



# Your 2025 Prescription Drug List

## Advantage 4-Tier

Effective May 1, 2025



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans 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.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. 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)<sup>1</sup> 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.<sup>2</sup> 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 can help you pay your lowest 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	<b>\$ Lower-cost</b> 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	<b>\$\$ Mid-range cost</b> 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	<b>\$\$\$ Highest-cost</b> 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 coverage requirements or limits. Your plan sets how these medications may be covered for you.

<b>E</b>	<b>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</b> – There are over-the-counter (OTC) or lower-cost covered options available.
<b>H</b>	<b>Health Care Reform Preventive</b> – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with prior authorization</b> – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
<b>PA</b>	<b>Prior authorization (sometimes referred to as precertification)<sup>3</sup></b> – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
<b>QL</b>	<b>Quantity limits</b> – The largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program<sup>4</sup></b> – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty medication</b> – 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.
<b>ST</b>	<b>Step therapy (referred to as First Start in New Jersey)</b> – 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 consult plan documents regarding benefit 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	4	QL
ESGIC ORAL CAPSULE 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

Drug Name	Drug Tier	Requirements & Limits
FIORICET	4	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 % glydo	E	
	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
OXYCONTIN	E	PA, QL
oxymorphone hcl er	3	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
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, 75 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	4	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	E	
ARTHROTEC	E	
CATAFLAM ORAL TABLET 50 MG	E	
CELEBREX	E	QL
celecoxib oral	2	QL
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
DICLOFONO	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	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	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulindac oral	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	
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 polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 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	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H

Drug Name	Drug Tier	Requirements & Limits
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
nicotine transdermal patch 24 hour	1	H
NICOTROL	4	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	4	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefixime	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
CLEOCIN VAGINAL CREAM	4	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	4	
ERY-TAB	4	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin oral	3	
FIRVANQ	4	
FLAGYL	4	
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	4	
levofloxacin oral tablet	1	
LIKMEZ	4	
linezolid oral tablet	2	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	4	
MACRODANTIN	4	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
MONDOXYNE NL	4	
MONUROL ORAL PACKET 3 GM	4	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral	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 ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	E	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	PA
BANZEL	4	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension	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 INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	4	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA
FINTEPLA	4	PA
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	
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
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral	1	
LIBERVANT	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	

Drug Name	Drug Tier	Requirements & Limits
OXTELLAR XR	E	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral	1	
TRILEPTAL	4	PA
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	2	PA, QL, SP
vigadrone oral packet	2	PA, QL, SP
vigpoder	2	PA, QL, SP
VIMPAT ORAL	4	PA
XCOPRI	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
donepezil hcl oral tablet 23 mg	2		duloxetine hcl oral capsule delayed release particles 40 mg	E	
EXELON	E		EFFEXOR XR	E	
galantamine hydrobromide er	1		escitalopram oxalate oral solution	3	
memantine hcl er	3		escitalopram oxalate oral tablet	1	
memantine hcl oral tablet	1		FETZIMA	4	ST, QL
NAMENDA ORAL TABLET 10 MG, 5 MG	E		fluoxetine hcl oral capsule	1	
NAMENDA TITRATION PAK	E		fluoxetine hcl oral capsule delayed release	3	QL
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral solution	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4		fluoxetine hcl oral tablet 10 mg	3	QL
rivastigmine	3		fluoxetine hcl oral tablet 20 mg, 60 mg	3	
rivastigmine tartrate	1		fluvoxamine maleate	1	
<b>Antidepressants - Drugs for Depression</b>			fluvoxamine maleate er	3	QL
amitriptyline hcl oral	1		FORFIVO XL	E	QL
ANAFRANIL	E		imipramine hcl oral	1	
AUVELITY	4	ST, QL	LEXAPRO	E	
bupropion hcl er (sr)	1		mirtazapine oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		NORPRAMIN	4	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	nortriptyline hcl oral capsule	1	
bupropion hcl oral	1		olanzapine-fluoxetine hcl	2	QL
CELEXA	E		PAMELOR	E	
citalopram hydrobromide oral solution	1		PARNATE	4	
citalopram hydrobromide oral tablet	1		paroxetine hcl er	3	QL
clomipramine hcl oral	3		paroxetine hcl oral tablet	1	
CYMBALTA	E		PAXIL CR	E	QL
desipramine hcl oral	1		PAXIL ORAL TABLET	E	
desvenlafaxine succinate er	3	QL	PRISTIQ	E	QL
doxepin hcl oral capsule	1		protriptyline hcl	1	
doxepin hcl oral concentrate	1		PROZAC	E	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2		REMERON	E	
			REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
			SERTRALINE HCL ORAL CAPSULE	E	QL
			sertraline hcl oral concentrate	1	
			sertraline hcl oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
SYMBYAX	4	QL
tranlycypromine sulfate	1	
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
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	2	
MARINOL ORAL CAPSULE 10 MG, 5 MG	E	
MARINOL ORAL CAPSULE 2.5 MG	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	

Drug Name	Drug Tier	Requirements & Limits
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	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 CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	4	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
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
<b>Antigout Agents - Drugs for Gout</b>		
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	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
FROVA	E	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
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	4	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	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	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Antimythasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
rifabutin	1	
rifampin oral	1	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	4	
COTELLIC	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
cyclophosphamide oral capsule	2	
dasatinib	3	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	4	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	4	PA, ST, QL, SP
KISQALI (400 MG DOSE)	4	PA, ST, QL, SP
KISQALI (600 MG DOSE)	4	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	4	PA, QL, SP
LUMAKRAS ORAL TABLET	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
albendazole oral	3	PA, QL
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	4	PA, QL
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	4	
CREXONT	E	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	
SINEMET	4	
STALEVO 100 ORAL TABLET 25-100-200 MG	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4	
STALEVO 200 ORAL TABLET 50-200-200 MG	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	

