	38	B			betamethasone dipropionate aug external cream	26
aurovela fe 1/20	38	bac (butalbital-acetamin-caff)	9	betamethasone dipropionate aug external lotion	26	
aurovela fe 1.5/30	38	bacitracin-polymyxin b	47	betamethasone dipropionate aug external ointment	26	
AUSTEDO	25	baclofen oral tablet 10 mg, 20 mg, 5 mg	51	betamethasone dipropionate external cream	26	
AUSTEDO XR	25	baclofen oral tablet 15 mg	51	betamethasone dipropionate external lotion	27	
AUVELITY	14	BACTRIM	11	betamethasone dipropionate external ointment	27	
AUVI-Q	49	BACTRIM DS	11	betamethasone valerate external cream	27	
AVALIDE	21	BACIERTAM	25	betamethasone valerate external lotion	27	
avanafil	34	balsalazide disodium	46	betamethasone valerate external ointment	27	
AVAPRO	21	balziva	38	BETAPACE	21	
AVAR CLEANSER	26	BAQSIMI ONE PACK	32	BETASERON	25	
AVAR LS CLEANSER	26	BAQSIMI TWO PACK	32	bethanechol chloride oral	37	
aviane	38	BARACLUDGE ORAL TABLET	19	BETIMOL OPHTHALMIC SOLUTION 0.25 %	48	
AVIDOXY	11	BASAGLAR TEMPO PEN	31	BETIMOL OPHTHALMIC SOLUTION 0.5 %	48	
AVITA EXTERNAL CREAM 0.025 %	26	BD AUTOSHIELD DUO PEN NEEDLES	30	BEVESPI AEROSPHERE	50	
AVODART	38	BD ULTRA-FINE PEN NEEDLES ...	30	BEYAZ	38	
AVONEX	25	BD ULTRA-FINE U-500 INSULIN SYRINGES	30	bicalutamide	17	
AYGESTIN ORAL TABLET 5 MG ...	38	BD VEO ULTRA-FINE INSULIN SYRINGES	30	BIJUVA	38	
ayuna	38	BD-ULTRA FINE INSULIN SYRINGES	30	BIKTARVY	19	
AZASAN	44	BELBUCA	9	bimatoprost ophthalmic	48	
AZASITE	47	BELSOMRA	52	BIMZELX	44	
azathioprine oral tablet 100 mg, 75 mg	44	benazepril hcl oral	21	bis subcit-metronid-tetracyc	36	
azathioprine oral tablet 50 mg ...	44	benazepril-hydrochlorothiazide ..	21	bismuth/metronidaz/tetracyclin .	36	
azelaic acid external	26	BENEFIX	33	bisoprolol fumarate oral tablet ...	21	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	49	BENICAR	21	bisoprolol-hydrochlorothiazide ...	21	
azelastine hcl nasal solution 0.15 %	49	BENICAR HCT	21	BLANCHE	27	
azelastine hcl ophthalmic	47	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	44	blisovi 24 fe	38	
azelastine-fluticasone	49	BENZAMYCIN	26	blisovi fe 1/20	38	
AZELEX	26	benzonatate oral capsule 100 mg, 200 mg	49	blisovi fe 1.5/30	38	
AZILECT	18	benzonatate oral capsule 150 mg.	49	BONSITY	46	
azithromycin oral packet 1 gm	11	benzoyl peroxide-erythromycin ..	26			
AZOPT	48	benztropine mesylate oral	18			
AZOR	21					
AZSTARYS	24					
AZULFIDINE	46					



CARNITOR ORAL TABLET	37	cholestyramine light	21	clindacin-p	27
CARNITOR SF	34	cholestyramine oral	21	CLINDAGEL	27
cartia xt	21	CHORIONIC GONADOTROPIN INTRAMUSCULAR	45	clindamycin hcl oral	12
carvedilol	21	CIALIS	34	clindamycin palmitate hcl	12
carvedilol phosphate er	21	CIBINQO	27	clindamycin phos (once-daily) gel 1 % external	27
CASODEX	17	ciclodan	16	clindamycin phos (twice-daily) gel 1 % external	27
CATAPRES-TTS-1	21	ciclopirox external gel	16	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	27
CATAPRES-TTS-2	21	ciclopirox external shampoo	16	clindamycin phos-benzoyl perox external gel 1.2-5 %	27
CATAPRES-TTS-3	21	ciclopirox external solution	16	clindamycin phosphate external lotion	27
cefadroxil oral capsule	11	ciclopirox olamine external cream	16	clindamycin phosphate external solution	27
cefadroxil oral suspension reconstituted	11	ciclopirox olamine external suspension	27	clindamycin phosphate external swab	27
cefdinir	11	cilostazol	19	clindamycin phosphate vaginal ...	12
cefixime oral capsule	11	CIMDUO	19	CLINDESSE	12
cefpodoxime proxetil oral tablet ..	11	cimetidine oral	36	CLINPRO 5000	26
cefprozil	11	CIMZIA	44	clobazam oral suspension 2.5 mg/ml	13
cefuroxime axetil	12	cinacalcet hcl	46	clobazam oral tablet	13
CELEBREX	10	CINRYZE	44	clobetasol prop emollient base external cream 0.05 %	27
celecoxib oral	10	CIPRO ORAL TABLET	12	clobetasol propionate e	27
CELEXA	14	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	48	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	27
CELLCEPT ORAL CAPSULE	44	ciprofloxacin hcl ophthalmic	47	clobetasol propionate external cream 0.05 %	27
CELLCEPT ORAL TABLET	44	ciprofloxacin hcl oral	12	clobetasol propionate external foam	27
cephalexin	12	ciprofloxacin-dexamethasone	48	clobetasol propionate external gel	27
CEQUA	48	citalopram hydrobromide oral tablet	14	clobetasol propionate external liquid	27
CEQUR SIMPLICITY 2U 8PK	30	claravis	27	clobetasol propionate external ointment	27
CERDELGA	37	CLARINEX	49	clobetasol propionate external shampoo	27
cetirizine hcl oral solution	49	clarithromycin oral tablet	12	clobetasol propionate external solution	27
CETROTIDE	45	CLENPIQ	36		
cevimeline hcl	26	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12		
charlotte 24 fe	39	CLEOCIN ORAL CAPSULE 75 MG ..	12		
chateal eq	39	CLEOCIN ORAL SOLUTION RECONSTITUTED	12		
chlordiazepoxide hcl	20	CLEOCIN VAGINAL CREAM	12		
chlordiazepoxide-clidinium	36	CLEOCIN-T	27		
chlorhexidine gluconate mouth/ throat	26	CLIMARA	39		
chlorpromazine hcl oral tablet	19	CLIMARA PRO	39		
chlorthalidone	21	clindacin etz external swab	27		
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	51				
chlorzoxazone oral tablet 500 mg	52				



