



Your 2025 Prescription Drug List

Flex Base 3-Tier

Effective May 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Surest and Oxford medical plans with a pharmacy benefit subject to the Flex Base 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	10
Antibacterials	
Drugs for Infections.....	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	13
Anticonvulsants	
Drugs for Seizures	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	14
Antidepressants	
Drugs for Depression.....	14
Antiemetics	
Drugs for Nausea and Vomiting.....	15
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	16
Antimigraine Agents	
Drugs for Migraines	17
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	17
Antimycobacterials	
Drugs to Treat Infections.....	17
Antineoplastics	
Drugs for Cancer	17
Antiparasitics	
Drugs for Parasitic Infections.....	19
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	19
Antipsychotics	
Drugs for Mood Disorders.....	19
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	21
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	21
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	25
Drugs for Multiple Sclerosis.....	26
Miscellaneous.....	26



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	27
Dermatological Agents	
Drugs for Skin Conditions.....	27
Diabetes	
Glucose Monitoring and Supplies.....	31
Insulin.....	34
Non-Insulin Agents.....	35
Drugs for Blood Disorders.....	36
Drugs for Sexual Dysfunction.....	37
Electrolytes / Vitamins	37
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	39
Drugs for Bowel, Intestine and Stomach Conditions	40
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	41
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	41
Drugs for Prostate Conditions.....	42
Hormonal Agents	
Hormone Replacement and Birth Control	42
Oral Steroids.....	46
Other.....	47
Testosterone Replacement.....	47
Thyroid.....	47
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	48
Drugs for Vaccination	51
Infertility Agents	51
Inflammatory Bowel Disease Agents	52
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	52
Other.....	53
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	53
Drugs for Eye Infection and Inflammation.....	54
Drugs for Glaucoma.....	54
Drugs for Miscellaneous Eye Conditions	54
Otic Agents	
Drugs for Ear Conditions.....	55
Respiratory	
Drugs for Anaphylaxis.....	55
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	55
Drugs for Asthma and COPD.....	56
Drugs for Cystic Fibrosis	58
Drugs for Pulmonary Fibrosis.....	58
Drugs for Pulmonary Hypertension	58
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	59
Sleep Disorder Agents.....	59
Index	60

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York (referred to as First Start in New Jersey) – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification)³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	3	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	3	QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet	1	QL
butalbital-apap-caff-cod	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	1	

Drug Name	Drug Tier	Requirements & Limits
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
LIDOTRAL 1	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	3	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
oxymorphone hcl er	1	PA, QL
PERCOCET	E	QL
premium lidocaine	1	
PROLATE ORAL TABLET	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 50 mg, 25 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	
TRIDACAINE III	E	
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CATAFLAM ORAL TABLET 50 MG	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	

Drug Name	Drug Tier	Requirements & Limits
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
mefenamic acid oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	3	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H

Drug Name	Drug Tier	Requirements & Limits
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	3	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL

Antibacterials - Drugs for Infections

ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	E	
AVIDOXY	3	
azithromycin oral	1	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
cefдинир	1	
cefixime	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
FIRVANQ	3	

Drug Name	Drug Tier	Requirements & Limits
FLAGYL	3	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
LYMEPAK ORAL TABLET 100 MG	3	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	3	
MONUROL ORAL PACKET 3 GM	3	
moxifloxacin hcl oral	1	
mupirocin cream	1	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SEYSARA	3	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
APTOM	3	
BANZEL	3	
BRIVIACT ORAL	3	
carbamazepine er	1	

Drug Name	Drug Tier	Requirements & Limits
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	3	
EPIDIOLEX	3	SP
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	
FINTEPLA	3	PA
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral	1	
LIBERVANT	3	
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	
oxcarbazepine er	1	
OXTELLAR XR	3	
phenobarbital oral	1	
phenytec	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
rufinamide	1	
subvenite	1	
SYMPAZAN	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er oral capsule extended release 24 hour	1	
topiramate oral	1	

Drug Name	Drug Tier	Requirements & Limits
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	
vigabatrin oral packet	1	PA, SP
vigadrone oral packet	1	PA, SP
vigpoder	1	PA, SP
VIMPAT ORAL	3	
XCOPRI	3	
ZARONTIN	3	
ZONEGRAN	3	
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