Drug Name	Drug Tier	Requirements & Limits
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
NUPLAZID ORAL CAPSULE	4	PA
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
<b>Antivirals - Drugs for Viral Infections</b>		
abacavir sulfate-lamivudine	2	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
COMPLERA	4	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	4	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL	TRIUMEQ	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
entecavir	1		TRUVADA ORAL TABLET 200-300 MG	E	QL
EPCLUSA ORAL TABLET	2	PA, QL, SP	valacyclovir hcl oral	1	QL
etravirine	2		VALCYTE ORAL TABLET	E	
famciclovir oral	2		valganciclovir hcl oral tablet	1	
GENVOYA	4	QL	VALTREX	E	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP	VEMLIDY	E	PA
INTELENCE ORAL TABLET 100 MG, 200 MG	4		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
INTELENCE ORAL TABLET 25 MG	2		VIREAD ORAL TABLET 300 MG	E	
ISENTRESS HD	2		VOSEVI	2	PA, QL, SP
ISENTRESS ORAL TABLET	2		XOFLUZA (40 MG DOSE)	3	
JULUCA	2	QL	XOFLUZA (80 MG DOSE)	3	
LAGEVRIO	2	QL	ZIRGAN	3	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	ZOVIRAX EXTERNAL OINTMENT	E	QL
MAVYRET	2	PA, QL, SP	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
ODEFSEY	4	QL	<b>Anxiolytics - Drugs for Anxiety</b>		
oseltamivir phosphate oral	2		alprazolam er	1	
PAXLOVID (150/100)	2	QL	alprazolam oral	1	
PAXLOVID (300/100)	2	QL	alprazolam xr	1	
PIFELTRO	3		ATIVAN ORAL	E	
PREVYMIS ORAL	2	PA	buspirone hcl oral	1	
PREZCOBIX	2		chlordiazepoxide hcl	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		clonazepam oral	1	
ritonavir	2		clorazepate dipotassium	1	
RUKOBIA	4	PA	diazepam oral solution	1	
SITAVIG	E	QL	diazepam oral tablet	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	HALCION	4	
STRIBILD	4	QL	hydroxyzine hcl oral	1	
SYMFI	2	QL	hydroxyzine pamoate oral	1	
SYMFI LO	2	QL	KLONOPIN	E	
TAMIFLU	E		lorazepam intensol	1	
tenofovir disoproxil fumarate	1	H-PA	lorazepam oral concentrate 2 mg/ml	1	
TIVICAY	3		lorazepam oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	4	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	4	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-olmesartan	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
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	
BETAPACE AF	4	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	4	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.1 mg/24hr transdermal	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	3	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	3	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	4	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digitek oral tablet 125 mcg, 250 mcg	1	
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	

Drug Name	Drug Tier	Requirements & Limits
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	4	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	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	E	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	3	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	4	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
indapamide	1	
INDERAL LA	E	
INSPRA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA, QL
KAPSPARGO SPRINKLE	4	
KERENDIA	4	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	4	
LASIX	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	ST
LODOCO	4	QL
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
metolazone	1	

Drug Name	Drug Tier	Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
minoxidil oral	1	
moexipril hcl	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	
nisoldipine er	2	
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	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	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	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
quinapril hcl	1	
ramipril	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E	
ranolazine er	2	
RECTIV	4	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	4	
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 150-12.5 MG, 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	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VERQUVO	4	PA, QL
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
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	3	
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

Drug Name	Drug Tier	Requirements & Limits
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	
DYANAVEL 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
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	

#### Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	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 ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	4	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP

#### Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	4	PA, QL, SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	4	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP

#### 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	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	

Drug Name	Drug Tier	Requirements & Limits
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	
triamcinolone acetonide mouth/throat	1	

#### Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
amnesteem	2	
AMZEEQ	4	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIPROLENE	4	
doxycycline	E	
DRYSOL	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	4	
ELIDEL	E	QL
ENSTILAR	4	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCALIN EXTERNAL FOAM 1 %	4	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	

Drug Name	Drug Tier	Requirements & Limits
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %	3	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	QL
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	4	
KLISYRI (250 MG)	4	ST, QL
KLISYRI (350 MG)	4	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
neuac	3	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	4	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
spinosad	3	

Drug Name	Drug Tier	Requirements & Limits
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream 0.1 %	3	PA, QL
TAZORAC EXTERNAL CREAM	4	PA, QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	4	QL
TOPICORT EXTERNAL OINTMENT	4	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK GUIDE TEST STRIPS	3	
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
triamcinolone in absorbase	E		ACCU-CHEK SOFTCLIX LANCET	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
triderm	1	QL	ACCUTREND GLUCOSE	E	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ALCOHOL PREP PADS PAD	3	
triticin external ointment 0.05 %	E		AQ INSULIN SYRINGE	2	QL
urea external cream 20 %, 40 %, 45 %	1		AQINJECT PEN NEEDLE	2	QL
urea external cream 39 %, 41 %, 47 %	E		BD AUTOSHIELD DUO PEN NEEDLES	2	
UREA EXTERNAL CREAM 39.5 %	E		BD BLUNT FILL NEEDLE W/ FILTER	2	
uredeb	E		BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
UREMEZ-40	3		BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
VANOS	E	QL	BD ECLIPSE SHIELDED NEEDLE	2	
VTAMA	4	PA, QL	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
WINLEVI	E	PA, QL	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
xurea	E		BD SHARPS COLLECTOR	3	
zenatane	2		BD ULTRA-FINE INSULIN SYRINGES	2	
ZILXI	4	PA, ST, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	4	PA, QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA	E	QL	BIGFOOT UNITY PROGRAM	3	
ZYCLARA PUMP	E	QL	BIOTEL CARE TEST STRIPS	E	QL
<b>Diabetes - Glucose Monitoring and Supplies</b>			BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK FASTCLIX LANCET	1		CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1				
ACCU-CHEK GUIDE KIT W/ DEVICE	3				
ACCU-CHEK GUIDE ME METER	3				
ACCU-CHEK GUIDE TEST	3	QL			