CLOBEX EXTERNAL SHAMPOO...	27	CONTOUR NEXT ONE KIT.....	30	CYCLOGYL.....	48
CLOBEX SPRAY	27	CONTOUR NEXT TEST STRIPS....	30	cyclopentolate hcl ophthalmic ...	48
clodan.....	27	CONTOUR PLUS BLUE KIT W/ DEVICE.....	30	cyclosporine modified oral capsule.....	44
CLOMID.....	45	CONTOUR PLUS TEST STRIP.....	30	cyclosporine ophthalmic.....	48
clomiphene citrate oral	45	CONTOUR TEST STRIPS.....	30	CYMBALTA.....	15
clomipramine hcl oral	15	COPAXONE	25	cyproheptadine hcl oral.....	49
clonazepam oral	20	COREG	21	cyred eq.....	39
clonidine hcl er.....	24	COREG CR	21	CYTOMEL.....	43
clonidine hcl oral.....	21	CORGARD ORAL TABLET 20 MG, 40 MG.....	21	CYTOTEC.....	36
clonidine patch	21	CORLANOR.....	21		
clopidogrel bisulfate oral.....	19	CORTEF	42	D	
clorazepate dipotassium	20	CORTIFOAM	46	dabigatran etexilate mesylate	13
clotrimazole external cream	27	COSENTYX.....	44	dalfampridine er.....	25
clotrimazole mouth/throat	16	COSOFT.....	48	DALIRESP	50
clotrimazole-betamethasone.....	27	COSOFT PF	48	DAPAGLIFLOZIN PRO- METFORMIN ER.....	32
clozapine oral tablet.....	19	COTELLIC.....	17	DAPAGLIFLOZIN PROPANEDIOL .	32
CLOZARIL.....	19	COTEMPLA XR-ODT	24	dapsone external	27
CO-NATAL FA.....	34	COVARYX	39	dapsone oral	17
COLAZAL	46	COVARYX HS.....	39	dasatinib	17
colchicine oral	16	COZAAR.....	21	dasetta 1/35 (28)	39
colchicine-probenecid	16	CREON	37	dasetta 7/7/7	39
COLCRYS ORAL TABLET 0.6 MG..	16	CRESEMBA ORAL.....	16	DAVIMET-FLUORIDE.....	34
colesevelam hcl oral tablet.....	21	CRESTOR.....	21	DAYPRO	10
COLESTID ORAL TABLET	21	CREXONT	18	daysee.....	39
colestipol hcl oral tablet.....	21	cromolyn sodium ophthalmic.....	48	DAYVIGO.....	52
COMBIGAN	48	cromolyn sodium oral	36	DDAVP ORAL.....	42
COMBIPATCH.....	39	cryselle-28	39	deblitane.....	39
COMBIVENT RESPIMAT	50	cvs nicotine	10	DELESTROGEN	39
COMIRNATY	45	cvs nicotine polacrilex.....	10	delyla.....	39
CONCERTA.....	24	cvs prenatal.....	34	DELZICOL	46
constulose	36	cyanocobalamin injection solution 1000 mcg/ml.....	34	DENTA 5000 PLUS.....	26, 34
CONTOUR MONITOR KIT W/ DEVICE.....	30	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	34	DENTA 5000 PLUS SENSITIVE....	34
CONTOUR NEXT EZ KIT W/ DEVICE.....	30	cyanocobalamin nasal.....	34	DENTAGEL.....	26
CONTOUR NEXT GEN MONITOR KIT.....	30	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	52	DEPAKOTE	13
CONTOUR NEXT LINK KIT W/ DEVICE.....	30	cyclobenzaprine hcl oral tablet 7.5 mg	52	DEPAKOTE ER.....	13
CONTOUR NEXT MONITOR KIT W/DEVICE	30			DEPAKOTE SPRINKLES.....	13
				DEPEN TITRATABS.....	37
				DEPO-PROVERA.....	39



DEPO-SUBQ PROVERA 104	39	DEXCOM G6 SENSOR	30	dicyclomine hcl oral tablet 20 mg	36
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	43	DEXCOM G6 TRANSMITTER	30	DIFFERIN EXTERNAL GEL 0.3 % ..	28
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	43	DEXCOM G7 RECEIVER	30	DIFICID ORAL TABLET	12
DERMA-SMOOTH/FS BODY	27	DEXCOM G7 SENSOR	30	DIFLUCAN	16
DERMA-SMOOTH/FS SCALP	27	DEXEDRINE	24	difluprednate	48
DERMACINRX UREA	27	DEXILANT	36	digoxin oral tablet	21
DERMOTIC	48	dexlansoprazole	36	DILANTIN	13
DESCOVY ORAL TABLET 120-15 MG	19	dexmethylphenidate hcl	24	DILAUDID ORAL TABLET	9
DESCOVY ORAL TABLET 200-25 MG	19	dexmethylphenidate hcl er	24	dilt-xr	21
desipramine hcl oral	15	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	24	diltiazem hcl er beads	21
desloratadine oral tablet	49	dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	24	diltiazem hcl er coated beads	21
desmopressin acetate oral	42	dextroamphetamine sulfate oral tablet 10 mg, 5 mg	24	diltiazem hcl er oral capsule extended release 12 hour	21
desmopressin acetate spray	42	dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	24	diltiazem hcl er oral capsule extended release 24 hour	21
desogestrel-ethinyl estradiol	39	DHIVY	18	diltiazem hcl er oral tablet extended release 24 hour	21
desonide external cream	27	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	diltiazem hcl oral	21
desonide external lotion	27	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	13	dimethyl fumarate oral	25
desonide external ointment	27	diazepam oral solution	20	DIOVAN	21
DESOWEN	27	diazepam oral tablet	20	DIOVAN HCT	21
desoximetasone external cream ..	27	diazepam rectal	13	DIPENTUM	46
desoximetasone external ointment	27	DICLEGIS	15	diphenoxylate-atropine oral tablet	36
desvenlafaxine succinate er	15	diclofenac potassium oral tablet 25 mg	10	DIPROLENE	28
DETROL	37, 38	diclofenac potassium oral tablet 50 mg	10	disulfiram oral	10
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	38	diclofenac sodium er	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	38
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	42	diclofenac sodium external gel 1 %	10	divalproex sodium er	13
dexamethasone intensol	42	diclofenac sodium external gel 3 %	27	divalproex sodium oral capsule delayed release sprinkle	13
dexamethasone oral elixir	42	diclofenac sodium ophthalmic	47	divalproex sodium oral tablet delayed release	13
dexamethasone oral solution	42	diclofenac sodium oral	10	DIVIGEL	39
dexamethasone oral tablet	42	diclofenac-misoprostol	10	DODDEX INJECTION SOLUTION 1000 MCG/ML	34
dexamethasone oral tablet therapy pack	42	dicloxacillin sodium	12	dofetilide	21
dexamethasone sodium phosphate ophthalmic	47	dicyclomine hcl oral capsule	36	donepezil hcl oral tablet	14
DEXCOM G6 RECEIVER	30			DOPTELET	33



DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	48	DUREZOL	48	eluryng	39	
dorzolamide hcl-timolol mal	48	dutasteride oral.....	38	EMBECTA INSULIN SYRINGE	30	
dorzolamide hcl-timolol mal pf ..	48	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	42	EMBRACE BLOOD GLUCOSE TEST.....	30	
dotti	39	DYANAVEL XR ORAL TABLET EXTENDED RELEASE.....	24	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	30	
DOVATO	19	DYMISTA	49	EMEND BIPACK	15	
doxazosin mesylate oral.....	21	E			EMGALITY	16
doxepin hcl oral capsule.....	15	E.E.S. GRANULES	12	EMPAVELI.....	44	
doxepin hcl oral concentrate	15	EASIVENT.....	50	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19	
doxepin hcl oral tablet.....	52	EASIVENT MASK LARGE	50	emtricitabine-tenofovir df oral tablet 200-300 mg	19	
doxycycline	12, 28	EASIVENT MASK MEDIUM	50	emzahh.....	39	
doxycycline hyclate oral capsule..	12	EASIVENT MASK SMALL	50	enalapril maleate oral solution....	21	
doxycycline hyclate oral tablet 100 mg	12	EASYGLUCO	30	enalapril maleate oral tablet	21	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12	EASYMAX 15 TEST.....	30	enalapril-hydrochlorothiazide	21	
doxycycline hyclate oral tablet 20 mg	12	EASYMAX NG BLOOD GLUCOSE KIT.....	30	ENBREL	44	
doxycycline monohydrate oral capsule 100 mg, 50 mg.....	12	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	ENBREL MINI	44	
doxycycline monohydrate oral capsule 150 mg, 75 mg	12	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	ENBREL SURECLICK.....	44	
doxycycline monohydrate oral suspension reconstituted	12	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	endocet	9	
doxycycline monohydrate oral tablet.....	12	ec-naproxen	10	ENDOMETRIN	45	
doxylamine-pyridoxine.....	15	econazole nitrate external	16	ENGERIX-B.....	45	
DRISDOL.....	34	EDARBI.....	21	enilloring	39	
dronabinol	15	EDARBYCLOR	21	ENLITE GLUCOSE SENSOR.....	30	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	39	EEMT	39	enoxaparin sodium injection solution prefilled syringe.....	13	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	39	EEMT HS.....	39	enpresse-28.....	39	
drospirenone-ethinyl estradiol ...	39	EFFEXOR XR	15	enskyce	39	
DRYSOL	28	EFFIENT.....	19	ENSTILAR.....	28	
DUAVEE	39	EFUDEX EXTERNAL CREAM 5 % ..	28	entecavir	19	
DULERA	50	ELEPSIA XR	13	ENTRESTO ORAL TABLET	21	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15	ELESTRIN	39	ENTYVIO PEN.....	44	
duloxetine hcl oral capsule delayed release particles 40 mg ..	15	eletriptan hydrobromide.....	16	enulose.....	36	
DUPIXENT	28	ELIMITE.....	18	ENVARUSUS XR.....	44	
		elinest.....	39	EPANED	21	
		ELIQUIS TABLET.....	13	EPCLUSA ORAL TABLET.....	19	
		ELLA.....	39	EPIDIOLEX.....	13	
		ELMIRON.....	38	EPIDUO	28	
		ELOCTATE.....	33	EPIDUO FORTE	28	
				epinastine hcl	47	



