



Your 2026 Prescription Drug List

Essential 4-Tier

Effective May 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, UnitedHealthcare Level Funded, Neighborhood Health Partnership Plan, Optimum Choice, Inc., River Valley, Health Plan of Nevada and Sierra Health and Life Insurance medical plans when sold in your market with a pharmacy benefit subject to the Essential 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	5
Questions	7
Analgesics	
Drugs for Pain.....	8
Drugs for Pain and Inflammation.....	8
Anti-Addiction / Substance Abuse Treatment Agents.....	9
Antibacterials	
Drugs for Infections.....	10
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	11
Anticonvulsants	
Drugs for Seizures	11
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	13
Antidepressants	
Drugs for Depression.....	13
Antiemetics	
Drugs for Nausea and Vomiting.....	13
Antifungals	
Drugs for Fungal Infections.....	13
Antigout Agents	
Drugs for Gout.....	14
Antimigraine Agents	
Drugs for Migraines	14
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	14
Antimycobacterials	
Drugs to Treat Infections.....	15
Antineoplastics	
Drugs for Cancer	15
Antiparasitics	
Drugs for Parasitic Infections.....	16
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	16
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	16
Antipsychotics	
Drugs for Mood Disorders.....	16
Antivirals	
Drugs for Viral Infections	16
Anxiolytics	
Drugs for Anxiety.....	17
Bipolar Agents	
Drugs for Mood Disorders.....	17
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	17
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	20
Drugs for Multiple Sclerosis.....	21
Miscellaneous.....	21



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	21
Dermatological Agents	
Drugs for Skin Conditions.....	22
Diabetes	
Glucose Monitoring and Supplies.....	24
Insulin.....	25
Non-Insulin Agents.....	26
Drugs for Blood Disorders.....	26
Drugs for Sexual Dysfunction.....	27
Electrolytes / Vitamins	27
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	29
Drugs for Bowel, Intestine and Stomach Conditions	29
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	30
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	30
Drugs for Prostate Conditions.....	30
Hormonal Agents	
Hormone Replacement and Birth Control	30
Oral Steroids.....	34
Other.....	34
Testosterone Replacement.....	35
Thyroid.....	35
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	35
Drugs for Vaccination	36
Infertility Agents	37
Inflammatory Bowel Disease Agents.....	37
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	38
Other.....	38
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	38
Drugs for Glaucoma.....	39
Drugs for Miscellaneous Eye Conditions	39
Otic Agents	
Drugs for Ear Conditions.....	39
Respiratory	
Drugs for Anaphylaxis.....	39
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	40
Drugs for Asthma and COPD.....	40
Drugs for Cystic Fibrosis	41
Drugs for Pulmonary Fibrosis.....	41
Drugs for Pulmonary Hypertension	42
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	42
Sleep Disorder Agents.....	42
Index	43

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 5 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) 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. 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.**

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.



Reading your PDL (continued)

Drug list information

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

H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
NF	Non-Formulary Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	Prior authorization – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. 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 benefit plan.
- **Infertility**
Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required where a state mandates infertility drug coverage.

Reading your PDL (continued)

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	NF	QL
ascomp-codeine	1	
bac (bitalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
bitalbital-acetaminophen oral tablet 50-325 mg	1	
bitalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
bitalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
bitalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
bitalbital-apap-caffeine oral tablet	1	QL
bitalbital-asa-caff-codeine	1	
bitalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl oral tablet	1	
JOURNAVX	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
premium lidocaine	2	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 50 mg	1	
tramadol-acetaminophen	1	QL
TREZIX	NF	QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation

celecoxib oral	2	
DAYPRO	4	
diclofenac potassium oral tablet 50 mg	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	4	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
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	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	

Drug Name	Drug Tier	Requirements & Limits
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
THRIVE	4	H
varenicline	3	H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	

Drug Name	Drug Tier	Requirements & Limits
BACTRIM DS	4	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
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	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ERYPED 400	4	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
fidaxomicin oral tablet	4	QL
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	4	
levofloxacin oral tablet	1	
LIKMEZ	4	
linezolid oral tablet	2	
MACROBID	4	
MACRODANTIN	4	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
sulfatrim pediatric	1	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral capsule	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	4	
XEPI	3	QL
XIFAXAN	NF	PA, QL
ZITHROMAX	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL TABLET	NF	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	4	PA
MYSOLINE	NF	PA
NAYZILAM	3	PA, QL
NEURONTIN	NF	PA
ONFI	4	PA
oxcarbazepine	1	
perampanel	3	PA
phenobarbital oral tablet	1	
phenytekt oral capsule 200 mg	1	
phenytekt oral capsule 300 mg	4	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	NF	
TOPAMAX	NF	PA
TOPAMAX SPRINKLE	NF	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	NF	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	NF	PA

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZARONTIN	4	
ZONEGRAN	NF	PA
zonisamide oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
AUVELITY	NF	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	NF	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	

Drug Name	Drug Tier	Requirements & Limits
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
RALDESY	NF	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	4	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	QL
WAINUA	3	PA, QL, SP
ZURZUVAE	3	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	NF	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
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	4	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	

Drug Name	Drug Tier	Requirements & Limits
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	3	PA, ST, QL
eletriptan hydrobromide	3	QL
EMGALITY	3	PA, ST, QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
naratriptan hcl	1	QL
NURTEC	3	PA, ST, QL
QULIPTA	3	PA, ST, QL
REYVOW	NF	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	3	PA, ST, QL
ZAVZPRET	4	PA, ST, 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
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	4	PA, QL, SP
ZILBRYSQ	4	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	3	QL, SP
abirtega	3	QL, SP
ALECENSA	3	PA, QL, SP
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	3	PA, QL, SP
BESREMI	NF	PA, QL, SP
bicalutamide	1	
BRUKINSA	4	PA, ST, QL, SP
CABOMETYX	3	PA, QL, SP
CALQUENCE	3	PA, QL, SP
capecitabine	2	SP
COTELLIC	4	PA, QL, SP
dasatinib	3	PA, QL, SP
ENSACOVE	3	PA, QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA	3	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
GAVRETO	4	PA, QL, SP
hydroxyurea oral	1	
IBRANCE ORAL TABLET	NF	PA, ST, QL, SP
ICLUSIG	4	PA, QL, SP
IDHIFA	3	PA, QL, SP
imatinib mesylate oral	1	QL, SP

Drug Name	Drug Tier	Requirements & Limits
IMBRUVICA ORAL CAPSULE	3	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	3	PA, QL, SP
IMKELDI	4	PA, QL, SP
JAKAFI	3	PA, QL, SP
KISQALI	3	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	3	PA, QL, SP
LENVIMA	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	3	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	3	PA, ST, QL, SP
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP
ORGOVYX	4	PA, QL, SP
PIQRAY	3	PA, QL, SP
POMALYST	4	PA, QL, SP
RETEVMO	4	PA, QL, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK ORAL CAPSULE	3	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, QL, SP
RYDAPT	3	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
tiopronin	3	SP
tiopronin delayed release	3	SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
torpenz	3	PA, QL, SP
TRUQAP ORAL TABLET	3	PA, QL, SP
VENCLEXTA	3	PA, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XTANDI	3	PA, QL, SP
ZEJULA	3	PA, QL, SP
ZELBORAF	3	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

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

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
INBRIJA	3	PA, QL, SP
NEUPRO	NF	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	NF	ST
ropinirole hcl	1	
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	NF	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

aripiprazole oral	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	NF	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
risperidone	1	
VRAYLAR	4	QL
ziprasidone hcl	2	

Antivirals - Drugs for Viral Infections

acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	2	
EPCLUSA ORAL TABLET	3	PA, QL, SP
famciclovir oral	2	
GENVOYA	4	QL
HARVONI ORAL TABLET	3	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	3	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET ORAL PACKET	3	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	3	QL
PREVYMIS ORAL TABLET	3	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL ORAL CAPSULE 25 MG	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	NF	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ARBLI	NF	PA
atenolol oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch	3	
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
CORGARD ORAL TABLET 20 MG, 40 MG	4	
CORLANOR	3	PA, QL
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	

Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	2	
doxazosin mesylate oral	1	
EDARBI	NF	
EDARBYCLOR	NF	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	2	
ezetimibe	2	
ezetimibe-simvastatin	NF	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	NF	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	NF	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	NF	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA, QL
KAPSPARGO SPRINKLE	4	
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	4	
LASIX	4	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	4	QL
LOPID	4	
LOPRESSOR ORAL SOLUTION	NF	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
lovastatin oral	1	H
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
metolazone	1	
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-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ramipril	1	
ranolazine er	2	
RECTIV	NF	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
sacubitril-valsartan	3	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKURNA	NF	
TEKURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	NF	
telmisartan	2	
telmisartan-hctz	2	
TEZRULY	NF	PA
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
toremide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan oral solution	4	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
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	

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	NF	PA, QL
VYNDAQEL	3	PA, QL, SP
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
atomoxetine hcl	4	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	NF	
guanfacine hcl er	2	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	NF	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AVONEX	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
dalfampridine er	3	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA	NF	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT	4	PA, QL, SP
PLEGRIDY	4	PA, QL, SP
teriflunomide	3	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	3	PA, QL, SP
AUSTEDO XR	3	PA, QL, SP
INGREZZA	3	PA, QL, SP
INGREZZA SPRINKLE	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
NUEDEXTA	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
pregabalin oral capsule	2	
RADICAVA ORS	4	PA, QL, SP
RADICAVA ORS STARTER KIT	4	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	4	PA, SP
TIGLUTIK	4	PA: SP
VEOZAH	4	PA, QL
ZEPOSIA	4	PA, ST, QL, 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	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	