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2		DIABETES MONITOR DIGIT SOLN	3	
CAREPOINT SAFETY 1ST NEEDLE	2		DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
CARETOUCH MONITOR SYSTEM	E		EASY COMFORT SHARPS CONTAINER	3	
CARETOUCH TEST	E	QL	EASY MAX BLOOD GLUCOSE TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST	EASY MAX T1 GLUCOSE SYSTEM	E	
CONTOUR MONITOR KIT W/ DEVICE	E		EASY TOUCH HEALTHPRO GLUCOSE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2		EASY TOUCH TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2		EASYGLUCO	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL	EASYMAX 15 TEST	E	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		EASYMAX NG BLOOD GLUCOSE KIT	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24 )	EMBRACE BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR NEXT ONE DEVICE	2		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR NEXT ONE KIT	2		EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT TEST STRIPS	2		EVERSENSE 365 SENSOR/ HOLDER	E	PA
CONTOUR PLUS BLUE	E		EVERSENSE 365 SMART TRANSMIT	E	PA
CONTOUR PLUS TEST	E	QL	EVERSENSE E3 SENSOR/ HOLDER	E	PA
CONTOUR TEST STRIPS	E	QL	EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE SENSOR/HOLDER	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
CVS NEEDLE COLLECTION/ DISPOSAL	3		FORA 6 CONNECT/GTEL TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL	FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
D-CARE GLUCOMETER	E		FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL			
DEXCOM G7 RECEIVER	3	PA, QL			
DEXCOM G7 SENSOR	3	PA, QL			
DIABETES MONITOR DIGIT ADD-ON	3				

See page 6-8 for coverage details.



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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOFINE PEN NEEDLE	2	QL	PTS PANELS EGLU TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOPEN ECHO	3		QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	SHARPS COLLECTOR	3	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SHARPS CONTAINER	3	
ON CALL EXPRESS MONITORING SYS	E		TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH DELICA LANCETS	1	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA BLUE TEST	1	QL	TEMPO REFILL	E	
ONETOUCH ULTRA TEST STRIPS	1	QL	TEMPO WELCOME	E	
ONETOUCH ULTRASOFT LANCETS	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1		TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH VERIO KIT W/ DEVICE	1		TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE METRIX METER KIT	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
OPTIUMEZ TEST	E	QL	TRUETRACK TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	UNISTRIP1 GENERIC	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	VERIFINE SHARPS CONTAINER	3	
PRECISION XTRA	3		VIVAGUARD INO GLUCOSE METER KIT	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	VIVAGUARD INO TEST STRIPS	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	<b>Diabetes - Insulin</b>		
			ADMELOG	E	QL
			ADMELOG SOLOSTAR	E	QL
			BASAGLAR KWIKPEN	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
<b>Diabetes - Non-Insulin Agents</b>		
acarbose oral	1	
ACTOPLUS MET	4	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYCLOSET	3		LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	metformin hcl er	1	
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl er (mod)	E	PA
FARXIGA	E	ST, QL	metformin hcl er (osm)	E	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl oral solution	3	
glimepiride oral tablet 3 mg	E		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide er	1		metformin hcl oral tablet 625 mg	E	
glipizide oral tablet 10 mg, 5 mg	1		MOUNJARO	2	PA, QL
glipizide oral tablet 2.5 mg	E		nateglinide	2	QL
glipizide xl	1		ONGLYZA	E	QL
glipizide-metformin hcl	2		OZEMPIC	2	PA, QL
glucagon emergency kit 1 mg injection	2	QL	pioglitazone hcl	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	pioglitazone hcl-metformin hcl	2	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	repaglinide	2	QL
GLUCOTROL XL	4		RYBELSUS	2	PA, QL
GLUMETZA	E	PA	saxagliptin hcl	2	QL
glyburide micronized	1		saxagliptin-metformin er	2	QL
glyburide oral	1		SOLQUA	2	QL
glyburide-metformin	1		SYMLINPEN 120	3	QL
GLYNASE ORAL TABLET 1.5 MG	3		SYMLINPEN 60	3	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	4		SYNJARDY	2	QL
GLYXAMBI	2	ST, QL	SYNJARDY XR	2	QL
INVOKANA	E	ST, QL	TRADJENTA	2	QL
JANUMET	E	ST, QL	TRIJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRULICITY	2	PA, QL
JANUVIA	E	ST, QL	XIGDUO XR	E	ST, QL
JARDIANCE	2	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
JENTADUETO	2	QL	<b>Drugs for Blood Disorders</b>		
JENTADUETO XR	2	QL	ADVATE	2	SP
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	ADYNOVATE	4	PA, SP
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
			AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIO	4	PA, SP
ALVAIZ	4	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
NEULASTA	2	
NIVESTYM	E	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP

Drug Name	Drug Tier	Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
<b>Drugs for Sexual Dysfunction</b>		
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
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
<b>Electrolytes / Vitamins</b>		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
deferasirox oral tablet	2	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX	4	
DRISDOL	4	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E	
FLORIVA PLUS	E	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	

Drug Name	Drug Tier	Requirements & Limits
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	E	
NAFRINSE CHW 1MG F	1	H
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	3	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 sensitive	1	
sodium fluoride mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	4	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA ORAL PACKET 1 GM	3	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA, QL
virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	4	
WESCAP-PN DHA	4	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
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
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	

Drug Name	Drug Tier	Requirements & Limits
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	2	PA, QL
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	
CUVPOSA	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IQIRVO	4	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	4	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OCALIVA	4	PA, ST, QL, SP
opium	1	
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
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
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

Drug Name	Drug Tier	Requirements & Limits
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	4	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	4	ST
VESICARE	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
ACTIVELLA	4	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	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	2	
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
briellyn	1	H
camila	1	H
camrese	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
camrese lo	3	
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	3	
dotti	2	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
EEMT	2	
EEMT HS	3	

Drug Name	Drug Tier	Requirements & Limits
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
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 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	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
FEMRING	3	QL
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala	1	H
fyavolv	3	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H

Drug Name	Drug Tier	Requirements & Limits
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
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	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4	
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	
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	2	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	

Drug Name	Drug Tier	Requirements & Limits
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	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	2	
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ocella	3	
opcicon one-step	1	H
option 2	1	H
PHEXXI	E	PA
philith	1	H
pimtrea	2	
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
PLAN B ONE-STEP	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	
react	1	H
reclipsen	1	H
rivelsa	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H