felodipine er	21	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	34	fluoxetine hcl oral solution.....	15
FEMARA.....	17	FLORIVA PLUS.....	34	fluoxetine hcl oral tablet 10 mg ...	15
FEMRING	39	FLOTREX.....	34	fluoxetine hcl oral tablet 20 mg, 60 mg	15
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	21	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	50	FLUTICASONE FUROATE- VILANTEROL	50
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG.....	22	FLUAD.....	45	fluticasone propionate external cream	28
fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	22	FLUARIX	45	fluticasone propionate external ointment.....	28
fenofibrate oral tablet 120 mg, 40 mg	22	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	45	FLUTICASONE PROPIONATE HFA.....	50
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	22	fluconazole oral.....	16	fluticasone propionate nasal.....	49
fenofibric acid oral capsule delayed release	22	fludrocortisone acetate oral.....	42	FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	50
FENOGLIDE ORAL TABLET 120 MG, 40 MG	22	FLULAVAL.....	45	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	50
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.....	9	flunisolide nasal.....	49	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	50
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	9	fluocinolone acetonide body	28	fluvoxamine maleate.....	15
FETZIMA	15	fluocinolone acetonide external cream	28	fluvoxamine maleate er	15
FEXMID	52	fluocinolone acetonide external ointment.....	28	FLUZONE HIGH-DOSE	45
fidaxomicin oral tablet	12	fluocinolone acetonide external solution	28	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	45
FINACEA EXTERNAL FOAM.....	28	fluocinolone acetonide otic.....	48	FML FORTE	47
FINACEA EXTERNAL GEL.....	28	fluocinolone acetonide scalp	28	FML LIQUIFILM	47
finasteride oral tablet 5 mg	38	fluocinonide external cream 0.05 %	28	FOCALIN.....	24
fingolimod hcl	25	fluocinonide external cream 0.1 %	28	FOCALIN XR	24
finzala	39	fluocinonide external gel.....	28	folic acid oral tablet 1 mg.....	34
FIORICET	9	fluocinonide external ointment...	28	FOLLISTIM AQ.....	45
FIORICET/CODEINE	9	fluocinonide external solution....	28	FORFIVO XL	15
flac otic oil 0.01 %.....	48	FLUORIDEX.....	26	FORTEO	46
FLAREX	47	FLUORIDEX ENHANCED WHITENING.....	26	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	43
flecainide acetate	22	FLUORIMAX 5000.....	26, 34	FOSAMAX.....	46
FLEXICHAMBER.....	50	FLUORIMAX 5000 SENSITIVE....	34	fosfomycin tromethamine	12
FLOMAX ORAL CAPSULE 0.4 MG.	38	fluorometholone	47	fosinopril sodium	22
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML.....	34	FLUOROURACIL EXTERNAL CREAM 0.5 %.....	28		
		fluorouracil external cream 5 %...	28		
		fluoxetine hcl oral capsule	15		



FRAICHE 5000 DENTAL.....	26	gallifrey.....	39	GLUCOCARD EXPRESSION TEST .	31	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %.....	34	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	45	GLUCOCARD SHINE TEST	31	
FREESTYLE LIBRE 14 DAY READER	30	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	45	GLUCOCARD VITAL TEST.....	31	
FREESTYLE LIBRE 14 DAY SENSOR.....	30	GASTROCROM.....	36	GLUCOTROL XL	33	
FREESTYLE LIBRE 2 PLUS SENSOR.....	30	gatifloxacin ophthalmic.....	47	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	33	
FREESTYLE LIBRE 2 READER	30	gavilyte-c	36	glyburide oral	33	
FREESTYLE LIBRE 2 SENSOR.....	30	gavilyte-g	36	glyburide-metformin.....	33	
FREESTYLE LIBRE 3 PLUS SENSOR.....	31	gavilyte-n with flavor pack	36	GLYCATE	36	
FREESTYLE LIBRE 3 READER.....	31	GAVRETO	17	glycopyrrolate oral tablet 1 mg, 2 mg.....	36	
FREESTYLE LIBRE 3 SENSOR.....	31	gemfibrozil oral.....	22	GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	36	
FREESTYLE LIBRE READER	31	GEMTESA	38	GLYXAMBI	33	
FREESTYLE PRECISION NEO SYSTEM	31	generlac.....	36	gnp naloxone hcl	11	
FREESTYLE PRECISION NEO TEST.....	31	gengraf oral capsule.....	44	gnp nicotine mini	11	
FREESTYLE TEST	31	gentamicin sulfate external.....	12	gnp nicotine polacrilex mouth/ throat gum 2 mg.....	11	
frovatriptan succinate.....	16	gentamicin sulfate ophthalmic ...	47	gnp nicotine polacrilex mouth/ throat lozenge	11	
ft naloxone hcl.....	11	GENVOYA	19	gnp nicotine transdermal	11	
ft nicotine.....	11	GEODON ORAL.....	19	GOLYTELY	36	
ft nicotine mini.....	11	GILENYA ORAL CAPSULE 0.25 MG	25	GONAL-F.....	45	
FUROSCIX	22	GILENYA ORAL CAPSULE 0.5 MG.	25	GONAL-F RFF	45	
furosemide oral.....	22	glatiramer acetate.....	25	GONAL-F RFF REDIJECT	45	
fyavolv.....	39	glatopa	25	goodsense nicotine.....	11	
FYCOMPA ORAL SUSPENSION ...	13	GLEEVEC.....	17	griseofulvin microsize oral suspension	16	
FYCOMPA ORAL TABLET.....	13	glimepiride oral tablet 1 mg, 2 mg, 4 mg	32	guaifenesin ac oral syrup 100-10 mg/5ml	49	
FYREMADEL	45	glimepiride oral tablet 3 mg.....	32	guaifenesin-codeine	49	
G			glipizide er	32	guanfacine hcl.....	22, 24
g tussin ac.....	49	glipizide oral tablet 10 mg, 5 mg ..	32	guanfacine hcl er	24	
gabapentin oral capsule.....	13	glipizide oral tablet 2.5 mg	32	GUARDIAN 4 GLUCOSE SENSOR .	31	
gabapentin oral solution 250 mg/5ml.....	13	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	33	GUARDIAN 4 TRANSMITTER.....	31	
GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	13	glipizide-metformin hcl	33	GUARDIAN CONNECT TRANSMITTER.....	31	
gabapentin oral tablet 600 mg, 800 mg.....	13	glucagon emergency kit 1 mg injection.....	33	GUARDIAN LINK 3 TRANSMITTER.....	31	
GABARONE	13	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	33	GUARDIAN REAL-TIME REPLACE PED.....	31	