Dermatological Agents - Drugs for Skin Conditions

accutane	2	
acitretin	1	
adapalene-benzoyl peroxide external gel	3	QL
AKLIEF	4	PA, QL
alclometasone dipropionate	1	
amnestem	2	
AMZEEQ	NF	QL
AVAR CLEANSER	4	
azelaic acid external	3	
AZELEX	NF	QL
BENZAMYCIN	NF	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	

betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CIBINQO	3	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	NF	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (once-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base external cream 0.05 %	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	NF	QL
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIPROLENE	4	
DRYSOL	4	
DUPIXENT	3	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	4	
ENSTILAR	4	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	1	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	

Drug Name	Drug Tier	Requirements & Limits
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
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 external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
KLARON	4	
KLISYRI	4	ST, QL
METROCREAM	4	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
NEMLUVIO	3	PA, QL, SP
neuac	3	QL
OPZELURA	NF	PA, QL, SP
OVACE PLUS WASH EXTERNAL LIQUID	4	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
podofilox external solution	1	
RHOFADE	NF	PA, QL
SANTYL	4	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZORAC EXTERNAL CREAM	NF	PA, QL
TOPICORT	4	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40	3	
VTAMA	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
ZELSUVMI	4	PA, QL
zenatane	2	
ZORYVE EXTERNAL CREAM 0.15%, 0.3%	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EMBECTA INSULIN SYRINGE	2	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	1	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	2	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	2	QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	NF	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BRENZAVVY	3	ST, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	PA, QL
BYETTA	3	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
glucagon emergency kit 1 mg injection	2	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	4	
glyburide oral	1	
glyburide-metformin	1	

Drug Name	Drug Tier	Requirements & Limits
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	3	PA, QL
nateglinide	2	QL
OZEMPIC	3	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	3	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	NF	QL
SYMLINPEN 60	NF	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	3	PA, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	3	SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADYNOVATE	4	SP
AFSTYLA	4	SP
ALPHANATE	3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	SP
ALTUVIIIO	4	SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	3	QL, SP
BENEFIX	3	SP
DOPTelet	4	PA, QL, SP
ELOCTATE	NF	SP
eltrombopag powder	4	PA, QL: SP
FABHALTA	3	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	3	PA, SP
HEMOFIL M	3	SP
HUMATE-P	3	SP
HYMPAVZI	3	PA, QL, SP
IDELVION	4	SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
NEULASTA	3	SP
NIVESTYM	3	SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROMACTA POWDER	4	PA, QL, SP
RECOMBINATE	3	SP
RETACRIT	3	QL, SP
TAVALISSE	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	SP
VOYDEYA	3	PA, QL, SP
WILATE	3	SP
ZARXIO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	NF	PA, QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
varafenil hcl oral tablet	3	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	NF	
CARNITOR SF	NF	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
MULTIVITAMIN W/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL	1	
MULTIVITAMIN W/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	1	
MULTIVITAMIN W/FLUORIDE TABLET CHEWABLE 1 MG ORAL	1	
multi-vitamin/fluoride	1	
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE	1	
NASCOBAL	4	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POTASSIUM CHLORIDE CRYSTALS ER	1	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE	1	
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ	1	

Drug Name	Drug Tier	Requirements & Limits
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
POTASSIUM CHLORIDE ORAL	1	
POTASSIUM CITRATE ER	1	
PRENATAL ORAL TABLET 27-1 MG	1	
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATE MINI	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
SODIUM CITRATE-CITRIC ACID ORAL SOLUTION 500-334 MG/5ML	1	
SODIUM FLUORIDE-POTASSIUM NITRATE	1	
SODIUM FLUORIDE 5000 ENAMEL	1	
SODIUM FLUORIDE 5000 SENSITIVE	1	
SODIUM FLUORIDE ORAL SOLUTION	1	H
SODIUM FLUORIDE ORAL TABLET CHEWABLE	1	H
TRICARE ORAL TABLET	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	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50000 UNIT	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
bis subcit-metronid-tetracyc	NF	QL
bismuth/metronidaz/tetracyclin	NF	QL
cimetidine oral	1	
CYTOTEC	4	
esomeprazole magnesium oral packet	4	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
BYLVAY	NF	PA, QL, SP
BYLVAY (PELLETS)	NF	PA, QL, SP
chlordiazepoxide-clidinium	NF	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	

Drug Name	Drug Tier	Requirements & Limits
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
lubiprostone	2	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
REZDIFFRA	4	PA, QL
SUFLAVE	3	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	4	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	3	PA, QL, SP
CARNITOR ORAL TABLET	NF	
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
SUCRAID	3	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	3	PA, QL, SP
tolvaptan oral tablet therapy pack	3	PA, QL, SP
VYNDAMAX	3	PA, QL, SP
VYNDAQEL	3	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	NF	ST
mirabegron er	3	ST
oxybutynin chloride er	2	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	4	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	ST
tropium chloride	3	
VANRAFIA	4	PA, QL, SP
VELPHORO	4	ST
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	2	
abigale lo	2	
ACTIVEVILLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
conjugated estrogen oral	3	
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H

Drug Name	Drug Tier	Requirements & Limits
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	2	QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	NF	
DUAVEE	4	QL
EEMT	2	
EEMT HS	3	
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
estradiol oral	1	
estradiol patch twice weekly	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	4	QL
finzala	1	H
fyavolv	1	
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
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	1	H
jasmiel	NF	
jencycla	1	H
jinteli	1	

Drug Name	Drug Tier	Requirements & Limits
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	NF	H
low-ogestrel	1	H
lo-zumandimine	NF	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
luteru	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
nikki	NF	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	

Drug Name	Drug Tier	Requirements & Limits
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	NF	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	4	
progesterone intramuscular	1	
progesterone oral	2	
PROVERA	4	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	2	H
sharobel	1	H
simliya	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	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
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
valtya 1/50	1	H
velivet	1	H
vestura	NF	
vienva	1	H
violele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H

Drug Name	Drug Tier	Requirements & Limits
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	NF	
Hormonal Agents - Oral Steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
leuprolide acetate injection	1	PA: SP
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPEN	3	PA, QL, SP
OMNITROPE	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP

Hormonal Agents - Testosterone Replacement

DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %	2	PA, QL (generic Androgel Pump)

Hormonal Agents - Thyroid

ARMOUR THYROID	3	
ERMEZA	3	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	

Drug Name	Drug Tier	Requirements & Limits
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
thyroid oral	1	
TIROSINT-SOL	NF	PA
unithroid	1	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADALIMUMAB-ADAZ	3	PA, QL, SP
ADBRY	3	PA, QL, SP
AMJEVITA	3	PA, QL, SP
ANDEMBRY	3	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
BIMZELX	4	PA, ST, QL, SP
CIMZIA	3	PA, QL, SP
COSENTYX	3	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	3	PA, QL, SP
ENBREL	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
ENTYVIO PEN	3	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	NF	
gengraf oral capsule	1	
HAEGARDA	3	PA, QL, SP
HUMIRA*	NF	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HYFTOR	4	PA, QL
JYLAMVO	4	PA
KEVZARA	NF	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	4	PA, QL, SP
LUPKYNIS	NF	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	3	
mycophenolic acid	3	
MYHIBBIN	1	
OLUMIANT	4	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	3	PA, QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA	3	PA, QL, SP
OTEZLA XR	3	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	3	PA, QL, SP
SOTYKTU	3	PA, QL, SP
STEQEYMA SUBCUTANEOUS	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA, QL, SP
TREMFYA	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
TREXALL	2	
WEZLANA	3	PA, QL, SP
XELJANZ	3	PA, QL, SP
XELJANZ XR	3	PA, QL, SP
YESINTEK SUBCUTANEOUS	3	PA, QL, SP
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
Infertility Agents		
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	QL, SP
GONAL-F	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
progesterone suppository	2	

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	QL
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
APRISO	1	
AZULFIDINE	NF	
AZULFIDINE EN-TABS	NF	
balsalazide disodium	1	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	NF	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA	NF	
sulfasalazine oral	1	
UCERIS ORAL	NF	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	4	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	4	
risedronate sodium oral tablet 30 mg, 5 mg	4	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	4	PA, SP
TYMLOS	4	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	NF	
YORVIPATH	4	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	4	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL

Drug Name	Drug Tier	Requirements & Limits
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMYY	4	PA, QL
ZYLET	3	

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
TRYPTYR	4	PA, QL
TYRVAYA	NF	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	4	
DERMOTIC	4	
flac otic oil 0.01 %	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 INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
EPIPEN 2-PAK	4	QL
NEFFY	4	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
cypheptadine hcl oral	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	

Drug Name	Drug Tier	Requirements & Limits
sodium chloride inhalation	1	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
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	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BREATHE COMFORT CHAMBER/ADULT	3	
BREATHE COMFORT CHAMBER/CHILD	3	
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	4	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL, SP
FLEXICHAMBER	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	NF	QL
PROCHAMBER VHC	3	

Drug Name	Drug Tier	Requirements & Limits
QVAR REDIHALER	2	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
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
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS
XOLAIR	3	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
PULMOZYME	3	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	NF	PA, QL, SP
pirfenidone	3	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	3	PA, QL, SP
alyq	NF	PA, QL, SP
bosentan	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	4	PA, QL, SP
TYVASO	3	PA, SP
TYVASO DPI	3	PA, QL, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	

Sleep Disorder Agents

armodafinil	2	QL
BELSOMRA	4	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
modafinil oral	2	QL
ramelteon	4	QL

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

See page 5-7 for coverage details.