Drug Name	Drug Tier	Requirements & Limits
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tilia fe	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
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	E	
VAGIFEM	E	
velivet	1	H
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zovia 1/35 (28)	1	H
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	4	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	4	QL
methylergonovine maleate oral	1	QL
NGENLA	4	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	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
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	4	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP	CINRYZE	E	PA, QL, SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP	COSENTYX UNOREADY	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	cyclosporine modified oral capsule	1	
AMJEVITA FOR NUVAILA	2	PA, QL, SP	cyclosporine oral	1	
ARAVA	E		CYLTEZO (2 PEN)	E	PA, QL, SP
AZASAN	4		CYLTEZO (2 SYRINGE)	E	PA, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
azathioprine oral tablet 50 mg	1		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
BIMZELX	3	PA, ST, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CELLCEPT ORAL CAPSULE	E		EMPAVELI	2	PA, QL, SP
CELLCEPT ORAL TABLET	E		ENBREL	2	PA, QL, SP
CIMZIA	E	PA	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	
			GRASTEK	4	PA, QL
			HADLIMA	E	PA, QL, SP
			HADLIMA PUSHTOUCH	E	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HAEGARDA	2	PA, QL, SP	IMURAN	E	
HULIO (2 PEN)	E	PA, QL, SP	JYLAMVO	4	PA
HULIO (2 SYRINGE)	E	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
HUMIRA (2 PEN)	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP	leflunomide oral	1	
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	LITFULO	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP	LUPKYNIS	4	PA, QL, SP
HUMIRA-PED≥40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP	methotrexate sodium (pf)	1	
HUMIRA-PED≥40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP	methotrexate sodium injection solution	1	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	methotrexate sodium oral	1	
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA, QL, SP	mycophenolate mofetil oral	1	
HYFTOR	4	PA, QL	mycophenolate sodium	2	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	2	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	MYFORTIC	E	
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP	MYHIBBIN	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
HYRIMOZ-PED≥40KG CROHN START	E	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
HYRIMOZ-PLAQ PSOR/UEVIT START	E	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP	OTEZLA ORAL TABLET 20 MG	2	PA, QL
			OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
			OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP
			OTREXUP	E	QL
			PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
			PROGRAF ORAL CAPSULE	4	
			RAPAMUNE ORAL SOLUTION	4	
			RAPAMUNE ORAL TABLET	E	
			RASUVO	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP

Drug Name	Drug Tier	Requirements & Limits
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	

#### Immunological Agents - Drugs for Vaccination

Drug Name	Drug Tier	Requirements & Limits
ABRYSVO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	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
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
<b>Infertility Agents</b>		
cetorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	4	
clomiphene citrate oral tablet 50 mg	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	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
PREGNYL	3	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	E	
APRISO	1	

Drug Name	Drug Tier	Requirements & Limits
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	4	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROCTOZONE-HC	4	
ROWASA	4	QL
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	4	
SENSIPAR	E	PA
ZEMPLAR ORAL	4	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	

Drug Name	Drug Tier	Requirements & Limits
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
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	
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
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
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	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	
<b>Ophthalmic Agents - Drugs for Eye Infection and Inflammation</b>		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL	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	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	4	
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	
KLARITY-C DROPS	E	PA
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	
CETRAXAL	3	

Drug Name	Drug Tier	Requirements & Limits
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

#### Respiratory - Drugs for Anaphylaxis

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

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
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See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
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
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ACCOLATE	4	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	EASIVENT MASK SMALL	3	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL	FASENRA PEN	4	PA, QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		FLEXICHAMBER	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLUTICASONE PROPIONATE HFA	E	QL
albuterol sulfate oral syrup	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ANORO ELLIPTA	3	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
arformoterol tartrate	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ARNUITY ELLIPTA	1	QL	formoterol fumarate inhalation	3	QL
ATROVENT HFA	3	QL	INSPIREASE	3	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	3		ipratropium-albuterol	2	
BREATHE COMFORT CHAMBER/CHILD	3		levalbuterol hcl inhalation	3	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breyna	E	QL, RS	MICROCHAMBER	3	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral packet	2	
BROVANA	4	QL	montelukast sodium oral tablet	1	
budesonide inhalation	2	QL	montelukast sodium oral tablet chewable	1	
budesonide-formoterol fumarate	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
COMBIVENT RESPIMAT	3	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
DALIRESP	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
DULERA	E	ST, QL	PERFORMIST	4	QL
EASIVENT	3				
EASIVENT MASK LARGE	3				
EASIVENT MASK MEDIUM	3				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT FLEXHALER	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
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	4	PA, QL
zafirlukast	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
OFEV	4	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	PA, QL, SP
REMODULIN	E	PA
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 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA
TYVASO STARTER KIT	2	PA
UPTRAVI ORAL	4	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	4	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	E	
metaxalone	3	
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	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
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zolpidem tartrate oral tablet	1	