GUARDIAN SENSOR 3	31
GVOKE HYPOPEN 1-PACK	33
GVOKE HYPOPEN 2-PACK	33
GVOKE KIT	33
GVOKE PFS	33
GYNAZOLE-1	16

H

habitrol	11
HAEGARDA	44
hailey 1.5/30	39
hailey 24 fe	40
hailey fe 1/20	40
hailey fe 1.5/30	40
HALCION	20
halobetasol propionate external cream	28
halobetasol propionate external ointment	28
haloette	40
haloperidol oral	19
HARVONI ORAL TABLET	19
HAVRIX	45
heather	40
HEMADY	42
HEMANGEOL	22
HEMICLOR	22
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	34
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	34
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	46
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	46
HEMOFIL M	34
HEPLISAV-B	45
HIDEX 6-DAY	42
HIPREX	12

hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	11
hm nicotine polacrilex mouth/throat lozenge 2 mg	11
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	11
HUMALOG CARTRIDGE	31
HUMALOG KWIKPEN	31
HUMALOG MIX 50/50 KWIKPEN	31
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	32
HUMALOG MIX 75/25 KWIKPEN	32
HUMALOG MIX 75/25 VIAL	32
HUMALOG TEMPO PEN	32
HUMALOG U-100 JUNIOR KWIKPEN	32
HUMALOG VIAL	32
HUMATE-P	34
HUMIRA	44
HUMULIN 70/30 KWIKPEN	32
HUMULIN 70/30 VIAL	32
HUMULIN N KWIKPEN	32
HUMULIN N VIAL	32
HUMULIN R U-500 KWIKPEN	32
HUMULIN R U-500 VIAL	32
HUMULIN R VIAL	32
HYCODAN ORAL SOLUTION	49
hydralazine hcl oral	22
HYDREA	17
hydrochlorothiazide oral	22
hydrocod poli-chlorphe poli er	49
hydrocodone bit-homatrop mbr oral solution	49
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	9
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
hydrocort-pramoxine (perianal)	46
hydrocortisone (perianal) external cream 1 %	46
hydrocortisone (perianal) external cream 2.5 %	46
hydrocortisone ace-pramoxine external cream 1-1 %	46
hydrocortisone acetate rectal	46
hydrocortisone external cream 1 %	28
hydrocortisone external cream 2.5 %	28
hydrocortisone external lotion 2 %	28
hydrocortisone external lotion 2.5 %	28
hydrocortisone external ointment 1 %, 2.5 %	28
hydrocortisone oral	42
hydrocortisone valerate external cream	28
hydrocortisone-acetic acid	49
hydromet	49
hydromorphone hcl oral tablet	9
hydroquinone external	28
hydroxychloroquine sulfate oral	18
HYDROXYM EXTERNAL CREAM	28
hydroxyurea oral	17
hydroxyzine hcl oral	20
hydroxyzine pamoate oral	20
HYFTOR	44
HYMPAVZI	34
hyoscyamine sulfate er	36
hyoscyamine sulfate oral tablet dispersible	37
hyoscyamine sulfate sublingual	37
HYPERSAL	49
HYZAAR	22

I

ibandronate sodium oral	46	INGREZZA SPRINKLE	25	isosorbide dinitrate oral tablet 40 mg	22
IBRANCE ORAL TABLET.....	17	INPEN	31	isosorbide mononitrate er	22
IBSRELA.....	37	INSPIREASE.....	50	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	28
ibuprofen oral suspension 100 mg/5ml.....	10	INSPRA.....	22	isotretinoin oral capsule 25 mg, 35 mg.....	28
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	10	INSULIN ASPART	32	ISTALOL.....	48
iclevia	40	INSULIN ASPART FLEXPEN	32	itraconazole oral capsule.....	16
ICLUSIG.....	17	INSULIN DEGLUDEC FLEXTOUCH	32	ivabradine hcl.....	22
icosapent ethyl	22	INSULIN GLARGINE.....	32	ivermectin external cream.....	28
IDELVION.....	34	INSULIN GLARGINE MAX SOLOSTAR	32	ivermectin oral tablet 3 mg	18
IDHIFA	17	INSULIN GLARGINE SOLOSTAR ..	32	ivermectin oral tablet 6 mg	18
ILEVRO.....	47	INSULIN LISPRO JUNIOR KWIKPEN.....	32	IYUZEH.....	48
imatinib mesylate oral.....	17	INSULIN LISPRO KWIKPEN	32		
IMBRUVICA ORAL CAPSULE.....	18	INSULIN LISPRO PROT & LISPRO.....	32	J	
IMBRUVICA ORAL TABLET 140 MG, 280 MG	18	INSULIN LISPRO VIAL	32	jaimiess.....	40
IMBRUVICA ORAL TABLET 420 MG.....	18	INTRAROSA.....	34	JAKAFI	18
imipramine hcl oral.....	15	introvale.....	40	jantoven.....	13
imiquimod external cream 3.75 %.....	28	INTUNIV	24	JANUMET	33
imiquimod external cream 5 %....	28	INVEGA	19	JANUVIA.....	33
imiquimod pump	28	INVELTYS	47	JARDIANCE.....	33
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT.....	16	INVOKANA	33	jasmiel.....	40
IMITREX ORAL.....	16	INVOKANA	33	JATENZO.....	43
IMITREX STATDOSE SYSTEM	16	INZIRQO	22	jencycla	40
IMKELDI.....	18	IPOL.....	45	JENTADUETO.....	33
IMPOYZ	28	ipratropium bromide inhalation ..	50	JENTADUETO XR	33
IMURAN.....	44	ipratropium bromide nasal.....	49	jinteli	40
IMVEXXY MAINTENANCE PACK ..	34	ipratropium-albuterol	50	jolessa.....	40
IMVEXXY STARTER PACK.....	34	IQIRVO	37	JORNAY PM.....	24
INBRIJA.....	18	irbesartan.....	22	JOURNAVX.....	9
incassia.....	40	irbesartan-hydrochlorothiazide. .	22	JUBLIA.....	16
indapamide	22	ISENTRESS HD.....	19	juleber.....	40
INDERAL LA	22	ISENTRESS ORAL TABLET	19	JULUCA	19
indomethacin er	10	isibloom	40	junel 1/20	40
indomethacin oral capsule.....	10	isoniazid oral tablet.....	17	junel 1.5/30	40
INGREZZA	25	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %.....	48	junel fe 1/20.....	40
		ISORDIL TITRADOSE.....	22	junel fe 1.5/30.....	40
		isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	22	junel fe 24	40
				JUST RIGHT 5000 DENTAL GEL 1.1 %	26



JUST RIGHT 5000 DENTAL PASTE	26
JYLAMVO	44
JYNARQUE ORAL TABLET THERAPY PACK	37

K

K-PHOS-NEUTRAL	35
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	35
kalliga	40
KAPSPARGO SPRINKLE	22
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	24
kariva	40
kelnor 1/35	40
kelnor 1/50	40
KEPPRA ORAL	13
KEPPRA XR	13
KERENDIA ORAL TABLET 10 MG, 20 MG	22
KESIMPTA	25
ketoconazole external cream	16
ketoconazole external shampoo	16
ketoconazole oral	16
ketorolac tromethamine ophthalmic	47
ketorolac tromethamine oral	10
KEVZARA	44
KISQALI	18
KLARITY-A	47
KLARON	28
klayesta	16
KLISYRI	28
KLONOPIN	20
klor-con	34, 35
klor-con 10	34
klor-con m10	34
klor-con m15	34
klor-con m20	35

KLOXXADO	11
kls quit2	11
kls quit4	11
KOATE	34
KOATE-DVI	34
KOGENATE FS	34
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	33
KOSELUGO	18
KOURZEQ	26
KOVALTRY	34
KRINTAFEL	18
kurvelo	40
KYZATREX	43