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

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	
bupropion hcl er (sr)	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral	1	
FETZIMA	3	
fluoxetine hcl oral	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MARINOL ORAL CAPSULE 10 MG, 5 MG	E	
MARINOL ORAL CAPSULE 2.5 MG	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	QL
ciclopirox external	1	QL
ciclopirox olamine external cream	1	QL
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	QL
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	
JUBLIA	3	QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	
AJOVY	E	
almotriptan malate	1	
eletriptan hydrobromide	1	
EMGALITY	2	
FROVA	E	
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	
QULIPTA	2	
RELPAX	E	
REYVOW	3	ST
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous	1	
TOSYMRA	3	
UBRELVY	2	
ZAVZPRET	3	
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	

Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL	E	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA, SP
AFINITOR	E	PA, SP
ALECENSA	2	PA
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, SP
BRUKINSA	3	PA, ST, SP
CABOMETYX	2	PA, SP
CALQUENCE	2	PA, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, SP
capecitabine	1	SP
CASODEX	3	

See page 6-8 for coverage details.



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

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRUQAP ORAL TABLET	2	PA, SP
VENCLEXTA	2	PA, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XELODA	E	SP
XTANDI	2	PA, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, SP
ZYTIGA	3	PA, SP

Antiparasitics - Drugs for Parasitic Infections

albendazole oral	1	
ARAKODA	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	1	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	

Antiparkinson Agents - Drugs for Parkinson's Disease

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

Drug Name	Drug Tier	Requirements & Limits
CREXONT	E	
DHIVY	3	
entacapone	1	
INBRIJA	3	PA, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	3	
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
asenapine maleate	1	
CAPLYTA	3	
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	
LATUDA	E	
loxapine succinate	1	
lurasidone hcl	1	
NUPLAZID ORAL CAPSULE	3	
olanzapine oral	1	
paliperidone er	1	
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	1	
acyclovir external ointment	1	
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
STRIBILD	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZIRGAN	3	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	

Drug Name	Drug Tier	Requirements & Limits
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	3	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate oral	1		CARDIZEM LA	E	
amlodipine besylate-benazepril hcl	1		CARDURA	3	
amlodipine besylate-valsartan	1		cartia xt	1	
amlodipine-olmesartan	1		carvedilol	1	
ATACAND	E		carvedilol phosphate er	1	
ATACAND HCT	E		CATAPRES-TTS-1	E	
atenolol oral	1		CATAPRES-TTS-2	E	
atenolol-chlorthalidone	1		CATAPRES-TTS-3	E	
ATORVALIQ	3		chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	cholestyramine light	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		cholestyramine oral	1	
AVALIDE	E		clonidine hcl oral	1	
AVAPRO	E		clonidine patch weekly 0.1 mg/24hr transdermal	1	
AZOR	E		clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
benazepril hcl oral	1		clonidine patch weekly 0.2 mg/24hr transdermal	1	
benazepril-hydrochlorothiazide	1		clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
BENICAR	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	
BENICAR HCT	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
BETAPACE	E		colesevelam hcl oral tablet	1	
BETAPACE AF	3		COLESTID ORAL TABLET	3	
betaxolol hcl oral	1		colestipol hcl oral tablet	1	
bisoprolol fumarate oral	1		COREG	E	
bisoprolol-hydrochlorothiazide	1		COREG CR	E	
bumetanide oral	1		CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	
BUMEX	3		CORLANOR	3	
BYSTOLIC	E		COZAAR	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3		CRESTOR	E	
CAMZYOS	3	PA, SP	digitek oral tablet 125 mcg, 250 mcg	1	
candesartan cilexetil	1		digoxin oral tablet	1	
candesartan cilexetil-hctz	1		diltiazem hcl er	1	
captopril oral	1		diltiazem hcl er beads	1	
CARDIZEM	E				
CARDIZEM CD	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	3	
EPANED	3	
eplerenone	1	
EXFORGE	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUOSCIX	3	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	

Drug Name	Drug Tier	Requirements & Limits
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	
indapamide	1	
INDERAL LA	E	
INSPIRA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	
KAPSPARGO SPRINKLE	3	
KERENDIA	3	
labetalol hcl oral	1	
LANOXIN ORAL	3	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	
LODOCO	3	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	
NEXLIZET	2	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
spironolactone-hctz	1	
SULAR	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
toremide	1	
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	3	
VASCEPA ORAL CAPSULE 1 GM	E	
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	