Index

A

abigale	30	acyclovir oral tablet	16	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	40
abigale lo.....	30	ADACEL	36	albuterol sulfate oral syrup 2 mg/5ml.....	40
abiraterone acetate oral tablet 250 mg	15	ADALIMUMAB-ADAZ	35	alclometasone dipropionate.....	22
abirtega	15	adapalene-benzoyl peroxide external gel	22	ALECENSA	15
ABRYSVO.....	36	ADBRY.....	35	alendronate sodium oral tablet ...	38
acamprosate calcium	9	ADDYI.....	27	alfuzosin hcl er.....	30
acarbose oral	26	ADEMPAS	42	aliskiren fumarate	17
ACCOLATE.....	40	ADVAIR HFA.....	40	allopurinol oral tablet 100 mg, 300 mg.....	14
ACCU-CHEK AVIVA SOLUTION ...	24	ADVATE.....	26	ALOGLIPTIN BENZOATE	26
ACCU-CHEK FASTCLIX LANCET..	24	ADYNOVATE	27	ALORA.....	30
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	24	AEROCHAMBER HOLDING CHAMBER.....	40	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	39
ACCU-CHEK GUIDE KIT W/ DEVICE.....	24	AEROCHAMBER PLS FLOVU MTHPIECE	40	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	39
ACCU-CHEK GUIDE ME METER...	24	AEROCHAMBER PLUS FLO-VU....	40	ALPHANATE.....	27
ACCU-CHEK GUIDE TEST STRIPS	24	AEROCHAMBER PLUS FLO-VU INTERM	40	alprazolam er	17
ACCU-CHEK SOFTCLIX LANCET .	24	AEROCHAMBER PLUS FLO-VU LARGE.....	40	alprazolam oral	17
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	24	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	40	alprazolam xr	17
accutane	22	AEROCHAMBER PLUS FLO-VU SMALL.....	40	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT.....	27
acebutolol hcl oral.....	17	AEROCHAMBER PLUS FLO-VU W/MASK.....	40	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT.....	27
acetaminophen-codeine oral tablet.....	8	AEROCHAMBER2GO ANTI- STATIC	40	ALREX.....	38
acetazolamide er	17	afirmelle.....	30	altavera.....	30
acetazolamide oral	17	AFLURIA PRESERVATIVE FREE ...	36	ALTUVIIIIO	27
acetic acid otic.....	39	AFSTYLA.....	27	ALUNBRIG	15
acitretin	22	AIMOVIG.....	14	ALVAIZ	27
ACTEMRA ACTPEN	35	AIRSUPRA.....	40	alyacen 1/35	30
ACTEMRA SUBCUTANEOUS.....	35	AKLIEF	22	alyacen 7/7/7	30
ACTIVELLA	30	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	40	alyq.....	42
ACTOPLUS MET.....	26	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	40	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	30
ACULAR	38			amantadine hcl oral capsule	16
ACULAR LS.....	38			amantadine hcl oral tablet.....	16



amethia oral tablet 0.15-0.03 & 0.01 mg	30	ARANESP (ALBUMIN FREE)	27	ayuna	31
amiloride hcl oral	17	ARBLI	17	AZASAN	35
amiodarone hcl oral	17	AREXVY	36	AZASITE	38
amitriptyline hcl oral	13	aripiprazole oral	16	azathioprine oral tablet 100 mg, 75 mg	35
AMJEVITA	35	armodafinil	42	azathioprine oral tablet 50 mg	35
amlodipine besylate oral	17	ARMOUR THYROID	35	azelaic acid external	22
amlodipine besylate-benazepril hcl	17	ARNUITY ELLIPTA	40	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	40
amlodipine besylate-valsartan	17	ascomp-codeine	8	azelastine hcl ophthalmic	38
amnestem	22	asenapine maleate	16	AZELEX	22
amoxicillin	10	ashlyna	31	azithromycin oral packet 1 gm	10
amoxicillin-potassium clavulanate	10	atenolol oral	17	AZSTARYS	20
amphet-dextroamphet 3-bead er	20	atenolol-chlorthalidone	18	AZULFIDINE	37
amphetamine sulfate	20	atomoxetine hcl	20	AZULFIDINE EN-TABS	37
amphetamine- dextroamphetamine	20	ATORVALIQ	18	azurette	31
amphetamine- dextroamphetamine er	20	atorvastatin calcium oral tablet 10 mg, 20 mg	18		
ampicillin	10	atorvastatin calcium oral tablet 40 mg, 80 mg	18		
AMZEEQ	22	atovaquone	16		
ANALPRAM HC	37	atovaquone-proguanil hcl	16		
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	37	atropine sulfate ophthalmic solution 1 %	39		
ANALPRAM-HC EXTERNAL CREAM	37	ATROVENT HFA	40		
ANASPAZ	29	ATTRUBY	30		
anastrozole oral	15	aubra eq	31		
ANDEMBRY	35	AUGTYRO	15		
ANNOVERA	31	aurovela 1/20	31		
ANORO ELLIPTA	40	aurovela 1.5/30	31		
ANUCORT-HC	37	aurovela 24 fe	31		
ANUSOL-HC EXTERNAL	37	aurovela fe 1/20	31		
apap-caff-dihydrocodeine	8	aurovela fe 1.5/30	31		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	13	AUSTEDO	21		
apri	31	AUSTEDO XR	21		
APRISO	37	AUVELITY	13		
ARAKODA	16	AUVI-Q	39		
aranelle	31	avanafil	27		
		AVAR CLEANSER	22		
		aviane	31		
		AVIDOXY	10		
		AVONEX	21		
		AYGESTIN ORAL TABLET 5 MG	31		

B

bac (butalbital-acetamin-caff)	8
bacitracin-polymyxin b	38
baclofen oral tablet 10 mg, 20 mg, 5 mg	42
BACTRIM	10
BACTRIM DS	10
BAFIERTAM	21
balsalazide disodium	37
balziva	31
BAQSIMI ONE PACK	26
BAQSIMI TWO PACK	26
BD AUTOSHIELD DUO PEN NEEDLES	24
BD ULTRA-FINE PEN NEEDLES	24
BD ULTRA-FINE U-500 INSULIN SYRINGES	24
BD VEO ULTRA-FINE INSULIN SYRINGES	24
BD-ULTRA FINE INSULIN SYRINGES	24
BELBUCA	8
BELSOMRA	42
benazepril hcl oral	18
benazepril-hydrochlorothiazide	18

BENEFIX	27	blisovi 24 fe	31	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	35	blisovi fe 1/20	31	bupropion hcl oral	13
BENZAMYCIN	22	blisovi fe 1.5/30	31	buspirone hcl oral.....	17
benzonatate oral capsule 100 mg, 200 mg	40	BONSITY	38	butalbital-acetaminophen oral tablet 50-325 mg	8
benzoyl peroxide-erythromycin ..	22	BOOSTRIX	36	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	8
benztropine mesylate oral	16	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5.....	36	butalbital-apap-cafeine oral capsule 50-300-40 mg.....	8
BESIVANCE	38	bosentan.....	42	butalbital-apap-cafeine oral capsule 50-325-40 mg	8
BESREMI	15	BREATHE COMFORT CHAMBER/ ADULT.....	41	butalbital-apap-cafeine oral tablet.....	8
betamethasone dipropionate aug external cream.....	22	BREATHE COMFORT CHAMBER/ CHILD	41	butalbital-asa-caff-codeine.....	8
betamethasone dipropionate aug external lotion.....	22	BRENZAVVY.....	26	butalbital-aspirin-cafeine.....	8
betamethasone dipropionate aug external ointment.....	22	BREO ELLIPTA	41	butorphanol tartrate nasal.....	8
betamethasone dipropionate external cream.....	22	BREZTRI AEROSPHERE.....	41	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML.....	26
betamethasone dipropionate external lotion	22	briellyn	31	BYETTA.....	26
betamethasone dipropionate external ointment	22	BRILINTA.....	16	BYLVAY	29
betamethasone valerate external cream.....	22	brimonidine tartrate ophthalmic solution 0.15 %	39	BYLVAY (PELLETS).....	29
betamethasone valerate external lotion	22	brimonidine tartrate ophthalmic solution 0.2 %	39		
betamethasone valerate external ointment	22	brinzolamide.....	39		
BETASERON.....	21	BRIVIACT ORAL TABLET.....	11		
bethanechol chloride oral.....	30	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	40		
BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	39	bromfenac sodium (once-daily) ..	38		
BETIMOL OPHTHALMIC SOLUTION 0.5 %.....	39	bromocriptine mesylate oral tablet.....	16		
BEVESPI AEROSPHERE.....	40	bromphen-pseudoeph-dm	40		
bicalutamide.....	15	BRUKINSA	15		
BIJUVA.....	31	budesonide inhalation.....	41		
BIKTARVY	16	budesonide oral	37		
bimatoprost ophthalmic	39	bumetanide oral	18		
BIMZELX	35	BUMEX	18		
bis subcit-metronid-tetracyc	29	buprenorphine.....	8, 9		
bismuth/metronidaz/tetracyclin .	29	buprenorphine hcl sublingual.....	9		
bisoprolol fumarate oral tablet ...	18	buprenorphine hcl-naloxone hcl sublingual film	9		
bisoprolol-hydrochlorothiazide ...	18	buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	9		
		bupropion hcl er (smoking det)....	9		
		bupropion hcl er (sr).....	13		