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SOLUTION AUTO-INJECTOR .....	50	blisovi fe 1/20 .....	43	fumarate .....	58
BENZAMYCIN.....	28	blisovi fe 1.5/30.....	43	bumetanide oral .....	22
benzonatate oral capsule		BLOOD GLUCOSE TEST STRIPS ..	32	BUMEX .....	22
100 mg, 200 mg .....	57	BLOOD GLUCOSE TEST STRIPS		BUPAP ORAL TABLET 50-300 MG .	9
benzonatate oral capsule		333 .....	32	buprenorphine.....	9, 11
150 mg .....	57	BOOSTRIX .....	52	buprenorphine hcl sublingual.....	11
benzoyl peroxide-erythromycin ..	28	BOOSTRIX INTRAMUSCULAR		buprenorphine hcl-naloxone hcl..	11
benztropine mesylate oral .....	19	SUSPENSION 5-2.5-18.5		bupropion hcl er (smoking det) ...	11
BESIVANCE .....	54	LF-MCG/0.5.....	52	bupropion hcl er (sr) .....	15
betamethasone dipropionate		BOSULIF ORAL TABLET .....	18	bupropion hcl er (xl) oral tablet	
aug external cream.....	29	BREATHE COMFORT CHAMBER/		extended release 24 hour	
betamethasone dipropionate		ADULT.....	58	150 mg, 300 mg .....	15
aug external lotion.....	29	BREATHE COMFORT CHAMBER/		BUPROPION HCL ER (XL) ORAL	
betamethasone dipropionate		CHILD.....	58	TABLET EXTENDED RELEASE 24	
aug external ointment.....	29	BREO ELLIPTA .....	58	HOUR 450 MG .....	15
betamethasone dipropionate		breyna.....	58	bupropion hcl oral .....	15
external cream.....	29	BREZTRI AEROSPHERE.....	58	buspirone hcl oral.....	21
betamethasone dipropionate		briellyn .....	43	butalbital-acetaminophen oral	
external lotion .....	29	BRILINTA.....	20	tablet 50-300 mg.....	9
betamethasone dipropionate		brimonidine tartrate external.....	29	butalbital-acetaminophen oral	
external ointment .....	29	brimonidine tartrate ophthalmic		tablet 50-325 mg .....	9
betamethasone valerate		solution 0.1 % .....	55	butalbital-apap-caff-cod oral	
external cream.....	29	brimonidine tartrate ophthalmic		capsule 50-300-40-30 mg.....	9
betamethasone valerate		solution 0.15 % .....	55	butalbital-apap-caff-cod oral	
external lotion .....	29	brimonidine tartrate ophthalmic		capsule 50-325-40-30 mg .....	9
betamethasone valerate		solution 0.2 % .....	55	butalbital-apap-caffeine oral	
external ointment .....	29	brimonidine tartrate-timolol.....	55	capsule 50-300-40 mg.....	9
BETAPACE.....	22	brinzolamide.....	55	butalbital-apap-caffeine oral	
BETAPACE AF .....	22	BRIVIACT ORAL SOLUTION .....	13	capsule 50-325-40 mg .....	9
BETASERON.....	27	BRIVIACT ORAL TABLET.....	13	butalbital-apap-caffeine oral	
betaxolol hcl oral .....	22	BROMFED DM ORAL SYRUP		tablet.....	9
bethanechol chloride oral.....	42	2-30-10 MG/5ML .....	57	butalbital-asa-caff-codeine.....	9
BETIMOL.....	55	bromfenac sodium (once-daily) ..	54	butalbital-aspirin-caffeine.....	9
BEVESPI AEROSPHERE.....	58	bromfenac sodium ophthalmic		butorphanol tartrate nasal.....	9
BEXSERO.....	52	solution 0.07 %.....	54	BUTRANS .....	9
BEYAZ .....	43	bromfenac sodium ophthalmic		BYDUREON BCISE	
bicalutamide.....	18	solution 0.075 % .....	54	AUTOINJECTOR .....	36
BIGFOOT UNITY PROGRAM .....	32	bromocriptine mesylate oral		BYETTA 10 MCG PEN .....	36
BIJUVA.....	43	tablet.....	19	BYETTA 5 MCG PEN.....	36
BIKTARVY .....	20	BROMSITE .....	54	BYLVAY .....	41
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CABOMETYX.....	18	carbinoxamine maleate oral tablet 6 mg.....	57	cetirizine hcl oral solution.....	57
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG.....	22	CARDIZEM.....	22	CETRAXAL.....	56
calcipotriene external cream .....	29	CARDIZEM CD.....	22	cetorelix acetate.....	53
calcipotriene external ointment ..	29	CARDIZEM LA.....	22	CETROTIDE.....	53
calcipotriene external solution ...	29	CARDURA.....	22	cevimeline hcl .....	28
calcitonin (salmon) injection.....	54	CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8".....	32	charlotte 24 fe .....	44
calcitonin (salmon) nasal.....	54	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2".....	33	chateal eq.....	44
CALCITRENE.....	29	CAREPOINT SAFETY 1ST NEEDLE.....	33	chateal oral tablet 0.15-30 mg-mcg.....	44
calcitriol oral.....	54	CARETOUCH MONITOR SYSTEM ..	33	chlordiazepoxide hcl .....	21
calcium acetate (phos binder) oral capsule.....	42	CARETOUCH TEST.....	33	chlordiazepoxide-clidinium.....	41
calcium acetate (phos binder) oral tablet.....	38	carisoprodol oral tablet 250 mg ..	60	chlorhexidine gluconate mouth/ throat.....	28
calcium acetate oral tablet 667 mg.....	38	carisoprodol oral tablet 350 mg ..	60	chlorpromazine hcl oral tablet....	20
CALQUENCE.....	18	CARNITOR ORAL SOLUTION .....	38	chlorthalidone.....	22
CALQUENCE ORAL CAPSULE 100 MG.....	18	CARNITOR ORAL TABLET.....	42	chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg.....	60
camila .....	43	CARNITOR SF.....	38	chlorzoxazone oral tablet 500 mg.....	60
camrese.....	43, 44	cartia xt.....	22	cholestyramine light .....	22
camrese lo .....	44	carvedilol.....	22	cholestyramine oral.....	22
CAMZYOS.....	22	carvedilol phosphate er.....	22	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	53
CANASA.....	53	CASODEX.....	18	CIALIS .....	38
candesartan cilexetil .....	22	CATAFLAM ORAL TABLET 50 MG. 10	10	CIBINQO.....	29
candesartan cilexetil-hctz .....	22	CATAPRES-TTS-1.....	22	ciclodan .....	16
capecitabine.....	18	CATAPRES-TTS-2 .....	22	ciclopirox external gel.....	16
CAPLYTA .....	20	CATAPRES-TTS-3 .....	22	ciclopirox external shampoo.....	16
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CARAC .....	29	cefadroxil .....	12	ciclopirox olamine external cream .....	16
CARAFATE.....	41	cefdinir.....	12	ciclopirox olamine external suspension.....	29
carbamazepine er oral capsule extended release 12 hour .....	13	cefixime.....	12	cilostazol.....	20
carbamazepine er oral tablet extended release 12 hour .....	13	cefepodoxime proxetil oral tablet .	12	CIMDUO .....	20
carbamazepine oral tablet .....	13	cefprozil.....	12	cimetidine oral.....	41
carbamazepine oral tablet chewable.....	13	cefuroxime axetil .....	12	CIMZIA.....	50
CARBATROL.....	13	CELEBREX .....	10	CIMZIA (2 SYRINGE).....	50
carbidopa-levodopa er.....	19	celecoxib oral.....	10	CIMZIA-STARTER.....	50
carbidopa-levodopa oral tablet....	19	CELEXA .....	15	cinacalcet hcl .....	54
carbidopa-levodopa- entacapone.....	19	CELLCEPT ORAL CAPSULE.....	50	CINRYZE .....	50
		CELLCEPT ORAL TABLET .....	50	CIPRO HC .....	56
		CENTANY EXTERNAL OINTMENT 2 %.....	12	CIPRO ORAL TABLET.....	12
		cephalexin .....	12	CIPRODEX OTIC SUSPENSION 0.3-0.1 %.....	56
		CEQUA .....	56	ciprofloxacin hcl ophthalmic.....	54
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ciprofloxacin hcl otic .....	56	CLINDESSE .....	12	COLCRYS ORAL TABLET 0.6 MG..	17
ciprofloxacin-dexamethasone....	56	CLINPRO 5000 .....	28	colesevelam hcl oral tablet.....	23
citalopram hydrobromide oral solution .....	15	clobazam oral suspension.....	13	COLESTID ORAL TABLET .....	23
citalopram hydrobromide oral tablet.....	15	clobazam oral tablet.....	13	colestipol hcl oral tablet.....	23
CITRANATAL 90 DHA.....	38	clobetasol prop emollient base external cream 0.05 %.....	29	COMBIGAN .....	55
CITRANATAL ASSURE .....	38	clobetasol propionate e.....	29	COMBIPATCH.....	44
CITRANATAL DHA ORAL 27-1 & 250 MG.....	39	clobetasol propionate external cream .....	29	COMBIVENT RESPIMAT.....	58
claravis .....	29	clobetasol propionate external foam.....	29	COMIRNATY .....	52
CLARINEX .....	57	clobetasol propionate external gel .....	29	COMPLERA .....	20
clarithromycin er .....	12	clobetasol propionate external liquid .....	29	COMPLETENATE .....	39
clarithromycin oral suspension reconstituted.....	12	clobetasol propionate external ointment.....	29	COMTAN ORAL TABLET 200 MG..	19
clarithromycin oral tablet.....	12	clobetasol propionate external shampoo.....	29	CONCEPT DHA.....	39
CLENPIQ .....	41	clobetasol propionate external solution .....	29	CONCERTA.....	26
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12	CLOBEX EXTERNAL SHAMPOO... 29		constulose .....	41
CLEOCIN ORAL CAPSULE 75 MG. 12		CLOBEX SPRAY .....	29	CONTOUR MONITOR KIT W/ DEVICE.....	33
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12	clodan.....	29	CONTOUR NEXT EZ KIT W/ DEVICE.....	33
CLEOCIN VAGINAL CREAM.....	12	CLOMID .....	53	CONTOUR NEXT GEN MONITOR KIT W/DEVICE.....	33
CLEOCIN-T.....	29	clomiphene citrate oral tablet 50 mg .....	53	CONTOUR NEXT GEN TEST STRIPS .....	33
CLIMARA.....	44, 45	clomipramine hcl oral .....	15	CONTOUR NEXT LINK KIT W/ DEVICE.....	33
CLIMARA PRO .....	44	clonazepam oral .....	21	CONTOUR NEXT MONITOR KIT W/DEVICE .....	33
clindacin .....	29	clonidine hcl er.....	26	CONTOUR NEXT ONE DEVICE....	33
clindacin etz external swab .....	29	clonidine hcl oral.....	22	CONTOUR NEXT ONE KIT.....	33
clindacin-p.....	29	clonidine patch weekly 0.1 mg/24hr transdermal.....	23	CONTOUR NEXT TEST STRIPS....	33
CLINDAGEL.....	29	clonidine patch weekly 0.2 mg/24hr transdermal .....	23	CONTOUR PLUS BLUE.....	33
clindamycin hcl oral .....	12	clonidine patch weekly 0.3 mg/24hr transdermal .....	23	CONTOUR PLUS TEST .....	33
clindamycin palmitate hcl.....	12	clopidogrel bisulfate oral.....	20	CONTOUR TEST STRIPS.....	33
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	29	clorazepate dipotassium.....	21	COPAXONE .....	27
clindamycin phos-benzoyl perox external gel 1.2-5 %.....	29	clotrimazole external cream .....	29	CORDRAN.....	29
clindamycin phosphate external foam.....	29	clotrimazole mouth/throat .....	16	COREG .....	23
clindamycin phosphate external lotion .....	29	clotrimazole-betamethasone....	29	COREG CR .....	23
clindamycin phosphate external solution .....	29	clozapine oral tablet.....	20	CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG.....	23
clindamycin phosphate external swab.....	29	CLOZARIL.....	20	CORLANOR.....	23
clindamycin phosphate gel 1 % external .....	29	CO-NATAL FA .....	39	CORTEF .....	48
		COLAZAL .....	53	CORTENEMA.....	53
		colchicine oral .....	17	CORTIFOAM .....	53
				COSENTYX (300 MG DOSE) .....	50
				COSENTYX 150 MG/ML SUBCUTANEOUS.....	50