Drug Name	Drug Tier	Requirements & Limits
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
AZSTARYS	2	
clonidine hcl er	1	
CONCERTA	E	
COTEMPLA XR-ODT	3	
DEXEDRINE	E	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	
EVEKEO	3	
FOCALIN	3	
FOCALIN XR	E	
guanfacine hcl er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INTUNIV	E	
JORNAY PM	2	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	
METADATE CD	E	
METHYLIN	3	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	E	
methylphenidate hcl oral	1	
MYDAYIS	3	
QELBREE	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
RELEXXII	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, SP
AUBAGIO	E	PA, SP

Drug Name	Drug Tier	Requirements & Limits
AVONEX PEN	2	PA, SP
AVONEX PREFILLED	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
dalfampridine er	1	PA, SP
dimethyl fumarate oral	1	PA, SP
EXTAVIA	E	PA, ST, SP
ingolimod hcl	1	PA, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT	3	PA, SP
MAYZENT STARTER PACK	3	PA, SP
PLEGRIDY INTRAMUSCULAR	3	PA
PLEGRIDY STARTER PACK	3	PA, SP
PLEGRIDY SUBCUTANEOUS	3	PA, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, SP
teriflunomide	1	PA, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP
AUSTEDO XR	2	PA, SP
AUSTEDO XR PATIENT TITRATION	2	PA, SP
HORIZANT	3	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LYRICA ORAL CAPSULE	3	
NUDEXTA	2	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP
RELYVRIO ORAL PACKET 3-1 GM	3	PA, SP
riluzole	1	SP
SAVELLA	3	
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	3	
ZEPOSIA	3	PA, ST, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
kourzeq	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	3	
periogard	1	

Drug Name	Drug Tier	Requirements & Limits
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	
ACANYA	3	
accutane	1	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
amnesteem	1	
AMZEEQ	3	QL
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
AVITA EXTERNAL GEL 0.025 %	3	PA
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	1	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	
CARAC	3	
CIBINQO	2	PA, SP
ciclopirox olamine external suspension	1	QL
claravis	1	
CLEOCIN-T	3	QL
clindacin	1	QL
clindacin etz external swab	1	QL
clindacin-p	1	QL
CLINDAGEL	3	QL

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external foam	1	QL
clindamycin phosphate external lotion	1	QL
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	QL
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clindamycin phosphate gel 1 % external	1	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	1	QL
clindamycin phosphate-benzoyl peroxide	1	
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
clobetasol propionate external cream	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL SHAMPOO	E	
CLOBEX SPRAY	E	
clodan	1	
clotrimazole external cream	E	QL
clotrimazole-betamethasone	1	
CORDRAN	3	
dapsone external	1	QL
DERMACINRX UREA	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	
DIPROLENE	3	
doxycycline capsule delayed release 40 mg oral	1	
doxycycline capsule delayed release 40 mg oral	3	
DRYSOL	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, SP
EFUDEX	3	
ELIDEL	E	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	QL
erythromycin external	1	QL
EUCRISA	3	ST
EVOCLIN EXTERNAL FOAM 1 %	3	QL
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	

Drug Name	Drug Tier	Requirements & Limits
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external	1	
imiquimod pump	1	
IMPOYZ	3	
isotretinoin oral	1	
ivermectin external cream	E	
KLARON	3	QL
KLISYRI (250 MG)	3	
KLISYRI (350 MG)	3	
LOPROX EXTERNAL SUSPENSION 0.77 %	E	QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MIRVASO	2	
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
neuac	1	
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	
ONEXTON	3	
OPZELURA	3	PA, SP
ORACEA	3	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
RETIN-A	E	PA
RHOFADE	3	
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
spinosad	1	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	QL
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	3	
SYNALAR EXTERNAL SOLUTION 0.01 %	3	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	
tazarotene external cream 0.1 %	1	PA
TAZORAC EXTERNAL CREAM	3	PA
TOLAK	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL OINTMENT	3	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	3	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
urea external cream 20 %, 40 %, 41 %, 45 %, 47 %	1	
urea external cream 39 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	
VTAMA	3	
WINLEVI	3	
xurea	E	
zenatane	1	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM 0.3 %	3	PA
ZORYVE EXTERNAL FOAM	3	PA
ZYCLARA	3	
ZYCLARA PUMP	3	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements & Limits
AQINJECT PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	
BLOOD GLUCOSE TEST STRIPS	E	
BLOOD GLUCOSE TEST STRIPS 333	E	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	
CEQUR SIMPLICITY 2U 10PK	3	
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
CONTOUR NEXT GEN TEST STRIPS	2	
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS BLUE	E	
CONTOUR PLUS TEST	E	
CONTOUR TEST STRIPS	E	
CVS ADVANCED GLUCOSE TEST	E	
CVS GLUCOSE METER TEST STRIPS	E	
CVS NEEDLE COLLECTION/ DISPOSAL	3	
D-CARE BLOOD GLUCOSE	E	
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR	3	
DEXCOM G6 TRANSMITTER	3	
DEXCOM G7 RECEIVER	3	
DEXCOM G7 SENSOR	3	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX BLOOD GLUCOSE TEST	E	
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	