C

cabergoline	34
CABOMETYX.....	15
calcipotriene external cream	22
calcipotriene external ointment ..	22
calcipotriene external solution ...	22
CALCITRENE.....	22
calcitriol oral capsule.....	38
calcium acetate (phos binder) oral capsule	30
CALQUENCE	15
camila	31
camrese.....	31
camrese lo	31
CAMZYOS	18
candesartan cilexetil	18
candesartan cilexetil-hctz	18

capecitabine.....	15	chlorzoxazone oral tablet 500 mg.....	42	clindamycin phos (once-daily) gel 1 % external	22
CAPLYTA	16	cholestyramine light	18	clindamycin phos (twice-daily) gel 1 % external	22
captopril oral.....	18	cholestyramine oral	18	clindamycin phos-benzoyl perox external gel 1.2-5 %	22
CAPVAXIVE.....	36	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	37	clindamycin phosphate external lotion	22
carbamazepine er	11	CIBINQO.....	22	clindamycin phosphate external solution	22
carbamazepine oral tablet	11	ciclodan.....	13	clindamycin phosphate external swab.....	22
carbamazepine oral tablet chewable.....	11	ciclopirox external gel.....	13	clindamycin phosphate vaginal ...	10
carbidopa-levodopa er	16	ciclopirox external shampoo.....	14	CLINDESSE	10
carbidopa-levodopa oral tablet....	16	ciclopirox external solution	14	CLINPRO 5000	21
carbinoxamine maleate oral tablet 4 mg.....	40	ciclopirox olamine external cream	14	clobazam oral suspension 2.5 mg/ml	11
CARDURA	18	ciclopirox olamine external suspension.....	22	clobazam oral tablet.....	11
carisoprodol oral tablet 350 mg ..	42	cilostazol.....	16	clobetasol prop emollient base external cream 0.05 %.....	22
CARNITOR ORAL SOLUTION	27	CIMDUO	16	clobetasol propionate e.....	22
CARNITOR ORAL TABLET	30	cimetidine oral.....	29	clobetasol propionate external cream 0.05 %.....	22
CARNITOR SF.....	27	CIMZIA.....	35	clobetasol propionate external gel.....	22
cartia xt	18	cinacalcet hcl	38	clobetasol propionate external liquid	22
carvedilol.....	18	CIPRO ORAL TABLET.....	10	clobetasol propionate external ointment.....	23
cefadroxil oral capsule	10	ciprofloxacin hcl ophthalmic.....	38	clobetasol propionate external solution	23
cefadroxil oral suspension reconstituted	10	ciprofloxacin hcl oral	10	CLOMID.....	37
cefdinir.....	10	ciprofloxacin-dexamethasone....	39	clomiphene citrate oral	37
cefixime oral capsule.....	10	citalopram hydrobromide oral tablet.....	13	clomipramine hcl oral	13
cefpodoxime proxetil oral tablet .	10	claravis	22	clonazepam oral.....	17
cefprozil.....	10	clarithromycin oral tablet	10	clonidine hcl er.....	20
cefuroxime axetil	10	CLENPIQ.....	29	clonidine hcl oral.....	18
celecoxib oral.....	8	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10	clonidine patch	18
cephalexin	10	CLEOCIN ORAL CAPSULE 75 MG.	10	clopidogrel bisulfate oral.....	16
CEQUR SIMPLICITY 2U 8PK.....	24	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	10	clorazepate dipotassium	17
CERDELGA.....	30	CLEOCIN VAGINAL CREAM.....	10	clotrimazole mouth/throat	14
CETROTIDE.....	37	CLEOCIN-T.....	22	clotrimazole-betamethasone....	23
cevimeline hcl	21	CLIMARA PRO	31	clozapine oral tablet.....	16
charlotte 24 fe	31	clindacin etz external swab	22	CLOZARIL.....	16
chateal eq.....	31	clindacin-p	22		
chlordiazepoxide hcl	17	clindamycin hcl oral	10		
chlordiazepoxide-clidinium.....	29	clindamycin palmitate hcl.....	10		
chlorhexidine gluconate mouth/ throat.....	21				
chlorpromazine hcl oral tablet....	16				
chlorthalidone	18				

CO-NATAL FA	27	cyanocobalamin injection solution 1000 mcg/ml.....	27	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	35
colchicine oral	14	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	27	DERMA-SMOOTH/FS BODY	23
colchicine-probenecid	14	cyanocobalamin nasal.....	27	DERMA-SMOOTH/FS SCALP	23
colesevelam hcl oral tablet.....	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	42	DERMOTIC.....	39
COLESTID ORAL TABLET	18	CYCLOGYL.....	39	DESCOVY ORAL TABLET 120-15 MG.....	16
colestipol hcl oral tablet.....	18	cyclopentolate hcl ophthalmic ...	39	DESCOVY ORAL TABLET 200-25 MG.....	16
COMBIGAN	39	cyclosporine modified oral capsule.....	35	desipramine hcl oral.....	13
COMBIPATCH.....	31	cyproheptadine hcl oral.....	40	desmopressin acetate oral.....	34
COMBIVENT RESPIMAT	41	cyred eq.....	31	desmopressin acetate spray	34
COMIRNATY	36	CYTOTEC.....	29	desogestrel-ethinyl estradiol	31
conjugated estrogen oral	31			desonide external cream.....	23
constulose	29			desonide external lotion	23
CONTOUR NEXT EZ KIT W/ DEVICE.....	24			desonide external ointment	23
CONTOUR NEXT GEN MONITOR KIT.....	24			DESOWEN.....	23
CONTOUR NEXT MONITOR KIT W/DEVICE	24			desoximetasone external cream .	23
CONTOUR NEXT ONE KIT.....	24			desoximetasone external ointment.....	23
CONTOUR NEXT TEST STRIPS.....	24			desvenlafaxine succinate er	13
CONTOUR PLUS BLUE KIT W/ DEVICE.....	24			dexamethasone intensol.....	34
CONTOUR PLUS TEST STRIP.....	24			dexamethasone oral elixir.....	34
CORGARD ORAL TABLET 20 MG, 40 MG	18			dexamethasone oral solution.....	34
CORLANOR	18			dexamethasone oral tablet	34
CORTEF	34			dexamethasone oral tablet therapy pack.....	34
CORTIFOAM	37			dexamethasone sodium phosphate ophthalmic	38
COSENTYX.....	35			DEXCOM G6 RECEIVER	25
COSOPT.....	39			DEXCOM G6 SENSOR	25
COTELLIC.....	15			DEXCOM G6 TRANSMITTER.....	25
COVARYX	31			DEXCOM G7 RECEIVER	25
COVARYX HS.....	31			DEXCOM G7 SENSOR	25
CREON	30			dexmethylphenidate hcl	20
CRESEMBA ORAL.....	14			dexmethylphenidate hcl er	20
CREXONT	16			dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	20
cromolyn sodium ophthalmic.....	39			dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	20
cromolyn sodium oral	29				
cryselle-28	31				
cvs nicotine	9				
cvs nicotine polacrilex.....	9				

D

dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	20	divalproex sodium oral tablet delayed release	12	EASIVENT MASK MEDIUM	41
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	12	DIVIGEL.....	31	EASIVENT MASK SMALL	41
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	12	DODEX INJECTION SOLUTION 1000 MCG/ML	27	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	23
diazepam oral solution	17	dofetilide.....	18	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	9
diazepam oral tablet.....	17	DOPTelet	27	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9
diazepam rectal.....	12	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	39	ec-naproxen	9
diclofenac potassium oral tablet 50 mg	8	dorzolamide hcl-timolol mal	39	econazole nitrate external	14
diclofenac sodium er	9	dotti	31	EDARBI.....	18
diclofenac sodium external gel 3 %.....	23	DOVATO.....	17	EDARBYCLOR.....	18
diclofenac sodium ophthalmic....	38	doxazosin mesylate oral.....	18	EEMT	31
diclofenac sodium oral	9	doxepin hcl oral capsule.....	13	EEMT HS.....	31
diclofenac-misoprostol	9	doxepin hcl oral concentrate	13	EFUDEx EXTERNAL CREAM 5 % ..	23
dicloxacin sodium.....	10	doxycycline hyclate oral capsule. .	10	ELESTRIN	31
dicyclomine hcl oral capsule	29	doxycycline hyclate oral tablet 100 mg	10	eletriptan hydrobromide	14
dicyclomine hcl oral tablet 10mg, 20 mg	29	doxycycline hyclate oral tablet 20 mg	10	ELIMITE.....	16
difluprednate	39	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	10	elinest	31
digoxin oral tablet	18	doxycycline monohydrate oral suspension reconstituted	10	ELIQUIS TABLET.....	11
DILANTIN.....	12	doxycycline monohydrate oral tablet.....	10	ELLA.....	31
dilt-xr	18	DRISDOL.....	27	ELMIRON.....	30
diltiazem hcl er beads	18	dronabinol	13	ELOCTATE.....	27
diltiazem hcl er coated beads.....	18	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	31	eltrombopag powder.....	27
diltiazem hcl er oral capsule extended release 12 hour	18	drospirenone-ethinyl estradiol ...	31	eluryng	31
diltiazem hcl er oral capsule extended release 24 hour	18	DRYSOL	23	EMBECTA INSULIN SYRINGE	25
diltiazem hcl er oral tablet extended release 24 hour	18	DUAVEE	31	EMGALITY	14
diltiazem hcl oral.....	18	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13	EMPAVELI.....	35
dimethyl fumarate oral.....	21	DUPIXENT	23	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	17
DIPENTUM	37	dutasteride oral.....	30	emtricitabine-tenofovir df oral tablet 200-300 mg	17
diphenoxylate-atropine oral tablet.....	29			emzahn.....	31
DIPROLENE.....	23			enalapril maleate oral solution....	18
disulfiram oral	9			enalapril maleate oral tablet	18
divalproex sodium er	12			enalapril-hydrochlorothiazide	18
divalproex sodium oral capsule delayed release sprinkle.....	12			ENBREL	35
				ENBREL MINI	35
				ENBREL SURECLICK.....	35
				endocet.....	8
				ENDOMETRIN	37