COSENTYX SENSOREADY (300 MG).....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML .....	50	delyla .....	44	
COSENTYX SENSOREADY PEN .....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML .....	50	DENTA 5000 PLUS.....	28, 39	
COSENTYX UNOREADY .....	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML .....	50	DENTA 5000 PLUS SENSITIVE.....	39	
COSOPT.....	55	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML .....	50	DENTAGEL .....	28	
COSOPT PF .....	55	CYMBALTA .....	15	DEPAKOTE .....	13	
COTELLIC.....	18	cyproheptadine hcl oral.....	57	DEPAKOTE ER.....	13	
COTEMPLA XR-ODT .....	26	cyred eq.....	44	DEPAKOTE SPRINKLES.....	13	
COVARYX .....	44	cyred oral tablet 0.15-30 mg-mcg.....	44	DEPEN TITRATABS.....	42	
COVARYX HS.....	44	CYTOMEL.....	49	DEPO-ESTRADIOL .....	44	
COZAAR.....	23	CYTOTEC.....	41	DEPO-PROVERA.....	44	
CREON .....	42	<b>D</b>			DEPO-SUBQ PROVERA 104 .....	44
CRESEMBA ORAL.....	16	D-CARE BLOOD GLUCOSE.....	33	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML .....	48	
CRESTOR.....	23	D-CARE GLUCOMETER .....	33	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML .....	48	
CREXONT .....	19	dabigatran etexilate mesylate .....	13	DERMA-SMOOTH/FS BODY .....	29	
cromolyn sodium ophthalmic.....	56	dalfampridine er .....	27	DERMA-SMOOTH/FS SCALP .....	29	
cromolyn sodium oral .....	41	DALIRESP.....	58	DERMACINRX UREA.....	29	
cryselle-28 .....	44	DANTRIUM ORAL.....	60	DERMOTIC.....	56	
curae .....	44	dantrolene sodium oral.....	60	DESCOVY .....	20	
CUVPOSA .....	41	DAPAGLIFLOZIN PRO-METFORMIN ER.....	37	desipramine hcl oral.....	15	
CVS ADVANCED GLUCOSE TEST .....	33	DAPAGLIFLOZIN PROPANEDIOL .....	37	desloratadine oral tablet.....	57	
CVS GLUCOSE METER TEST STRIPS .....	33	dapsone external .....	29	desmopressin acetate oral.....	48	
CVS NEEDLE COLLECTION/DISPOSAL.....	33	dapsone oral.....	18	desmopressin acetate spray .....	48	
cvs nicotine .....	11	darunavir.....	20	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5).....	44	
cvs nicotine polacrilex.....	11	dasatinib .....	18	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.....	44	
cyanocobalamin injection solution 1000 mcg/ml.....	39	dasetta 1/35 .....	44	desonide external cream.....	29	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	39	dasetta 7/7/7 .....	44	desonide external lotion .....	29	
cyanocobalamin nasal.....	39	DAVIMET-FLUORIDE.....	39	desonide external ointment .....	29	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg .....	60	DAYPRO .....	10	DESOWEN.....	29	
cyclobenzaprine hcl oral tablet 7.5 mg .....	60	daysee.....	44	desoximetasone external cream .....	29	
CYCLOGYL.....	56	DAYVIGO.....	60	desoximetasone external ointment.....	30	
cyclopentolate hcl ophthalmic .....	56	DDAVP ORAL .....	48	desvenlafaxine succinate er .....	15	
cyclophosphamide oral capsule .....	18	deblitane.....	44	DETROL.....	42	
CYCLOSET .....	37	deferasirox oral tablet.....	39	DETROL LA .....	42	
cyclosporine modified oral capsule.....	50	DELESTROGEN.....	44	DEXABLISS .....	48	
cyclosporine ophthalmic.....	56	DELSTRIGO.....	20	dexamethasone intensol.....	48	
cyclosporine oral .....	50			dexamethasone oral elixir.....	48	
CYLTEZO (2 PEN) .....	50			dexamethasone oral solution .....	48	
CYLTEZO (2 SYRINGE) .....	50			dexamethasone oral tablet .....	48	