Drug Name	Drug Tier	Requirements & Limits
EASY TOUCH TEST	E	
EASYGLUCO	E	
EASYMAX 15 TEST	E	
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	
ENLITE GLUCOSE SENSOR	3	
EQ BLOOD GLUCOSE TEST	E	
EVERSENSE 365 SENSOR/ HOLDER	E	
EVERSENSE 365 SMART TRANSMIT	E	
EVERSENSE E3 SENSOR/ HOLDER	E	
EVERSENSE E3 SMART TRANSMITTER	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FORA 6 CONNECT/GTEL TEST	E	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	
FORTISCARE TEST IN VITRO STRIP	E	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 PLUS SENSOR	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	
FREESTYLE LIBRE 3 READER	3	
FREESTYLE LIBRE 3 SENSOR	3	
FREESTYLE LIBRE READER	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	
FREESTYLE TEST	E	
GLUCOCARD EXPRESSION TEST	E	
GLUCOCARD SHINE TEST	E	
GLUCOCARD VITAL TEST	E	
GUARDIAN 4 GLUCOSE SENSOR	3	
GUARDIAN 4 TRANSMITTER	3	
GUARDIAN CONNECT TRANSMITTER	3	
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	
GUARDIAN SENSOR (3)	3	
GUARDIAN SENSOR 3	3	
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-LILLY-HUMALOG	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	

Drug Name	Drug Tier	Requirements & Limits
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
LANCETS	1	
MICRODOT TEST	E	
MINILINK REAL-TIME TRANSMITTER	3	
MINIMED 630G GUARDIAN PRESS	3	
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 PLUS G6	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
ON CALL EXPRESS BLOOD GLUCOSE	E	
ON CALL EXPRESS MONITORING SYS	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONETOUCH DELICA LANCETS	1	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA BLUE TEST	1	
ONETOUCH ULTRA TEST STRIPS	1	
ONETOUCH ULTRASOFT LANCETS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	
OPTIUMEZ TEST	E	
PARADIGM REAL-TIME TRANSMITTER	3	
PIP BLOOD GLUCOSE TEST STRIP	E	
PRECISION XTRA	3	
PRECISION XTRA BLOOD GLUCOSE	E	
PREMIUM BLOOD GLUCOSE TEST	E	
PTS PANELS EGLU TEST	E	
QUINTET AC BLOOD GLUCOSE TEST	E	
QUINTET BLOOD GLUCOSE TEST	E	
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	
RIGHTTEST GT333 GLUCOSE TEST	E	
SHARPS COLLECTOR	3	

Drug Name	Drug Tier	Requirements & Limits
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	
TRUETRACK TEST	E	
UNISTRIPI1 GENERIC	E	
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	
ACTOS	E	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	
ALOGLIPTIN-METFORMIN HCL	2	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA
BYETTA 10 MCG PEN	2	PA
BYETTA 5 MCG PEN	2	PA
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST
DAPAGLIFLOZIN PROPANEDIOL	E	ST
FARXIGA	E	ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	(Fresenius)
GLUCOTROL XL	3	
GLUMETZA	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
GLYXAMBI	2	ST
INVOKANA	E	ST
JANUMET	E	ST
JANUMET XR	E	ST
JANUVIA	E	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl ir	1	
MOUNJARO	2	PA