L

labetalol hcl oral	22
lacosamide oral	13
lactulose encephalopathy	37
lactulose oral solution	37
LAGEVRIO	19
LAMICTAL	13
LAMICTAL ODT ORAL TABLET DISPERSIBLE	13
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	13
lamotrigine er	14
lamotrigine oral tablet	14
lamotrigine oral tablet chewable	14
lamotrigine oral tablet dispersible	14
LANOXIN ORAL TABLET 125 MCG, 250 MCG	22
LANOXIN ORAL TABLET 62.5 MCG	22
lansoprazole oral capsule delayed release	36
lansoprazole oral tablet delayed release dispersible	36
LANTUS SOLOSTAR	32

LANTUS U-100 VIAL	32
larin 1/20	40
larin 1.5/30	40
larin 24 fe	40
larin fe 1/20	40
larin fe 1.5/30	40
LASIX	22
latanoprost ophthalmic	48
LATUDA	19
LEDIPASVIR-SOFOSBUVIR	19
leena	40
leflunomide oral	44
lenalidomide	18
lessina	40
letrozole oral	18
leucovorin calcium oral	18
leuprolide acetate injection	42
levalbuterol hcl inhalation	50
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	50
LEVVID	37
levetiracetam er	14
levetiracetam oral solution	14
levetiracetam oral tablet	14
levo-t	43
levocarnitine oral solution	35
levocarnitine oral tablet	37
levocarnitine sf	35
levocetirizine dihydrochloride oral solution	49
levocetirizine dihydrochloride oral tablet	49
levofloxacin oral tablet	12
levonest	40
levonorg-eth estrad triphasic	40
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	40
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	40



levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....	40	lo-zumandimine	40	LUMAKRAS.....	18
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	40	LODINE	10	LUMIGAN	48
levora 0.15/30 (28)	40	LODOCO.....	22	LUMRYZ.....	52
LEVOTHYROXINE SODIUM ORAL CAPSULE.....	43	LOESTRIN 1/20 (21)	40	LUNESTA	52
levothyroxine sodium oral tablet ..	43	LOESTRIN 1.5/30 (21)	40	LUPKYNIS.....	44
levoxyl.....	43	LOESTRIN FE 1/20.....	40	lurasidone hcl.....	19
LEVSIN.....	37	LOESTRIN FE 1.5/30.....	40	lutera.....	40
LEVSIN/SL	37	LOFENA	10	lyleq	40
LEXAPRO.....	15	lojaimiess	40	lyllana	40
LIALDA.....	46	LOKELMA	35	LYNPARZA	18
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG.....	14	LOMOTIL.....	37	LYRICA ORAL CAPSULE.....	25
LIBRAX.....	37	loperamide hcl oral capsule.....	37	LYUMJEV KWIKPEN	32
lidocaine external ointment 5 % ...	9	LOPID	22	LYUMJEV TEMPO PEN.....	32
lidocaine external patch 5 %	9	LOPRESSOR ORAL TABLET	22	LYUMJEV VIAL	32
lidocaine hcl mouth/throat	26	LOPROX EXTERNAL SHAMPOO 1 %.....	16	lyza	40
lidocaine viscous hcl.....	26	LOPROX EXTERNAL SUSPENSION 0.77 %.....	28		
lidocaine-prilocaine external cream	9	lorazepam oral tablet.....	20	M	
LIDODERM.....	9	loryna	40	M-M-R II.....	45
LIKMEZ.....	12	losartan potassium oral	22	M-NATAL PLUS.....	35
linezolid oral tablet	12	losartan potassium-hctz	22	MACROBID.....	12
LINZESS.....	37	LOTEMAX OPHTHALMIC GEL.....	47	MACRODANTIN.....	12
liothyronine sodium oral	43	LOTEMAX OPHTHALMIC OINTMENT.....	47	MALARONE	18
LIPITOR.....	22	LOTEMAX OPHTHALMIC SUSPENSION	47	MARINOL	15
liraglutide solution pen-injector 18 mg/3ml subcutaneous.....	33	LOTEMAX SM	47	marlissa	40
lisdexamphetamine dimesylate.....	24	LOTENSIN.....	22	matzim la.....	22
lisinopril oral	22	LOTENSIN HCT	22	MAVENCLAD.....	25
lisinopril-hydrochlorothiazide.....	22	loteprednol etabonate ophthalmic gel.....	47	MAVYRET ORAL PACKET.....	19
LITFULO	44	loteprednol etabonate ophthalmic suspension.....	47	MAXALT.....	16
lithium carbonate er.....	20	LOTREL.....	22	MAXALT-MLT	16
lithium carbonate oral.....	20	lovastatin oral.....	22	maxi-tuss ac	49
LITHOBID.....	20	LOVAZA	22	MAXITROL.....	47
LIVALO.....	22	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE ..	13	MAXZIDE ORAL TABLET 75-50 MG	22
LIVDELZI	37	low-ogestrel	40	MAXZIDE-25 ORAL TABLET 37.5-25 MG	22
LO LOESTRIN FE.....	40	lubiprostone	37	MAYZENT	25
				meclizine hcl oral tablet.....	15
				MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	42
				MEDROL ORAL TABLET 2 MG.....	42



MEDROL ORAL TABLET THERAPY PACK	42	methadone hcl oral tablet	9	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	22
medroxyprogesterone acetate intramuscular	40	methenamine hippurate	12	metoprolol tartrate oral tablet 37.5 mg, 75 mg	22
medroxyprogesterone acetate oral	40	methimazole oral	43	metoprolol-hydrochlorothiazide..	22
mefloquine hcl	18	methocarbamol oral tablet 1000 mg	52	METROCREAM	28
megestrol acetate oral suspension 40 mg/ml	43	methocarbamol oral tablet 500 mg, 750 mg	52	METROGEL	28
megestrol acetate oral tablet	40	methotrexate sodium (pf)	44	METROLOTION	28
meleya	40	methotrexate sodium injection solution	44	metronidazole external cream	28
meloxicam oral tablet	10	methotrexate sodium oral	44	metronidazole external gel 0.75 %	28
memantine hcl er	14	METHYLIN	25	metronidazole external gel 1 %	28
memantine hcl oral tablet	14	methylphenidate hcl er (cd)	25	metronidazole external lotion	28
MENOPUR	45	methylphenidate hcl er (la) oral capsule extended release 24 hour	25	metronidazole oral tablet 125 mg. 12	
MENOSTAR	40	methylphenidate hcl er (la) oral capsule extended release 24 hour	25	metronidazole oral tablet 250 mg, 500 mg	12
MENQUADFI	45	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	25	metronidazole vaginal	12
MENVEO	45	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	25	mexiletine hcl oral	22
MEPRON	18	methylphenidate hcl er (osm) oral tablet extended release 72 mg	25	mibelas 24 fe	40
mercaptopurine oral tablet	18	methylphenidate hcl er (osm) oral tablet extended release	25	MICARDIS	22
mesalamine er oral capsule 0.375 gm	46	methylphenidate hcl er (xr)	25	MICARDIS HCT	22
mesalamine oral capsule delayed release 400 mg	46	methylphenidate hcl er oral tablet extended release	25	MICROCHAMBER	50
mesalamine oral tablet delayed release 1.2 gm	46	methylphenidate hcl er oral tablet extended release	25	microgestin 1/20	40
mesalamine oral tablet delayed release 800 mg	46	methylphenidate hcl er oral tablet extended release 24 hour ..	25	microgestin 1.5/30	40
mesalamine rectal enema	46	methylphenidate hcl er oral solution	25	microgestin 24 fe oral tablet 1-20 mg-mcg	40
mesalamine rectal suppository ..	46	methylphenidate hcl er oral tablet extended release 24 hour ..	25	microgestin fe 1/20	40
MESTINON ORAL TABLET	17	methylphenidate hcl oral solution	25	microgestin fe 1.5/30	40
METADATE CD	24	methylphenidate hcl oral tablet ..	25	midodrine hcl	23
metaxalone oral tablet 400 mg, 800 mg	52	methylphenidate hcl oral tablet chewable	25	MIEBO	48
metaxalone oral tablet 640 mg ..	52	methylprednisolone oral	42	mili	40
metformin hcl er	33	metoclopramide hcl oral tablet ..	15	mimvey	40
metformin hcl er (mod)	33	metolazone	22	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	40
metformin hcl er (osm)	33	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	22	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	23
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	33	metoprolol succinate er oral tablet extended release 24 hour 25 mg	22	MINIVELLE	41
metformin hcl oral tablet 625 mg, 750 mg	33			minocycline hcl oral capsule	12
				minoxidil oral	23
				mirabegron er	38
				MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	41