E

ENGERIX-B.....	36	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	11	etodolac.....	9
enilloring	31	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	11	etonogestrel-ethinyl estradiol	32
ENLITE GLUCOSE SENSOR	25	erythromycin external.....	23	EUCRISA	23
enoxaparin sodium injection solution prefilled syringe.....	11	erythromycin ophthalmic	38	euthyrox.....	35
enpresse-28.....	31	escitalopram oxalate oral solution 5 mg/5ml.....	13	EVAMIST	32
ENSACOVE.....	15	escitalopram oxalate oral tablet ..	13	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	35
enskyce	31	ESGIC ORAL CAPSULE 50-325-40 MG	8	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	15
ENSTILAR.....	23	ESGIC ORAL TABLET 50-325-40 MG	8	EVRYSDI ORAL SOLUTION RECONSTITUTED.....	30
entecavir	17	eslicarbazepine acetate	12	exemestane.....	15
ENTYVIO PEN.....	35	esomeprazole magnesium oral packet.....	29	EXKIVITY ORAL CAPSULE 40 MG	15
enulose.....	29	est estrogens-methyltest	31	EYSUVIS	38
EPCLUSA ORAL TABLET.....	17	est estrogens-methyltest ds.....	31	ezetimibe	18
EPIDIOLEX.....	12	est estrogens-methyltest hs.....	31	ezetimibe-simvastatin.....	18
epinastine hcl.....	38	estarylla.....	31		
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML.....	39	estradiol oral.....	31, 33		
epinephrine solution auto- injector.....	39	estradiol patch twice weekly	31		
EPIPEN 2-PAK.....	39	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.....	31		
epitol	12	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	31		
eplerenone.....	18	estradiol transdermal patch weekly.....	32		
eq nicotine	9	estradiol vaginal cream.....	32		
eq nicotine mouth/throat gum 4 mg.....	9	estradiol vaginal tablet.....	32		
eq nicotine polacrilex.....	9	estradiol valerate intramuscular ..	32		
eq nicotine step 3.....	9	estradiol-norethindrone acet.....	32		
eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	9	estratest f.s.....	32		
ergocalciferol oral capsule	27, 28	ESTRATEST H.S.....	32		
ERIVEDGE	15	ESTRING	32		
ERLEADA.....	15	ESTROGEL	32		
ERMEZA.....	35	eszopiclone	42		
errin	31	ethambutol hcl oral.....	15		
ERYGEL.....	23	ethosuximide oral	12		
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ..	10	ethynodiol diac-eth estradiol	32		
ERYPED 400	11				
erythromycin base oral tablet	11				

F

FABHALTA.....	27
falmina	32
famciclovir oral	17
famotidine oral suspension reconstituted	29
FASENRA PEN.....	41
fayosim oral tablet 42-21-21-7 days	32
febuxostat	14
feirza 1/20.....	32
feirza 1.5/30.....	32
FELDENE ORAL CAPSULE 20 MG..	9
felodipine er	18
FEMRING	32
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	18
fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	18
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	18
fenofibric acid oral capsule delayed release	18

fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .	8	FLUORIMAX 5000 SENSITIVE....	27	FREESTYLE LIBRE 2 READER	25
FETZIMA	13	fluorometholone	38	FREESTYLE LIBRE 2 SENSOR	25
fidaxomicin oral tablet	11	fluorouracil external cream 5 %...	23	FREESTYLE LIBRE 3 PLUS SENSOR.....	25
FINACEA EXTERNAL FOAM.....	23	fluoxetine hcl oral capsule	13	FREESTYLE LIBRE 3 READER	25
finasteride oral tablet 5 mg	30	fluoxetine hcl oral solution.....	13	FREESTYLE LIBRE 3 SENSOR	25
fingolimod hcl	21	fluoxetine hcl oral tablet 10 mg...	13	FREESTYLE LIBRE READER	25
finzala	32	fluoxetine hcl oral tablet 20 mg, 60 mg	13	frovatriptan succinate.....	14
FIORICET	8	fluticasone propionate external cream	23	ft naloxone hcl.....	9
flac otic oil 0.01 %.....	39	fluticasone propionate external ointment	23	ft nicotine.....	9
FLAREX	38	fluticasone propionate nasal.....	40	ft nicotine mini.....	9
flecainide acetate	18	fluticasone-salmeterol inhalation aerosol powder		FUROSCIX	18
FLEXICHAMBER.....	41	breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	41	furosemide oral.....	18
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML.....	27	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED		fyavolv.....	32
FLUAD.....	36	113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	41	FYCOMPA ORAL SUSPENSION ...	12
FLUARIX	36	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED		FYCOMPA ORAL TABLET.....	12
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	36	113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT	41	FYREMADEL	37
fluconazole oral.....	14	fluvoxamine maleate.....	13		
fludrocortisone acetate oral	34	fluvoxamine maleate er	13		
FLULAVAL.....	36	FLUZONE HIGH-DOSE	36		
flunisolide nasal.....	40	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	36		
fluocinolone acetonide body	23	FML FORTE	38		
fluocinolone acetonide external cream	23	FML LIQUIFILM	38		
fluocinolone acetonide external ointment.....	23	FOCALIN.....	20		
fluocinolone acetonide external solution	23	folic acid oral tablet 1 mg.....	27		
fluocinolone acetonide otic.....	39	FOLLISTIM AQ.....	37		
fluocinolone acetonide scalp	23	FOSAMAX.....	38		
fluocinonide external cream 0.05 %	23	fosfomycin tromethamine	11		
fluocinonide external gel.....	23	fosinopril sodium	18		
fluocinonide external ointment...	23	FRAICHE 5000 DENTAL.....	21		
fluocinonide external solution ...	23	FREESTYLE LIBRE 14 DAY READER	25		
FLUORIDEX.....	21	FREESTYLE LIBRE 14 DAY SENSOR.....	25		
FLUORIDEX ENHANCED WHITENING.....	21	FREESTYLE LIBRE 2 PLUS SENSOR.....	25		
FLUORIMAX 5000.....	21, 27				

G

g tussin ac.....	40
gabapentin oral capsule.....	12
gabapentin oral solution 250 mg/5ml.....	12
gabapentin oral tablet 600 mg, 800 mg.....	12
gallifrey.....	32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	37
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	36
gatifloxacin ophthalmic.....	38
gavilyte-c	29
gavilyte-g	29
gavilyte-n with flavor pack	29
GAVRETO	15
gemfibrozil oral.....	18
generlac.....	29
gengraf oral capsule.....	35
gentamicin sulfate external.....	11
gentamicin sulfate ophthalmic ...	38

GENVOYA	17	GUARDIAN CONNECT TRANSMITTER.....	25	hm nicotine polacrilex mouth/ throat lozenge 2 mg	9
GILENYA	21	GUARDIAN LINK 3 TRANSMITTER.....	25	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	9
glatiramer acetate.....	21	GUARDIAN REAL-TIME REPLACE PED.....	25	HUMALOG CARTRIDGE	25
glatopa.....	21	GUARDIAN SENSOR 3	25	HUMALOG KWIKPEN	25
glimepiride oral tablet 1 mg, 2 mg, 4 mg	26	GVOKE HYPOPEN 1-PACK.....	26	HUMALOG MIX 50/50 KWIKPEN ..	25
glipizide er	26	GVOKE HYPOPEN 2-PACK.....	26	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	25
glipizide oral tablet 10 mg, 5 mg ..	26	GVOKE KIT.....	26	HUMALOG MIX 75/25 KWIKPEN ..	25
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg.....	26	GVOKE PFS.....	26	HUMALOG MIX 75/25 VIAL	25
glipizide-metformin hcl	26	GYNAZOLE-1.....	14	HUMALOG U-100 JUNIOR KWIKPEN.....	25
glucagon emergency kit 1 mg injection.....	26			HUMATE-P	27
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	26	H		HUMIRA.....	35
GLUCOTROL XL	26	habitrol.....	9	HUMULIN 70/30 KWIKPEN	25
glyburide oral	26	HAEGARDA.....	35	HUMULIN 70/30 VIAL.....	25
glyburide-metformin.....	26	hailey 1.5/30	32	HUMULIN N KWIKPEN	25
glycopyrrolate oral tablet 1 mg, 2 mg	29	hailey 24 fe	32	HUMULIN N VIAL.....	25
GLYXAMBI	26	hailey fe 1/20.....	32	HUMULIN R SOLUTION 100 UNIT/ML INJECTION.....	25
gnp naloxone hcl	9	hailey fe 1.5/30.....	32	HUMULIN R U-500 KWIKPEN	25
gnp nicotine mini	9	HALCION.....	17	HUMULIN R U-500 VIAL	25
gnp nicotine polacrilex mouth/ throat gum 2 mg.....	9	halobetasol propionate external cream	23	hydralazine hcl oral	18
gnp nicotine polacrilex mouth/ throat lozenge	9	halobetasol propionate external ointment.....	23	hydrochlorothiazide oral	18
gnp nicotine transdermal	9	haloette.....	32	hydrocod poli-chlorphe poli er....	40
GOLYTELY	29	haloperidol oral	16	hydrocodone bit-homatrop mbr oral solution.....	40
GONAL-F.....	37	HARVONI ORAL TABLET	17	hydrocodone-acetaminophen oral solution 10-300 mg/15ml	8
goodsense nicotine.....	9	HAVRIX.....	36	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.....	8
griseofulvin microsize oral suspension	14	heather.....	32	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg. .	8
guaifenesin ac oral syrup 100-10 mg/5ml	40	HEMANGEOL	18	hydrocort-pramoxine (perianal) ..	37
guaifenesin-codeine	40	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	27	hydrocortisone (perianal) external cream 2.5 %.....	37
guanfacine hcl	18, 20	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	37	hydrocortisone ace-pramoxine external cream 1-1 %.....	37
guanfacine hcl er	20	HEMOFIL M.....	27	hydrocortisone acetate rectal	37
GUARDIAN 4 GLUCOSE SENSOR .	25	HEPLISAV-B.....	36		
GUARDIAN 4 TRANSMITTER.....	25	HIPREX.....	11		
		hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	9		