Drug Name	Drug Tier	Requirements & Limits
nateglinide	1	
ONGLYZA	E	
OZEMPIC	2	PA
pioglitazone hcl	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	PA
saxagliptin hcl	1	
saxagliptin-metformin er	1	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA
XIGDUO XR	E	ST
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	SP
aspirin-dipyridamole er	1	
DOPTELET	3	PA, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
LYSTEDA ORAL TABLET 650 MG	3	
NEULASTA	2	
NIVESTYM	E	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, SP
tranexamic acid oral	1	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
INTRAROSA	3	PA
OSPHENA	2	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
varedenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	
Electrolytes / Vitamins		
ACCRUFER	3	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
deferasirox oral tablet	1	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	3	
FLORIVA PLUS	3	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NAFRINSE CHW 1MG F	1	H
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	1	
POKONZA	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	3	
PRENATRIX	3	
PRENATRYL	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	1	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	

Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer

ACIPHEX	E	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	
dexlansoprazole	1	
esomeprazole magnesium oral capsule delayed release	E	
esomeprazole magnesium oral packet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	
lansoprazole oral tablet delayed release dispersible	1	
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
NEXIUM ORAL PACKET	3	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral	1	
VOQUEZNA	3	PA
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
AMITIZA	3	
ANASPAZ	2	
BYLVAY	3	PA, SP
BYLVAY (PELLETS)	3	PA, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	

Drug Name	Drug Tier	Requirements & Limits
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATE	3	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	3	ST
IQIRVO	3	PA, ST, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	
LOMOTIL	3	
lubiprostone	1	
methscopolamine bromide oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MOTEGRITY	3	PA
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OALIVA	3	PA, ST, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
RELTONE	3	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
TRULANCE	3	ST
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	1	PA, SP
STRENSIQ	2	PA, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, SP
VYNDAMAX	2	PA, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	
GEMTESA	3	
me/naphos/mb/hyo1	1	
mirabegron er	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
UROGESIC-BLUE	2	
VELPHORO	3	
VESICARE	3	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

ACTIVEVILLA	3	
afirmelle	1	H
aftera	1	H
ALORA	3	
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H

Drug Name	Drug Tier	Requirements & Limits
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
amethyst	1	H
ANGELIQ	3	
ANNOVERA	3	
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	
CLIMARA PRO	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
COMBIPATCH	2		enilloring	1	H
COVARYX	2		enpresse-28	1	H
COVARYX HS	3		enskyce	1	H
cryselle-28	1	H	errin	1	H
curae	1	H	est estrogens-methyltest	1	
cyred eq	1	H	est estrogens-methyltest ds	1	
cyred oral tablet 0.15-30 mg-mcg	1	H	est estrogens-methyltest hs	1	
dasetta 1/35	1	H	estarylla	1	H
dasetta 7/7/7	1	H	ESTRACE	E	
daysee	1	H	estradiol oral	1	
deblitane	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)
DELESTROGEN	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot)
delyla	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
DEPO-PROVERA	3		estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
DEPO-SUBQ PROVERA 104	1		estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	
desogestrel-ethinyl estradiol	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3		estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot)
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2		estradiol patch twice weekly 0.05 mg/24hr transdermal	3	
dolishale	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)
dotti	1		estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot)
drospiren-eth estrad-levomefol	1		estradiol patch twice weekly 0.075 mg/24hr transdermal	3	
drospirenone-ethinyl estradiol	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
DUAVEE	3		estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot)
econtra ez oral tablet 1.5 mg	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	3	
econtra one-step	1	H	estradiol transdermal gel	1	
EEMT	2		estradiol transdermal patch weekly	1	(generic for Climara)
EEMT HS	3				
ELESTRIN	3				
elimest	1	H			
ELLA	1	H			
eluryng	1	H			
emzahh	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	
ESTROGEL	3	
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	3	
femynor oral tablet 0.25-35 mg-mcg	1	H
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
her style	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
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	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	

Drug Name	Drug Tier	Requirements & Limits
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
opcicon one-step	1	H
option 2	1	H
PHEXXI	3	
philith	1	H
pimtrea	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
react	1	H
reclipsen	1	H
rivelsa	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	
sprintec 28	1	H
sronyx	1	H
syeda	1	H
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tilia fe	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
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