nicotine step 1	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	41	NOXAFIL ORAL TABLET DELAYED RELEASE	16
nicotine step 2	11	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	41	np thyroid	43
nicotine step 3	10,11	NORITATE.....	29	NUBEQA.....	18
nicotine transdermal patch 24 hour	11	NORLIQVA	23	NUCALA.....	51
nifedipine er	23	norlyroc	41	NUCYNTA	9
nifedipine er osmotic release	23	NORPRAMIN.....	15	NUCYNTA ER.....	9
nifedipine oral	23	nortrel 0.5/35 (28).....	41	NUDEXTA.....	25
nikki	41	nortrel 1/35 (21)	41	NULEV.....	37
nilotinib hcl.....	18	nortrel 1/35 (28)	41	NURTEC.....	17
NITRO-BID.....	23	nortrel 7/7/7	41	NUVARING.....	41
NITRO-DUR.....	23	nortriptyline hcl oral capsule.....	15	NUVESSA.....	12
nitrofurantoin macrocrystal	12	NORVASC	23	NUVIGIL	52
nitrofurantoin monohydrate macrocrystals.....	12	NOVAREL	45	NUWIQ	34
nitroglycerin rectal	23	NOVOEIGHT	34	NUZYRA ORAL.....	12
nitroglycerin sublingual	23	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	31	nyamyc.....	16
nitroglycerin transdermal.....	23	NOVOFINE PEN NEEDLE.....	31	nylia 1/35.....	41
NITROSTAT	23	NOVOFINE PLUS PEN NEEDLE ...	31	nylia 7/7/7.....	41
NIVA THYROID.....	43	NOVOLIN 70/30 FLEXPEN.....	32	nymyo oral tablet 0.25-35 mg-mcg.....	41
NIVA-PLUS.....	35	NOVOLIN 70/30 FLEXPEN RELION.....	32	nystatin external.....	16
NIVESTYM	34	NOVOLIN 70/30 RELION	32	nystatin mouth/throat	16
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	43	NOVOLIN 70/30 VIAL.....	32	nystatin oral.....	16
nora-be.....	41	NOVOLIN N FLEXPEN.....	32	nystatin-triamcinolone.....	16
NORDITROPIN FLEXPEN	43	NOVOLIN N FLEXPEN RELION ...	32	nystop	16
norelgestromin-eth estradiol	41	NOVOLIN N RELION.....	32	NYVEPRIA.....	34
norethin ace-eth estrad-fe oral tablet.....	41	NOVOLIN N VIAL.....	32	O	
norethin ace-eth estrad-fe oral tablet chewable.....	41	NOVOLIN R FLEXPEN	32	ocella.....	41
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	41	NOVOLIN R FLEXPEN RELION....	32	OCUFLOX	47
norethindrone acet-ethinyl est ...	41	NOVOLIN R RELION.....	32	ODACTRA	49
norethindrone acetate oral	41	NOVOLIN R VIAL	32	ODEFSEY.....	20
norethindrone oral	41	NOVOLOG FLEXPEN	32	ODOMZO.....	18
norethindrone-eth estradiol	41	NOVOLOG FLEXPEN RELION.....	32	OFEV	51
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	41	NOVOLOG RELION.....	32	ofloxacin ophthalmic.....	47
		NOVOLOG U-100 VIAL	32	ofloxacin otic	49
		NOVOPEN ECHO.....	31	olanzapine oral tablet	19
				olanzapine oral tablet dispersible.	19
				olmesartan medoxomil oral.....	23
				olmesartan medoxomil-hctz.....	23

PERIDEX	26	POMALYST	18	PRENATE MINI.....	35
periogard	26	portia-28.....	41	PRENATOL-M.....	35
permethrin external.....	18	posaconazole oral tablet delayed release.....	16	PRENATRIX	35
perphenazine oral	15	potassium chloride crys er.....	35	PRENATRYL.....	35
PERTZYE	37	potassium chloride er.....	35	PREVACID.....	36
PFIZER COVID-19 VAC-TRIS 5-11Y.....	45	potassium chloride oral	35	PREVACID SOLUTAB.....	36
PFIZER COVID-19 VAC-TRIS 6M-4Y	45	potassium citrate er.....	35	prevalite.....	23
phenazo oral tablet 200 mg.....	38	PRADAXA ORAL CAPSULE.....	13	PREVIDENT 5000 BOOSTER PLUS.....	26
phenazopyridine hcl oral tablet 100 mg, 200 mg	38	PRALUENT	23	PREVIDENT 5000 DRY MOUTH... 26	
phenobarbital oral tablet.....	14	pramipexole dihydrochloride	19	PREVIDENT 5000 ENAMEL PROTECT.....	35
phenytek.....	14	prasugrel hcl.....	19	PREVIDENT 5000 KIDS	26
phenytoin sodium extended.....	14	pravastatin sodium.....	23	PREVIDENT 5000 ORTHO DEFENSE.....	26
PHEXXI.....	41	prazosin hcl oral	23	PREVIDENT 5000 PLUS.....	26
philith	41	PRED FORTE	47	PREVIDENT 5000 SENSITIVE 35	
PHOSPHA 250 NEUTRAL.....	35	PRED MILD.....	47	PREVIDENT DENTAL	26
phospho-trin 250 neutral	35	prednisolone acetate ophthalmic.....	47	PREVNAR 20	45
phosphorous.....	35	PREDNISOLONE ACETATE P-F.... 47		PREVYMIS ORAL TABLET	20
pilocarpine hcl oral	26	prednisolone oral solution	42	PREZCOBIX.....	20
pimecrolimus.....	29	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	42	primidone oral tablet 125 mg	14
pimtra.....	41	prednisolone sodium phosphate oral solution 15 mg/5ml.....	42	primidone oral tablet 250 mg, 50 mg	14
pioglitazone hcl.....	33	prednisolone sodium phosphate oral solution 20 mg/5ml.....	42	PRIORIX.....	45
pioglitazone hcl-metformin hcl... 33		prednisolone sodium phosphate oral solution 20 mg/5ml.....	42	PRISTIQ.....	15
PIQRAY.....	18	prednisone oral.....	42	probenecid.....	16
pirfenidone	51	pregabalin oral capsule.....	25	PROCARDIA XL	23
piroxicam oral.....	10	PREGNYL.....	46	PROCHAMBER VHC.....	51
pitavastatin calcium.....	23	PREMARIN ORAL	41	prochlorperazine maleate oral.... 16	
PLAQUENIL	18	PREMARIN VAGINAL	41	PROCORT	46
PLAVIX.....	19	premium lidocaine.....	10	procto-med hc.....	46
PLEGRIDY.....	25	PREMPHASE	41	PROCTOCORT.....	46
PLENVU	37	PREMPRO	41	PROCTOFOAM HC.....	46
PLEXION CLEANSER	29	PREPRO	41	PROCTOSOL HC.....	46
pnv 27-ca/fe/fa.....	35	prenatal oral tablet 27-0.8 mg 35		PROCTOZONE-HC.....	46
podofilox external solution	29	prenatal oral tablet 27-1 mg.....	35	progesterone intramuscular	41
POKONZA.....	35	prenatal plus.....	35	progesterone oral	41
POLY-VI-FLOR ORAL TABLET CHEWABLE.....	35	prenatal plus vitamin/mineral.... 35		PROGRAF ORAL CAPSULE.....	44
POLYCIN	47	prenatal vitamins oral tablet 27-0.8 mg	35	PROLATE ORAL TABLET.....	10
polymyxin b-trimethoprim.....	47			PROLENSA.....	47