hydrocortisone external cream 2.5 %.....	23
hydrocortisone external lotion 2.5 %.....	23
hydrocortisone external ointment 1 %, 2.5 %.....	23
hydrocortisone oral.....	34
hydrocortisone valerate external cream	23
hydrocortisone-acetic acid	39
hydromet.....	40
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral ..	16
hydroxyurea oral.....	15
hydroxyzine hcl oral	17
hydroxyzine pamoate oral.....	17
HYFTOR.....	36
HYMPAVZI	27
hyoscyamine sulfate er.....	29
hyoscyamine sulfate oral tablet....	29
hyoscyamine sulfate oral tablet dispersible	29
hyoscyamine sulfate sublingual....	29
HYPERSAL	40

I

ibandronate sodium oral	38
IBRANCE ORAL TABLET	15
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	9
iclevia	32
ICLUSIG.....	15
IDELVION	27
IDHIFA	15
imatinib mesylate oral.....	15
IMBRUVICA ORAL CAPSULE.....	15
IMBRUVICA ORAL TABLET 420 MG.....	15
imipramine hcl oral	13
imiquimod external cream 5 %....	23
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	14

IMKELDI.....	15
IMVEXXY MAINTENANCE PACK ..	27
IMVEXXY STARTER PACK.....	27
INBRIJA.....	16
incassia.....	32
indapamide	18
indomethacin er	9
indomethacin oral capsule.....	9
INGREZZA	21
INGREZZA SPRINKLE	21
INPEN	25
INSPIREASE.....	41
INSULIN LISPRO JUNIOR KWIKPEN.....	25
INSULIN LISPRO KWIKPEN.....	26
INSULIN LISPRO PROT & LISPRO.....	26
INSULIN LISPRO VIAL	26
INTRAROSA.....	27
introvale.....	32
INVELTYS	38
INZIRQO	18
IPOL.....	36
ipratropium bromide inhalation ..	41
ipratropium bromide nasal.....	40
ipratropium-albuterol	41
IQIRVO	29
irbesartan.....	18
irbesartan-hydrochlorothiazide...	18
ISENTRESS HD.....	17
ISENTRESS ORAL TABLET	17
isibloom.....	32
isoniazid oral tablet.....	15
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %....	39
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	19
isosorbide mononitrate er	19
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	23
ISTALOL.....	39

itraconazole oral capsule.....	14
ivabradine hcl.....	19
ivermectin oral tablet 3 mg	16
ivermectin oral tablet 6 mg	16

J

jaimiess.....	32
JAKAFI	15
jantoven.....	11
JARDIANCE.....	26
jasmiel.....	32
jencycla	32
JENTADUETO.....	26
JENTADUETO XR	26
jinteli	32
jolessa.....	32
JORNAY PM	20
JOURNAVX.....	8
JUBLIA.....	14
juleber.....	32
JULUCA.....	17
junel 1/20	32
junel 1.5/30	32
junel fe 1/20.....	32
junel fe 1.5/30.....	32
junel fe 24	32
JUST RIGHT 5000 DENTAL GEL 1.1 %	21
JUST RIGHT 5000 DENTAL PASTE	21
JYLAMVO	36

K

K-PHOS-NEUTRAL.....	28
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	28
kalliga	32
KAPSPARGO SPRINKLE	19
kariva	32
kelnor 1/35.....	32
kelnor 1/50.....	32

KEPPRA ORAL	12	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	12	levocarnitine sf	28
KEPPRA XR	12	lamotrigine er	12	levocetirizine dihydrochloride oral solution	40
KESIMPTA	21	lamotrigine oral tablet	12	levocetirizine dihydrochloride oral tablet	40
ketoconazole external cream	14	lamotrigine oral tablet chewable ..	12	levofloxacin oral tablet	11
ketoconazole external shampoo ..	14	lamotrigine oral tablet dispersible	12	levonest	32
ketorolac tromethamine ophthalmic	38	LANOXIN ORAL TABLET 125 MCG, 250 MCG	19	levonorg-eth estrad triphasic	32
ketorolac tromethamine oral	9	LANOXIN ORAL TABLET 62.5 MCG	19	levonorgest-eth est & eth est oral tablet 42-21-21-7 days	32
KEVZARA	36	lansoprazole oral tablet delayed release dispersible	29	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	32
KISQALI	15	LANTUS SOLOSTAR	26	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	32
KLARON	23	LANTUS U-100 VIAL	26	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	32
klayesta	14	larin 1/20	32	levora 0.15/30 (28)	32
KLISYRI	23	larin 1.5/30	32	levothyroxine sodium oral tablet ..	35
klor-con	28	larin 24 fe	32	levoxyl	35
klor-con 10	28	larin fe 1/20	32	LEVSIN	29
klor-con m10	28	larin fe 1.5/30	32	LEVSIN/SL	29
klor-con m15	28	LASIX	19	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	12
klor-con m20	28	latanoprost ophthalmic	39	lidocaine external ointment 5 % ...	8
KLOXXADO	9	LEDIPASVIR-SOFOSBUVIR	17	lidocaine external patch 5 %	8
kls quit2	9	leena	32	lidocaine hcl mouth/throat	21
kls quit4	9	leflunomide oral	36	lidocaine viscous hcl	21
KOATE	27	lenalidomide	15	lidocaine-prilocaine external cream	8
KOATE-DVI	27	LENVIMA	15	LIKMEZ	11
KOGENATE FS	27	lessina	32	linezolid oral tablet	11
KOSELUGO	15	letrozole oral	15	LINZESS	29
KOURZEQ	21	leucovorin calcium oral	15	liothyronine sodium oral	35
KOVALTRY	27	leuprolide acetate injection	35	liraglutide solution pen-injector 18 mg/3ml subcutaneous	26
KRINTAFEL	16	levabuterol hcl inhalation	41	lisdexamfetamine dimesylate	20
kurvelo	32	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	41	lisinopril oral	19
KYZATREX	35	LEVIBID	29	lisinopril-hydrochlorothiazide	19
L		levetiracetam er	12	LITFULO	36
labetalol hcl oral	19	levetiracetam oral solution	12	lithium carbonate er	17
lacosamide oral	12	levetiracetam oral tablet	12		
lactulose encephalopathy	29	levo-t	35		
lactulose oral solution	29	levocarnitine oral solution	28		
LAGEVRIO	17	levocarnitine oral tablet	30		
LAMICTAL	12				
LAMICTAL ODT ORAL TABLET DISPERSIBLE	12				

lithium carbonate oral.....	17	M-NATAL PLUS.....	28	metaxalone oral tablet 400 mg, 800 mg.....	42
LITHOBID.....	17	MACROBID.....	11	metformin hcl er.....	26
LIVDELZI.....	29	MACRODANTIN.....	11	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	26
LO LOESTRIN FE.....	32	MALARONE.....	16	methadone hcl oral tablet.....	8
lo-zumandimine.....	32	marlissa.....	33	methenamine hippurate.....	11
LODOCO.....	19	matzim la.....	19	methimazole oral.....	35
lojaimiess.....	32	MAVENCLAD.....	21	methocarbamol oral tablet 500 mg, 750 mg.....	42
LOKELMA.....	28	MAVYRET ORAL PACKET.....	17	methotrexate sodium (pf).....	36
LOMOTIL.....	29	maxi-tuss ac.....	40	methotrexate sodium injection solution.....	36
LOPID.....	19	MAXITROL.....	38	methotrexate sodium oral.....	36
LOPRESSOR ORAL SOLUTION....	19	MAXZIDE ORAL TABLET 75-50 MG.....	19	METHYLIN.....	20
lorazepam oral tablet.....	17	MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	19	methylphenidate hcl er (cd).....	21
loryna.....	32	MAYZENT.....	21	methylphenidate hcl er (la) oral capsule extended release 24 hour	21
losartan potassium oral.....	19	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	34	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	21
losartan potassium-hctz.....	19	MEDROL ORAL TABLET 2 MG.....	34	methylphenidate hcl er oral tablet extended release.....	21
LOTEMAX OPHTHALMIC OINTMENT.....	38	MEDROL ORAL TABLET THERAPY PACK.....	34	methylphenidate hcl oral solution.....	21
LOTEMAX SM.....	38	medroxyprogesterone acetate intramuscular.....	33	methylphenidate hcl oral tablet ..	21
LOTENSIN.....	19	medroxyprogesterone acetate oral.....	33	methylphenidate hcl oral tablet chewable.....	21
LOTENSIN HCT.....	19	mefloquine hcl.....	16	methylprednisolone oral.....	34
loteprednol etabonate ophthalmic suspension.....	38	megestrol acetate oral suspension 40 mg/ml.....	35	metoclopramide hcl oral tablet...	13
lovastatin oral.....	19	megestrol acetate oral tablet.....	33	metolazone.....	19
low-ogestrel.....	32	meleya.....	33	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg.....	19
lubiprostone.....	29	meloxicam oral tablet.....	9	metoprolol succinate er oral tablet extended release 24 hour 25 mg.....	19
LUMAKRAS.....	15	memantine hcl er.....	13	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg.....	19
LUMIGAN.....	39	memantine hcl oral tablet.....	13	metoprolol-hydrochlorothiazide..	19
LUMRYZ.....	42	MENOPUR.....	37	METROCREAM.....	23
LUPKYNIS.....	36	MENOSTAR.....	33	METROLOTION.....	23
lurasidone hcl.....	16	MENQUADFI.....	36	metronidazole external cream....	23
luteru.....	33	MENVEO.....	36		
lyleq.....	33	mercaptopurine oral tablet.....	15		
lyllana.....	33	mesalamine oral capsule delayed release 400 mg.....	37		
LYNPARZA.....	15	mesalamine oral tablet delayed release 1.2 gm.....	37		
LYRICA ORAL CAPSULE.....	21	mesalamine rectal enema.....	37		
LYUMJEV KWIKPEN.....	26	mesalamine rectal suppository...	37		
LYUMJEV VIAL.....	26				
lyza.....	33				
M					
M-M-R II.....	36				