Drug Name	Drug Tier	Requirements & Limits
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	
tydemy	1	
VAGIFEM	E	
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	3	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
fludrocortisone acetate oral	1	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	
methylergonovine maleate oral	1	
NGENLA	3	PA, SP
NOC DURNA	3	
NORDITROPIN FLEXPPO	2	PA, SP
NUTROPIN AQ NUSPIN 10	E	PA, SP
NUTROPIN AQ NUSPIN 20	E	PA, SP
NUTROPIN AQ NUSPIN 5	E	PA, SP
OMNITROPE	2	PA, SP
ORIAHNN	2	
ORILISSA	2	
SKYTROFA	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Testosterone Replacement		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	
ANDROGEL PUMP	E	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	E	
DEPO-TESTOSTERONE	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	
KYZATREX	3	
NATESTO	E	
TESTIM	1	
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	
testosterone gel 20.25 mg/act (1.62%) transdermal	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	E	
testosterone transdermal gel 1.62 %	1	
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	3	
Hormonal Agents - Thyroid		
ADTHYZA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, SP
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (manufactured by Fresenius), SP

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN)	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), SP
ADALIMUMAB-ADB (2 PEN)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADB (2 SYRINGE)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADB(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADB(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
BIMZELX	3	PA, ST, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA	E	PA
CIMZIA (2 SYRINGE)	2	PA, SP
CIMZIA-STARTER	2	PA, SP
CINRYZE	3	PA, SP
COSENTYX (300 MG DOSE)	2	PA, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, SP
COSENTYX SENSOREADY (300 MG)	2	PA, SP
COSENTYX SENSOREADY PEN	2	PA, SP
COSENTYX UNOREADY	2	PA, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
CYLTEZO (2 PEN)	E	PA, SP
CYLTEZO (2 SYRINGE)	E	PA, SP
CYLTEZO-CD/UC/HS STARTER	E	PA, SP
CYLTEZO-PSORIASIS/UV STARTER	E	PA, SP
EMPAVELI	2	PA, SP
ENBREL	2	PA, SP
ENBREL MINI	2	PA, SP

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, SP
HYRIMOZ-PLAQ PSOR/UVEIT START	E	PA, SP
IDACIO (2 PEN)	E	PA, SP
IDACIO (2 SYRINGE)	E	PA, SP
IDACIO-CROHNS/UC STARTER	E	PA, SP
IDACIO-PSORIASIS STARTER	E	PA, SP
IMURAN	E	
JYLAMVO	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, SP
KINERET	3	PA, ST, SP
leflunomide oral	1	
LITFULO	3	PA, SP
LUPKYNIS	3	PA, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, SP
OTEZLA ORAL TABLET 20 MG	2	PA

Drug Name	Drug Tier	Requirements & Limits
OTEZLA ORAL TABLET 30 MG	2	PA, SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, SP
OTREXUP	E	
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	SP
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMLANDI (1 PEN)	E	PA, SP
SIMLANDI (2 PEN)	E	PA, SP
SIMPONI	2	PA, SP
sirolimus oral	1	
SKYRIZI PEN	2	PA, SP
SKYRIZI SUBCUTANEOUS	2	PA, SP
SOTYKTU	2	PA, SP
STELARA SUBCUTANEOUS	2	PA, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TREXALL	2	
XELJANZ	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
YUFLYMA (1 PEN)	E	PA, SP
YUFLYMA (2 PEN)	E	PA, SP
YUFLYMA (2 SYRINGE)	E	PA, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
Infertility Agents		
cetrorelix acetate	1	PA, ST, SP
CETROTIDE	3	PA, ST, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	3	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
FYREMADEL	3	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
budesonide rectal	1	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC	3	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	

Drug Name	Drug Tier	Requirements & Limits
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal	1	
mesalamine-cleanser	1	
PROCORT	3	
PROCTOCORT EXTERNAL	E	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	
alendronate sodium oral tablet	1	
calcitonin (salmon)	1	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
MIACALCIN	3	
raloxifene hcl	1	H
risedronate sodium oral tablet	1	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	PA
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
ZEMPLAR ORAL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	3	
INVELTYS	3	

Drug Name	Drug Tier	Requirements & Limits
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMY	3	
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	

Drug Name	Drug Tier	Requirements & Limits
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST
travoprost (bak free)	1	
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	3	
XALATAN	E	
ZIOPTAN	3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	
difluprednate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DUREZOL	E	
ISOPTO ATROPINE OPTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	
MIEBO	3	
RESTASIS	1	
RESTASIS MULTIDOSE	3	
TYRVAYA	3	
VERKAZIA	3	PA
VEVYE	E	
XIIDRA	2	