ROCALTROL ORAL CAPSULE	46	sertraline hcl oral concentrate	15	sod citrate-citric acid oral solution 500-334 mg/5ml	35
ROCKLATAN	48	sertraline hcl oral tablet	15	sod fluoride-potassium nitrate	35
roflumilast	51	setlakin	41	sodium chloride inhalation	49
ropinirole hcl	19	sevelamer carbonate oral tablet	38	sodium fluoride 5000 enamel	35
rosuvastatin calcium oral	23	SEYSARA	12	sodium fluoride 5000 plus	26
rosyrah	41	sf 5000 plus	26	sodium fluoride 5000 ppm	26
roweepra	14	sf gel 1.1%	26	sodium fluoride 5000 sensitive	35
ROXICODONE	10	SFROWASA	46	sodium fluoride dental	26
ROZEREM	52	sharobel	41	sodium fluoride oral solution	35
ROZLYTREK	18	SHINGRIX	45	sodium fluoride oral tablet chewable	35
RUCONEST	44	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	34	SODIUM OXYBATE	52
RUKOBIA	20	sildenafil citrate oral tablet 20 mg	51	sodium sulfacetamide wash	29
RYALTRIS	49	SILENOR	52	SOFOSBUVIR-VELPATASVIR	20
RYBELSUS	33	silodosin	38	solifenacin succinate	38
RYDAPT	18	SILVADENE	12	SOLIQUA	33
RYTARY	19	silver sulfadiazine external	12	SOMA	52
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	23	simliya	41	SOOLANTRA	29
ryvent	49	simpesse	41	sotalol hcl oral	23
S					
sacubitril-valsartan	23	SIMPONI	44	SOTYKTU	44
SAFYRAL	41	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	23	SOVUNA	18
SALAGEN	26	simvastatin oral tablet 80 mg	23	SPIKEVAX	45
SANTYL	29	SINEMET	19	SPIRIVA HANDIHALER	51
SAPHRIS	19	SINGULAIR ORAL PACKET	51	SPIRIVA RESPIMAT	51
SAVELLA	25	SINGULAIR ORAL TABLET	51	spironolactone oral tablet	23
saxagliptin hcl	33	SINGULAIR ORAL TABLET CHEWABLE	51	spironolactone-hctz	23
saxagliptin-metformin er	33	sirolimus oral tablet	44	SPORANOX	16
SCSEMBLIX	18	SITAVIG	20	SPRAVATO	15
scopolamine	16	SKYRIZI	44	sprintec 28	41
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	41	SKYTROFA	43	SPRYCEL	18
selenium sulfide external lotion	29	SLYND	41	sronyx	41
SENSIPAR	46	sm nicotine	11	ssd	12
SEREVENT DISKUS	51	sm nicotine polacrilex	11	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	44
SEROQUEL	19	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	11	STENDRA	34
SEROQUEL XR	19	SOAAZ	23	STEQEYMA SUBCUTANEOUS	44
SERTRALINE HCL ORAL CAPSULE	15			STIOLTO RESPIMAT	51
				STIVARGA	18



STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	25	SYMFI	20	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	42	
STRENSIQ	37	SYMFI LO ORAL TABLET 400-300-300 MG	20	TAPERDEX 7-DAY	42	
STRIVERDI RESPIMAT	51	SYMLINPEN 120	33	TARGADOX	13	
STROMECTOL	18	SYMLINPEN 60	33	tarina 24 fe	41	
SUBOXONE	11	SYMPAZAN	14	tarina fe 1/20 eq	41	
subvenite	14	SYMPROIC	37	TASIGNA	18	
SUCRAID	37	SYNALAR	29	TAVALISSE	34	
sucralfate oral suspension	36	SYNALAR EXTERNAL SOLUTION 0.01 %	29	tazarotene external cream	29	
sucralfate oral tablet	36	SYNJARDY	33	TAZORAC EXTERNAL CREAM	29	
SUFLAVE	37	SYNJARDY XR	33	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	23	
sulfacetamide sod-sulfur wash external liquid 9-4 %	29	SYNTHROID	43	TECFIDERA ORAL CAPSULE DELAYED RELEASE	25	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	29	T			TECHLITE INSULIN SYRINGES (Arkray)	31
sulfacetamide sodium (acne)	29	TABRECTA	18	TECHLITE PEN NEEDLES (Arkray)	31	
sulfacetamide sodium external	29	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	29	TECHLITE PLUS PEN NEEDLES (Arkray)	31	
sulfacetamide sodium ophthalmic solution	47	TACLONEX EXTERNAL SUSPENSION	29	TEGLUTIK	25	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	29	tacrolimus external	29	TEGRETOL ORAL TABLET	14	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	29	tacrolimus oral	44	TEGRETOL-XR	14	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	12	tadalafil (pah)	51	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	37	
sulfamethoxazole-trimethoprim oral tablet	12	tadalafil oral	34	TEKURNA	23	
sulfasalazine oral	46	TADLIQ	51	TEKURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	23	
sulfatrim pediatric	12	tafluprost (pf)	48	telmisartan	23	
sulindac oral	10	TAGRISSO	18	telmisartan-hctz	23	
SUMADAN WASH	29	TAKHZYRO SUBCUTANEOUS SOLUTION	44	temazepam	52	
sumatriptan nasal	17	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	44	temozolomide	18	
sumatriptan succinate oral	17	TAMIFLU	20	TEMPO REFILL	31	
sumatriptan succinate subcutaneous solution auto- injector	17	tamoxifen citrate oral tablet 10 mg	18	TEMPO WELCOME	31	
SUNOSI	52	tamoxifen citrate oral tablet 20 mg	18	TENCON	10	
SUPREP BOWEL PREP KIT	37	tamsulosin hcl	38	TENIVAC	45	
SUTAB	37	TANLOR	52	tenofovir disoproxil fumarate	20	
syeda	41	TAPERDEX 12-DAY	42	TENORETIC 100	23	
SYMBICORT	51	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	42	TENORETIC 50	23	
				TENORMIN	23	



terazosin hcl	38	TIMOPTIC OCUDOSE	48	TOUJEO MAX SOLOSTAR	32
terbinafine hcl oral	16	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	48	TOUJEO SOLOSTAR	32
terconazole	16	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	48	TRACLEER	51
teriflunomide	25	tinidazole oral.....	13	TRADJENTA.....	33
teriparatide solution pen- injector 560 mcg/2.24ml subcutaneous.....	46	tiotropium bromide monohydrate	51	tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	10
TESTIM.....	43	TIROSINT	43	tramadol hcl er.....	10
TESTOSTERONE CYPIONATE INJECTION	43	TIROSINT-SOL.....	43	tramadol hcl oral tablet 100 mg, 25 mg, 75 mg.....	10
testosterone cypionate intramuscular.....	43	TIVICAY	20	tramadol hcl oral tablet 50 mg....	10
testosterone enanthate intramuscular.....	43	tizanidine hcl oral capsule.....	52	tramadol-acetaminophen	10
testosterone gel 12.5 mg/act (1%) transdermal.....	43	tizanidine hcl oral tablet.....	52	trandolapril	24
testosterone gel 20.25 mg/act (1.62%) transdermal	43	TLANDO.....	43	tranexamic acid oral.....	34
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%).....	43	TOBI PODHALER.....	51	TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	16
testosterone transdermal gel 1.62 %.....	43	TOBRADEX OPHTHALMIC OINTMENT.....	47	TRAVATAN Z.....	48
tetracycline hcl oral capsule	13	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	47	travoprost (bak free)	48
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51	TOBRADEX ST	47	trazodone hcl oral	15
THALITONE.....	23	tobramycin ophthalmic	47	TRELEGY ELLIPTA	51
THRIVE.....	11	tobramycin-dexamethasone.....	47	TREMFYA.....	44
THYQUIDITY.....	43	TOLAK.....	29	TRESIBA FLEXTOUCH.....	32
thyroid oral.....	43	TOLSURA.....	16	tretinoin external cream	29
tiadylt er.....	23	tolterodine tartrate.....	38	tretinoin external gel 0.01 %, 0.025 %.....	29
TIAZAC.....	23	tolterodine tartrate er.....	38	tretinoin external gel 0.05 %	29
ticagrelor.....	19	tolvaptan oral tablet therapy pack	37	TREXALL	44
TIGLUTIK	25	TOPAMAX	14	TREZIX	10
TIKOSYN	23	TOPAMAX SPRINKLE	14	tri-estarylla	41
tilia fe.....	41	TOPICORT	29	tri-legest fe	41
timolol hemihydrate.....	48	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	29	tri-linyah.....	41
timolol maleate (once-daily).....	48	topiramate er oral capsule extended release 24 hour	14	tri-lo-estarylla	41
timolol maleate ocudose.....	48	topiramate oral capsule sprinkle..	14	tri-lo-marzia	41
timolol maleate ophthalmic.....	48	topiramate oral tablet.....	14	tri-lo-mili	42
timolol maleate pf.....	48	TOPROL XL.....	23	tri-lo-sprintec.....	42
		torpenz.....	18	tri-mili	42
		torsemide.....	23	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	42
		TOSYMRA	17	tri-sprintec.....	42
				tri-vite/fluoride	35
				tri-vylibra.....	42