dexamethasone oral tablet therapy pack.....	48	diclofenac-misoprostol .....	10	dorzolamide hcl solution 2 % ophthalmic.....	55
dexamethasone sodium phosphate ophthalmic .....	54	DICLOFONO .....	10	dorzolamide hcl-timolol mal .....	55
DEXCOM G6 RECEIVER .....	33	dicloxacillin sodium.....	12	dorzolamide hcl-timolol mal pf ...	55
DEXCOM G6 SENSOR .....	33	dicyclomine hcl oral .....	41	dotti .....	44
DEXCOM G6 TRANSMITTER.....	33	DIFICID ORAL TABLET .....	12	DOVATO.....	20
DEXCOM G7 RECEIVER .....	33	DIFLUCAN .....	16	doxazosin mesylate oral.....	23
DEXCOM G7 SENSOR .....	33	difluprednate .....	56	doxepin hcl oral capsule.....	15
DEXEDRINE.....	26	digitek oral tablet 125 mcg, 250 mcg .....	23	doxepin hcl oral concentrate .....	15
DEXILANT .....	41	digoxin oral tablet .....	23	doxepin hcl oral tablet.....	60
dexlansoprazole .....	41	DILANTIN INFATABS .....	13	doxycycline .....	12, 30
dexmethylphenidate hcl .....	26	DILANTIN ORAL CAPSULE.....	13	doxycycline hyclate oral capsule..	12
dexmethylphenidate hcl er .....	26	DILAUDID ORAL TABLET.....	9	doxycycline hyclate oral tablet 100 mg .....	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg .....	26	dilt-xr.....	23	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg .....	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg .....	26	diltiazem hcl er beads .....	23	doxycycline hyclate oral tablet 20 mg .....	12
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	26	diltiazem hcl er coated beads.....	23	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	12
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg .....	26	diltiazem hcl er oral capsule extended release 12 hour .....	23	doxycycline monohydrate oral capsule 150 mg, 75 mg .....	12
DHIVY .....	19	diltiazem hcl er oral capsule extended release 24 hour .....	23	doxycycline monohydrate oral suspension reconstituted .....	12
DIABETES MONITOR DIGIT ADD-ON.....	33	diltiazem hcl er oral tablet extended release 24 hour .....	23	doxycycline monohydrate oral tablet.....	12
DIABETES MONITOR DIGIT SOLN .....	33	diltiazem hcl er oral tablet extended release 24 hour .....	23	doxylamine-pyridoxine.....	16
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG .....	13	diltiazem hcl oral.....	23	DRISDOL.....	39
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diazepam oral tablet.....	21	DIOVAN HCT.....	23	drospiren-eth estrad-levomefol ..	44
diazepam rectal.....	13	DIPENTUM .....	53	drospirenone-ethinyl estradiol ...	44
DICLEGIS .....	16	diphenoxylate-atropine oral tablet.....	41	DRYSOL .....	30
diclofenac potassium oral tablet 25 mg.....	10	DIPROLENE.....	30	DUAVEE .....	44
diclofenac potassium oral tablet 50 mg .....	10	disulfiram oral .....	11	DULERA .....	58
diclofenac sodium er .....	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	42	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg .....	15
diclofenac sodium external gel 1 % .....	10	divalproex sodium er .....	13	duloxetine hcl oral capsule delayed release particles 40 mg ..	15
diclofenac sodium external gel 3 %.....	30	divalproex sodium oral capsule delayed release sprinkle.....	13	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	30
diclofenac sodium ophthalmic....	54	divalproex sodium oral tablet delayed release .....	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	30
diclofenac sodium oral .....	10	DIVIGEL.....	44	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	30
		DODEX.....	39		
		dofetilide.....	23		
		dolishale.....	44		
		donepezil hcl oral tablet 10 mg, 5 mg .....	14		
		donepezil hcl oral tablet 23 mg ...	15		
		DOPTELET .....	38		