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet	1	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydromet	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	3	
ryvent	1	
sodium chloride inhalation	1	
XHANCE	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	
ADVAIR HFA	2	RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	

Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup	1	
ANORO ELLIPTA	3	
arformoterol tartrate	1	
ARNUITY ELLIPTA	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	RS
breyna	E	RS
BREZTRI AEROSPHERE	3	RS
BROVANA	3	
budesonide inhalation	1	
budesonide-formoterol fumarate	E	RS
COMBIVENT RESPIMAT	2	
DALIRESP	E	
DULERA	3	ST
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	
FLUTICASONE FUROATE-VILANTEROL	3	RS
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS

Drug Name	Drug Tier	Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	
formoterol fumarate inhalation	1	
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA
PERFOROMIST	3	
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDHALER	1	
roflumilast	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL PACKET	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
theophylline er	1	
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	3	RS
VENTOLIN HFA	E	
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	
XOPENEX HFA	3	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	
YUPELRI	3	
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, SP
PULMOZYME	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
TOBI PODHALER	3	PA, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, SP
pirfenidone oral tablet 267 mg, 801 mg	1	PA, SP
pirfenidone oral tablet 534 mg	1	PA
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, SP
ADEMPAS	2	PA, SP
alyq	1	PA, SP
ambrisentan	1	PA, SP
OPSUMIT	2	PA, SP
ORENITRAM	3	PA, SP
REMODULIN	E	
REVATIO ORAL	E	SP
sildenafil citrate oral tablet 20 mg	1	
tadalafil (pah)	1	PA, SP
TADLIQ	3	PA, SP
TRACLEER 62.5 MG, 125 MG	2	PA, SP
treprostinil	E	
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, SP
TYVASO DPI TITRATION KIT	2	PA, SP
TYVASO REFILL KIT	2	PA
TYVASO STARTER KIT	2	PA
UPTRAVI ORAL	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral	1	
chlorzoxazone	1	
cyclobenzaprine hcl oral	1	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	
BELSOMRA	3	
DAYVIGO	3	
doxepin hcl oral tablet	1	
estazolam	1	
eszopiclone	1	
LUMRYZ	3	PA, SP
LUNESTA	E	
modafinil oral	1	
NUVIGIL	E	
PROVIGIL	E	
ramelteon	1	