tri-vylibra lo	42	TRUE FOCUS BLOOD GLUCOSE STRIP.....	31	unithroid	43
triamcinolone acetonide external cream 0.025 %, 0.1 %	29	TRUE METRIX AIR GLUCOSE METER KIT	31	urea external cream 20 %, 40 %, 45 %	29
triamcinolone acetonide external cream 0.5 %	29	TRUE METRIX BLOOD GLUCOSE TEST.....	31	urea external cream 39 %, 41 %, 47 %	29
triamcinolone acetonide external lotion	29	TRUE METRIX GO GLUCOSE METER.....	31	UREA EXTERNAL CREAM 39.5 % ..	29
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	29	TRUE METRIX METER	31	uredeb	29
triamcinolone acetonide external ointment 0.05 %.....	29	TRUE METRIX PRO BLOOD GLUCOSE	31	UREMEZ-40	29
triamcinolone acetonide mouth/throat.....	26	TRULANCE.....	37	URESOL	29
triamcinolone in absorbase	29	TRULICITY.....	33	UROCIT-K 10	35
triamterene-hctz	24	TRUQAP ORAL TABLET.....	18	UROCIT-K 15	35
TRIANEX EXTERNAL OINTMENT 0.05 %	29	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	20	UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	35
triazolam	20	TRUVADA ORAL TABLET 200-300 MG	20	UROXATRAL	38
TRIBENZOR	24	turqoz.....	42	URSO 250 ORAL TABLET 250 MG.....	37
TRICARE ORAL TABLET	35	TWIIST REFILL KIT	31	URSO FORTE.....	37
TRICOR.....	24	TWIIST REFILL KIT/INFUSION SET	31	URSODIOL ORAL CAPSULE 200 MG, 400 MG.....	37
triderm.....	29	TWIIST STARTER KIT.....	31	ursodiol oral capsule 300 mg	37
TRIDESILON EXTERNAL CREAM 0.05 %	29	TWINRIX.....	45	ursodiol oral tablet	37
trihexyphenidyl hcl oral tablet	19	TWIRLA	42	USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	45
TRIJARDY XR.....	33	TYBLUME	42		
TRIKAFTA ORAL TABLET THERAPY PACK	51	tydemy oral tablet 3-0.03-0.451 mg	42	V	
TRILEPTAL	14	TYMLOS.....	46	VAGIFEM	42
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	24	TYRVAYA	48	valacyclovir hcl oral.....	20
trimethoprim oral	13	TYVASO	51	VALCYTE ORAL TABLET.....	20
TRINATAL RX 1	35	TYVASO DPI	51	valganciclovir hcl oral tablet	20
TRINATE.....	35			VALIUM	20
TRINTELLIX.....	15	U		valproic acid oral capsule	14
tritocin external ointment 0.05 %	29	UBRELVY.....	17	valproic acid oral solution 250 mg/5ml.....	14
TRIUMEQ.....	20	UCERIS ORAL.....	46	VALSARTAN ORAL SOLUTION	24
trivora (28).....	42	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	34	valsartan oral tablet	24
TROKENDI XR.....	14	ULORIC	16	valsartan-hydrochlorothiazide	24
tropium chloride.....	38	UMECLIDINIUM-VILANTEROL	51	VALTOCO	14
tropium chloride er.....	38	UNDECATREX.....	43	VALTRESX	20
				valtya 1/50	42
				VANADOM ORAL TABLET 350 MG.....	52

xarah fe	42	ZARXIO.....	34	ZONEGRAN	14
XARELTO.....	13	ZAVZPRET.....	17	zonisamide oral	14
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ..	14	ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	10	ZORTRESS.....	45
XDEMVI.....	47	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	33	ZORYVE EXTERNAL CREAM	30
XELJANZ.....	45	ZEJULA	18	ZORYVE EXTERNAL FOAM.....	30
XELJANZ XR	45	ZELBORAF	18	zovia 1/35 (28)	42
XELODA	18	ZEMBRACE SYMTOUCH.....	17	ZOVIRAX EXTERNAL OINTMENT .	20
XENLETA ORAL TABLET 600 MG .	13	zenatane	29	ZTLIDO.....	10
XHANCE.....	49	ZENPEP.....	37	ZUBSOLV.....	11
XIFAXAN	13	ZENZEDI	25	zumandimine	42
XIGDUO XR	33	ZEPOSIA	25	ZURZUVAE	15
XIIDRA	48	ZESTORETIC.....	24	ZYCLARA.....	30
XOFLUZA (40 MG DOSE).....	20	ZESTRIL.....	24	ZYCLARA PUMP	30
XOFLUZA (80 MG DOSE).....	20	ZETIA.....	24	ZYLET	47
XOLAIR.....	51	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	49	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	16
XOPENEX HFA	51	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	24	ZYPREXA ORAL.....	19
XTAMPZA ER.....	10	ZIAC ORAL TABLET 5-6.25 MG ...	24	ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	19
XTANDI.....	18	ZILBRYSQ	17	ZYTIGA.....	18
xulane	42	ZILXI	30	ZYVOX ORAL TABLET	13
xurea	29	ZIMHI	11		
XYOSTED.....	43	ZIOPTAN	48		
XYWAV	52	ziprasidone hcl.....	19		
Y					
YASMIN 28	42	ZITHROMAX	13		
YAZ	42	ZOCOR	24		
YESINTEK SUBCUTANEOUS.....	45	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG.....	17		
YORVIPATH	46	zolmitriptan nasal solution 5 mg..	17		
YUPELRI.....	51	zolmitriptan oral tablet.....	17		
yuvafem.....	42	zolmitriptan oral tablet dispersible	17		
Z					
zafemy	42	ZOLOFT	15		
zafirlukast.....	51	zolpidem tartrate er.....	52		
zaleplon	52	zolpidem tartrate oral tablet.....	52		
ZANAFLEX	52	ZOMIG NASAL SOLUTION 2.5 MG.....	17		
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	52	ZOMIG NASAL SOLUTION 5 MG ..	17		
ZARONTIN	14	ZOMIG ORAL TABLET 5 MG.....	17		

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).

ማሳሰቢያ:- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባሮች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

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.

দেখুন: আপনি যদি **বাংলায় (Bengali-Bangala)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភាគតិចថ្លៃ និងការទំនាក់ទំនងភាគតិចថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វថ្ងៃលេខភាគតិចថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說**中文 (Chinese - Traditional)**，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.

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ध्यान आपो: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

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.

ATENSIÓN: 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.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان فارسی (Persian-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 عضویتان 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.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

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.

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).

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.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

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 members of UnitedHealthcare, Oxford New York and New Jersey and UnitedHealthOne 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® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

7/25 ©2026 United HealthCare Services, Inc.
WF18119530-B 2026 Prescription Drug List – Advantage 4-Tier

**United
Healthcare**