DUREZOL .....	56	ELEPSIA XR .....	13	enulose.....	41
dutasteride oral.....	43	ELESTRIN .....	44	ENVARUSUS XR.....	50
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DYANAVEL XR ORAL TABLET EXTENDED RELEASE .....	26	ELIDEL .....	30	EPCLUSA ORAL TABLET.....	21
DYMISTA .....	57	ELIMITE.....	19	EPIDIOLEX.....	14
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E.E.S. GRANULES .....	12	elinest.....	44	EPIDUO .....	30
EASIVENT.....	58	ELIQUIS.....	13	EPIDUO FORTE .....	30
EASIVENT MASK LARGE .....	58	ELIQUIS DVT/PE STARTER PACK ..	13	epinephrine solution auto- injector 0.15 mg/0.15ml injection.....	56
EASIVENT MASK MEDIUM .....	58	ELITE-OB .....	39	epinephrine solution auto- injector 0.15 mg/0.3ml injection..	56
EASIVENT MASK SMALL .....	58	ELLA.....	44	epinephrine solution auto- injector 0.3 mg/0.3ml injection ...	56
EASY COMFORT SHARPS CONTAINER.....	33	ELMIRON.....	42	EPIPEN 2-PAK.....	56
EASY MAX BLOOD GLUCOSE TEST.....	33	ELOCTATE.....	38	EPIPEN JR 2-PAK .....	56
EASY MAX T1 GLUCOSE SYSTEM ..	33	eluryng.....	44	epitol .....	14
EASY TOUCH HEALTHPRO GLUCOSE .....	33	EMBRACE BLOOD GLUCOSE TEST .....	33	eplerenone.....	23
EASY TOUCH TEST .....	33	EMBRACE WAVE BLOOD GLUCOSE IN VITRO .....	33	EQ BLOOD GLUCOSE TEST .....	33
EASYGLUCO .....	33	EMEND ORAL CAPSULE.....	16	eq nicotine.....	11
EASYMAX 15 TEST .....	33	EMGALITY .....	17	eq nicotine polacrilex.....	11
EASYMAX NG BLOOD GLUCOSE KIT.....	33	EMPAVELI.....	50	eq nicotine step 3.....	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg .....	21	eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg .....	11
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG .....	10	emtricitabine-tenofovir df oral tablet 200-300 mg .....	21	EQUETRO .....	22
ec-naproxen .....	10	emzahn.....	44	ergocalciferol oral capsule....	39, 40
econazole nitrate external .....	16	enalapril maleate oral solution....	23	ERIVEDGE .....	18
econtra ez oral tablet 1.5 mg.....	44	enalapril maleate oral tablet .....	23	ERLEADA ORAL TABLET 240 MG ..	18
econtra one-step .....	44	enalapril-hydrochlorothiazide ...	23	ERLEADA ORAL TABLET 60 MG...	18
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EEMT .....	44	ENDOMETRIN .....	53	ERYPED 200.....	12
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GENVOYA .....	21	goodsense nicotine .....	11	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML .....	38	
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glipizide er .....	37	GUARDIAN CONNECT TRANSMITTER .....	34	HIDEX 6-DAY .....	48	
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HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML . . . .	51	hydrocortisone acetate rectal . . . .	53	HYZAAR . . . . .	23
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML . . . . .	51	hydrocortisone butyrate external cream . . . . .	30		
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML . . . . .	51	hydrocortisone external cream 1 % . . . . .	30	<b>I</b>	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML . . . . .	51	hydrocortisone external cream 2.5 % . . . . .	30	ibandronate sodium oral . . . . .	54
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HUMULIN 70/30 KWIKPEN . . . . .	36	hydrocortisone external ointment 1 %, 2.5 % . . . . .	30	ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	10
HUMULIN 70/30 VIAL . . . . .	36	hydrocortisone oral . . . . .	48	iclevia . . . . .	45
HUMULIN N KWIKPEN . . . . .	36	hydrocortisone rectal . . . . .	53	ICLUSIG ORAL TABLET 10 MG, 30 MG . . . . .	18
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hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml . . . . .	9	HYFTOR . . . . .	51	IMBRUVICA ORAL CAPSULE . . . . .	18
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hydrocortisone (perianal) external cream 1 % . . . . .	53	HYPERSAL . . . . .	57	imiquimod external cream 3.75 % . . . . .	30
hydrocortisone (perianal) external cream 2.5 % . . . . .	53	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML . . . .	51	imiquimod external cream 5 % . . .	30
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		HYRIMOZ-CROHNS/UC STARTER . . .	51	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT . . . . .	17
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multivitamin w/fluoride tablet chewable 1 mg oral .....	39	naproxen sodium oral tablet 275 mg, 550 mg .....	10	NEXLIZET .....	24
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SKYRIZI SUBCUTANEOUS	52	sss 10-5 external cream	31	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	13
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SLYND	47	STALEVO 125 ORAL TABLET 31.25-125-200 MG	20	sulfasalazine oral	54
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Salt Lake City, UT 84130

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

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200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

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# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតតិគតុល ដល់មានលេខស័ក្តុសព្វញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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