nicotine transdermal patch 24 hour	9, 10	NORLIQVA	19	ODOMZO.....	15
nifedipine er	19	norlyroc	33	OFEV	41
nifedipine er osmotic release	19	NORPRAMIN.....	13	ofloxacin ophthalmic.....	38
nifedipine oral	19	nortrel 0.5/35 (28).....	33	ofloxacin otic	39
nikki	33	nortrel 1/35 (21)	33	olanzapine oral tablet	16
nilotinib hcl.....	15	nortrel 1/35 (28).....	33	olanzapine oral tablet dispersible. 16	
NITRO-BID.....	19	nortrel 7/7/7	33	olmesartan medoxomil oral.....	19
NITRO-DUR.....	19	nortriptyline hcl oral capsule.....	13	olmesartan medoxomil-hctz.....	19
nitrofurantoin macrocrystal	11	NOVAREL	37	olopatadine hcl nasal.....	40
nitrofurantoin monohydrate macrocrystals.....	11	NOVOEIGHT	27	olopatadine hcl ophthalmic solution 0.1 %	38
nitroglycerin rectal	19	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	25	OLUMIANT.....	36
nitroglycerin sublingual	19	NOVOFINE PEN NEEDLE.....	25	OMECLAMOX-PAK.....	29
nitroglycerin transdermal.....	19	NOVOFINE PLUS PEN NEEDLE ...	25	omega-3-acid ethyl esters	19
NITROSTAT	19	NOVOPEN ECHO.....	25	omeprazole oral capsule delayed release	29
NIVA THYROID.....	35	np thyroid	35	OMNIPOD 5 DEXCOM INTRO KIT.....	25
NIVA-PLUS.....	28	NUBEQA.....	15	OMNIPOD 5 DEXCOM PODS.....	25
NIVESTYM	27	NUCALA.....	41	OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	25
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	35	NUCYNTA	8	OMNIPOD 5 G7 PODS (GEN 5)....	25
nora-be.....	33	NUCYNTA ER.....	8	OMNIPOD 5 LIBRE INTRO KIT	25
NORDITROPIN FLEXPPO	35	NUDEXTA	21	OMNIPOD 5 LIBRE PODS	25
norelgestromin-eth estradiol	33	NULEV.....	29	OMNITROPE	35
norethin ace-eth estrad-fe oral tablet.....	33	NURTEC	14	OMVOH SUBCUTANEOUS.....	36
norethin ace-eth estrad-fe oral tablet chewable.....	33	NUWIQ	27	ondansetron hcl oral	13
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	33	NUZYRA ORAL.....	11	ondansetron odt oral tablet dispersible 4 mg, 8 mg	13
norethindrone acet-ethinyl est ...	33	nyamyc.....	14	ONE VITE WOMENS PLUS.....	28
norethindrone acetate oral	33	nylia 1/35.....	33	ONFI	12
norethindrone oral	33	nylia 7/7/7.....	33	ONYDA XR.....	21
norethindrone-eth estradiol	33	nymyo oral tablet 0.25-35 mg-mcg.....	33	OPSUMIT.....	42
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	33	nystatin external.....	14	OPVEE.....	10
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	33	nystatin mouth/throat	14	OPZELURA	23
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	33	nystatin oral.....	14	ORACIT	28
		nystatin-triamcinolone.....	14	ORAL CITRATE.....	28
		nystop.....	14	ORALONE	21
				ORENCIA CLICKJECT	36
				ORENCIA SUBCUTANEOUS	36
				ORFADIN.....	30

O

ocella.....	33
OCUFLOX	38
ODACTRA.....	40
ODEFSEY.....	17



ORGOVYX.....	15	PAXLOVID.....	17	podofilox external solution	24
ORIAHNN	35	PEDIAPRED	34	POLYCIN	38
ORILISSA	35	peg 3350-kcl-na bicarb-nacl.....	29	polymyxin b-trimethoprim.....	38
orphenadrine citrate er.....	42	peg-3350/electrolytes	29	POMALYST.....	15
OSCIMIN.....	29	peg-3350/electrolytes/ascorbat .	29	portia-28.....	33
oseltamivir phosphate oral.....	17	peg-kcl-nacl-nasulf-na asc-c	29	posaconazole oral tablet delayed release	14
OSPHENA	27	penicillin v potassium	11	potassium chloride crys er	28
OTEZLA	36	pentoxifylline er	19	potassium chloride er oral capsule extended release.....	28
OTEZLA XR.....	36	perampanel.....	12	potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq.....	28
OVACE PLUS WASH EXTERNAL LIQUID.....	23	PERFOROMIST.....	41	potassium chloride er oral tablet extended release 15 meq	28
OVACE WASH	24	PERIDEX	21	potassium chloride oral	28
OVIDREL.....	37	periogard	21	potassium citrate er	28
oxaprozin oral tablet.....	9	permethrin external.....	16	pramipexole dihydrochloride	16
oxcarbazepine	12	perphenazine oral	13	prasugrel hcl.....	16
oxybutynin chloride er	30	PERTZYE	30	pravastatin sodium	19
oxybutynin chloride oral solution.	30	PFIZER COVID-19 VAC-TRIS 5-11Y.....	37	prazosin hcl oral	19
oxybutynin chloride oral tablet 2.5 mg	30	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	37	PRED MILD.....	38
oxybutynin chloride oral tablet 5 mg.....	30	phenazo oral tablet 200 mg.....	30	prednisolone acetate ophthalmic.....	38
oxycodone hcl oral capsule	8	phenazopyridine hcl oral tablet 100 mg, 200 mg	30	prednisolone oral solution	34
oxycodone hcl oral solution.....	8	phenobarbital oral tablet.....	12	prednisolone sodium phosphate oral solution 15 mg/5ml	34
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	phenytekt oral capsule 200 mg....	12	prednisone oral	34
oxycodone hcl oral tablet 5 mg	8	phenytoin sodium extended	12	pregabalin oral capsule.....	21
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	philith	33	PREGNYL.....	37
OZEMPIC.....	26	PHOSPHA 250 NEUTRAL	28	PREMARIN ORAL	33
P		phospho-trin 250 neutral	28	PREMARIN VAGINAL	33
PACERONE ORAL TABLET 100 MG, 400 MG.....	19	phosphorous.....	28	premium lidocaine.....	8
PACERONE ORAL TABLET 200 MG.....	19	pilocarpine hcl oral	21	PREMPHASE	33
paliperidone er.....	16	pimecrolimus	24	PREMPRO	33
PANCREAZE.....	30	pimtrea.....	33	prenatal oral tablet 27-1 mg	28
PANRETIN.....	24	pioglitazone hcl.....	26	prenatal plus.....	28
pantoprazole sodium oral tablet delayed release	29	pioglitazone hcl-metformin hcl...	26	prenatal plus vitamin/mineral....	28
paroxetine hcl er.....	13	PIQRAY	15	PRENATE MINI.....	28
paroxetine hcl oral tablet.....	13	pirfenidone	41	prevalite.....	19
		piroxicam oral.....	9	PREVIDENT 5000 BOOSTER PLUS.....	21
		PLEGRIDY.....	21		
		PLENVU	29		
		pnv 27-ca/fe/fa.....	28		



S

sacubitril-valsartan.....	20	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr.....	10	SUCRAID.....	30
SALAGEN.....	22	sod citrate-citric acid oral solution 500-334 mg/5ml.....	28	sucalfate oral suspension.....	29
SANTYL.....	24	sod fluoride-potassium nitrate ...	28	sucalfate oral tablet.....	29
SAVELLA.....	21	sodium chloride inhalation.....	40	SUFLAVE.....	29
saxagliptin hcl.....	26	sodium fluoride 5000 enamel	28	sulfacetamide sod-sulfur wash external liquid 9-4 %.....	24
saxagliptin-metformin er.....	26	sodium fluoride 5000 plus.....	22	sulfacetamide sodium (acne).....	24
SCSEMBLIX.....	15	sodium fluoride 5000 ppm.....	22	sulfacetamide sodium external...	24
scopolamine.....	13	sodium fluoride 5000 sensitive...	28	sulfacetamide sodium ophthalmic solution.....	38
selenium sulfide external lotion ..	24	sodium fluoride dental.....	22	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	24
SEREVENT DISKUS.....	41	sodium fluoride oral solution	28	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml...	11
sertraline hcl oral concentrate...	13	sodium fluoride oral tablet chewable.....	28	sulfamethoxazole-trimethoprim oral tablet.....	11
sertraline hcl oral tablet.....	13	SODIUM OXYBATE.....	42	sulfasalazine oral.....	37
setlakin.....	33	sodium sulfacetamide wash	24	sulfatrim pediatric.....	11
sevelamer carbonate oral tablet..	30	SOFOSBUVIR-VELPATASVIR.....	17	sulindac oral.....	9
sf 5000 plus.....	22	solifenacin succinate.....	30	sumatriptan nasal.....	14
sf gel 1.1%.....	22	SOLIQUEA.....	26	sumatriptan succinate oral.....	14
SFROWASA.....	37	SOOLANTRA.....	24	sumatriptan succinate subcutaneous solution auto- injector.....	14
sharobel.....	33	sotalol hcl oral.....	20	SUNOSI.....	42
SHINGRIX.....	37	SOTYKTU.....	36	SUPREP BOWEL PREP KIT.....	30
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	27	SPIKEVAX.....	37	SUTAB.....	30
sildenafil citrate oral tablet 20 mg.....	42	SPIRIVA HANDIHALER.....	41	syeda.....	34
silodosin.....	30	SPIRIVA RESPIMAT.....	41	SYMBICORT.....	41
SILVADENE.....	11	spironolactone oral tablet.....	20	SYMFI.....	17
silver sulfadiazine external.....	11	spironolactone-hctz.....	20	SYMFI LO ORAL TABLET 400-300-300 MG.....	17
simliya.....	33	SPORANOX.....	14	SYMLINPEN 120.....	26
simpesse.....	34	SPRAVATO.....	13	SYMLINPEN 60.....	26
SIMPONI.....	36	sprintec 28.....	34	SYMPAZAN.....	12
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	20	sronyx.....	34	SYMPROIC.....	30
simvastatin oral tablet 80 mg.....	20	ssd.....	11	SYNJARDY.....	26
SINEMET.....	16	STENDRA.....	27	SYNJARDY XR.....	26
SINGULAIR ORAL PACKET.....	41	STEQEYMA SUBCUTANEOUS.....	36		
sirolimus oral tablet.....	36	STIOLTO RESPIMAT.....	41		
SKYRIZI.....	36	STIVARGA.....	15		
SKYTROFA.....	35	STRENSIQ.....	30		
SLYND.....	34	STRIVERDI RESPIMAT.....	41		
sm nicotine.....	10	STROMECTOL.....	16		
sm nicotine polacrilex.....	10	subvenite.....	12		

T

TABRECTA.....	15
tacrolimus external.....	24



tacrolimus oral.....	36	temozolomide	15	tiopronin	15
tadalafil (pah).....	42	TENCON	8	tiopronin delayed release	15
tadalafil oral.....	27	TENIVAC	37	TIROSINT-SOL.....	35
TADLIQ.....	42	tenofovir disoproxil fumarate.....	17	TIVICAY	17
tafluprost (pf).....	39	terazosin hcl	30	tizanidine hcl oral capsule.....	42
TAGRISSO.....	15	terbinafine hcl oral	14	tizanidine hcl oral tablet.....	42
TAKHZYRO SUBCUTANEOUS SOLUTION	36	terconazole	14	TOBI PODHALER.....	41
tamoxifen citrate oral tablet 10 mg.....	15	teriflunomide	21	TOBRADEX OPHTHALMIC OINTMENT.....	38
tamoxifen citrate oral tablet 20 mg	15	TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS.....	38	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	38
tamsulosin hcl	30	TESTIM.....	35	tobramycin ophthalmic	38
TANLOR	42	testosterone cypionate intramuscular.....	35	tobramycin-dexamethasone.....	38
TAPERDEX 12-DAY	34	testosterone enanthate intramuscular.....	35	tolterodine tartrate.....	30
TAPERDEX 6-DAY	34	testosterone transdermal gel 1.62 %.....	35	tolvaptan oral tablet therapy pack	30
TAPERDEX 7-DAY	34	tetracycline hcl oral capsule	11	TOPAMAX	12
tarina 24 fe	34	TEZRULY	20	TOPAMAX SPRINKLE	12
tarina fe 1/20 eq	34	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	41	TOPICORT	24
TAVALISSE	27	THRIVE.....	10	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %.....	24
tazarotene external cream.....	24	thyroid oral.....	35	topiramate oral capsule sprinkle..	12
TAZORAC EXTERNAL CREAM.....	24	tiadylt er.....	20	topiramate oral tablet.....	12
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	20	TIAZAC.....	20	torpenz.....	16
TECHLITE INSULIN SYRINGES (Arkray).....	25	ticagrelor.....	16	torsemide.....	20
TECHLITE PEN NEEDLES (Arkray).....	25	TIGLUTIK	21	TOUJEO MAX SOLOSTAR	26
TECHLITE PLUS PEN NEEDLES (Arkray).....	25	TIKOSYN	20	TOUJEO SOLOSTAR	26
TEGLUTIK.....	21	tilia fe.....	34	TRADJENTA.....	26
TEGRETOL ORAL TABLET.....	12	timolol hemihydrate.....	39	tramadol hcl (er biphasic) oral tablet extended release 24 hour ...	8
TEGRETOL-XR.....	12	timolol maleate (once-daily)	39	tramadol hcl er.....	8
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	30	timolol maleate ocudose.....	39	tramadol hcl oral tablet 50 mg.....	8
TEKTURNA.....	20	timolol maleate ophthalmic.....	39	tramadol-acetaminophen	8
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG.....	20	timolol maleate pf	39	trandolapril	20
telmisartan.....	20	TIMOPTIC OCUDOSE	39	tranexamic acid oral.....	27
telmisartan-hctz.....	20	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	39	travoprost (bak free)	39
temazepam	42	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	39	trazodone hcl oral	13
		tinidazole oral.....	11	TRELEGY ELLIPTA	41
				TREMFYA.....	36
				tretinoin external cream	24
				TREXALL	36

TREZIX	8	trivora (28)	34	valproic acid oral capsule	12
tri-estarylla	34	trosipium chloride.....	30	valproic acid oral solution 250 mg/5ml.....	12
tri-legest fe	34	TRULICITY.....	26	valsartan oral solution.....	20
tri-lynyah.....	34	TRUQAP ORAL TABLET.....	16	valsartan oral tablet	20
tri-lo-estarylla	34	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	17	valsartan-hydrochlorothiazide....	20
tri-lo-marzia	34	TRYPTYR.....	39	VALTOCO	12
tri-lo-mili.....	34	turqoz	34	valtya 1/50	34
tri-lo-sprintec.....	34	TWIIST REFILL KIT	25	VANCOCIN.....	11
tri-mili	34	TWIIST REFILL KIT/INFUSION SET	25	vancomycin hcl oral capsule	11
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	34	TWIIST STARTER KIT	25	VANDAZOLE	11
tri-sprintec.....	34	TWINRIX	37	VANRAFIA.....	30
tri-vite/fluoride.....	28	TYBLUME	34	VAQTA	37
tri-vylibra.....	34	tydemy oral tablet 3-0.03-0.451 mg.....	34	vardenafil hcl oral tablet	27
tri-vylibra lo	34	TYMLOS.....	38	varenicline	10
triamcinolone acetonide external cream 0.025 %, 0.1 %	24	TYRVAYA	39	VARIVAX	37
triamcinolone acetonide external cream 0.5 %	24	TYVASO	42	velivet	34
triamcinolone acetonide external lotion	24	TYVASO DPI	42	VELPHORO.....	30
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	24	U			28
triamcinolone acetonide mouth/ throat.....	22	UBRELVY.....	14	VENCLEXTA.....	16
triamterene-hctz	20	UCERIS ORAL.....	37	venlafaxine hcl.....	13
triazolam	17	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	venlafaxine hcl er oral capsule extended release 24 hour	13
TRICARE ORAL TABLET	28	unithroid	35	VEOZAH	21
triderm.....	24	urea external cream 20 %, 40 %, 45 %	24	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg.....	20
TRIDESILON EXTERNAL CREAM 0.05 %	24	UREMEZ-40	24	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg. 20	20
trihexyphenidyl hcl oral tablet	16	UROCIT-K 10.....	28	verapamil hcl er oral tablet extended release	20
TRIJARDY XR.....	26	UROCIT-K 15.....	28	verapamil hcl oral.....	20
TRIKAFTA ORAL TABLET THERAPY PACK	41	UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	28	VERELAN.....	20
TRILEPTAL	12	ursodiol oral capsule 300 mg	30	VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	20
trimethoprim oral	11	ursodiol oral tablet	30	VERKAZIA.....	39
TRINATAL RX 1	28	V			20
TRINATE.....	28	valacyclovir hcl oral.....	17	VERQUVO	20
TRINTELLIX.....	13	valganciclovir hcl oral tablet	17	VERZENIO.....	16
TRIUMEQ.....	17			vestura	34
				VFEND ORAL TABLET 200 MG	14

zonisamide oral capsule.....	13
ZORYVE EXTERNAL CREAM 0.15%, 0.3%.....	24
ZORYVE EXTERNAL FOAM	24
zovia 1/35 (28)	34
ZTLIDO.....	8
ZUBSOLV.....	10
zumandimine	34
ZURZUVAE	13
ZYLET	38
ZYLOPRIM ORAL TABLET 100 MG, 300 MG.....	14

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

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថា និងការទំនាក់ទំនងគតិកថាផ្គត់ផ្គង់សម្រាប់អ្នក ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វថ្ងៃមកលេខគតិកថាផ្គត់ផ្គង់នៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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