Drug Name	Drug Tier	Requirements & Limits
RESTORIL	3	
ROZEREM	E	
SILENOR	3	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA, (manufactured by Hikma), SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), SP
SUNOSI	2	PA
temazepam	1	
WAKIX	3	PA, SP
XYREM	E	PA, SP
XYWAV	3	PA, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abacavir sulfate-lamivudine.....	20	ACIPHEX.....	39	adapalene-benzoyl peroxide external gel 0.3-2.5 %.....	27
ABILIFY.....	19	acitretin.....	27	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	49
abiraterone acetate.....	17	ACTEMRA ACTPEN.....	48	ADCIRCA.....	58
ABRILADA (1 PEN).....	48	ACTEMRA SUBCUTANEOUS.....	48	ADDERALL.....	25
ABRILADA (2 PEN).....	48	ACTICLATE ORAL TABLET 150 MG, 75 MG.....	11	ADDERALL XR.....	25
ABRILADA (2 SYRINGE).....	48	ACTIVELLA.....	42	ADDYI.....	37
ABRYSSO.....	51	ACTONEL.....	52	ADEMPAS.....	58
ABSORICA.....	27	ACTOPLUS MET.....	35	ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML.....	35
acamprosate calcium.....	10	ACTOS.....	35	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML.....	35
ACANYA.....	27	ACULAR.....	53	ADMELOG.....	34
acarbose oral.....	35	ACULAR LS.....	53	ADMELOG SOLOSTAR.....	34
ACCOLATE.....	56	ACUVAIL.....	53	ADTHYZA.....	47
ACCRUFER.....	37	acyclovir external ointment.....	20	ADVAIR DISKUS.....	56
ACCU-CHEK AVIVA PLUS TEST STRIPS.....	31	acyclovir oral.....	20	ADVAIR HFA.....	56
ACCU-CHEK FASTCLIX LANCET..	31	ACZONE.....	27	ADVATE.....	36
ACCU-CHEK FASTCLIX LANCET DEVICE KIT.....	31	ADACEL.....	51	ADYNOVATE.....	36
ACCU-CHEK GUIDE KIT W/ DEVICE.....	31	ADALIMUMAB-AACF (2 PEN).....	48	ADZENYS XR-ODT.....	25
ACCU-CHEK GUIDE ME METER...	31	ADALIMUMAB-AACF (2 SYRINGE).....	48	AEROCHAMBER HOLDING CHAMBER.....	56
ACCU-CHEK GUIDE TEST.....	31	ADALIMUMAB-AACF(CD/UC/HS STRT).....	48	AEROCHAMBER PLS FLOVU MTHPIECE.....	56
ACCU-CHEK GUIDE TEST STRIPS.....	31	ADALIMUMAB-AACF(PS/UV STARTER).....	48	AEROCHAMBER PLUS FLO-VU....	56
ACCU-CHEK SMARTVIEW TEST STRIPS.....	31	ADALIMUMAB-AATY (1 PEN).....	48	AEROCHAMBER PLUS FLO-VU INTERM.....	56
ACCU-CHEK SOFTCLIX LANCET .	31	ADALIMUMAB-AATY (2 PEN).....	48	AEROCHAMBER PLUS FLO-VU LARGE.....	56
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	31	ADALIMUMAB-AATY (2 SYRINGE).....	48	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE.....	56
accutane.....	27	ADALIMUMAB-ADAZ.....	48	AEROCHAMBER PLUS FLO-VU SMALL.....	56
ACCUTREND GLUCOSE.....	31	ADALIMUMAB-ADAZ.....	48	AEROCHAMBER PLUS FLO-VU W/MASK.....	56
acebutolol hcl oral.....	21	ADALIMUMAB-ADBM (2 PEN).....	48	AFINITOR.....	17
acetaminophen-codeine oral solution 120-12 mg/5ml.....	9	ADALIMUMAB-ADBM (2 SYRINGE).....	48	afirmelle.....	42
acetaminophen-codeine oral tablet.....	9	ADALIMUMAB-ADBM(CD/UC/ HS STRT).....	48		
acetazolamide er.....	21	ADALIMUMAB-ADBM(PS/UV STARTER).....	48		
acetazolamide oral.....	21	ADALIMUMAB-FKJP (2 PEN).....	49		
acetic acid otic.....	55	ADALIMUMAB-FKJP (2 SYRINGE).....	49		
		adapalene-benzoyl peroxide external gel 0.1-2.5 %.....	27		



AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	36	ALOGLIPTIN BENZOATE	35	amlodipine besylate-valsartan....	22
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	36	ALOGLIPTIN-METFORMIN HCL ..	35	amlodipine-olmesartan	22
aftera.....	42	ALORA.....	42	amnesteem	27
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	17	alosectron hcl	40	amoxicillin.....	11
AIRDUO RESPICLICK 113/14.....	56	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	54	amoxicillin-potassium clavulanate.....	11
AIRDUO RESPICLICK 232/14	56	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	54	amphet-dextroamphet 3-bead er.....	25
AIRDUO RESPICLICK 55/14.....	56	ALPHANATE.....	36	amphetamine sulfate.....	25
AIRSUPRA.....	56	alprazolam er	21	amphetamine- dextroamphetamine	25
AJOVY.....	17	alprazolam oral	21	amphetamine- dextroamphetamine er	25
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	53	alprazolam xr	21	ampicillin.....	11
AKLIEF	27	ALPROLIX.....	36	AMPYRA.....	26
ALA SCALP.....	27	ALREX.....	53	AMZEEQ.....	27
ala-cort.....	27	ALTACE.....	21	ANAFRANIL.....	14
albendazole oral	19	altavera.....	42	anagrelide hcl.....	36
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	56	ALTUVIIIO	36	ANALPRAM HC.....	52
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml.....	56	ALUNBRIG	17	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	52
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	56	ALVAIZ	36	ANALPRAM-HC EXTERNAL CREAM	52
albuterol sulfate oral syrup.....	56	alyacen 1/35	42	ANAPROX DS.....	10
alclometasone dipropionate.....	27	alyacen 7/7/7	42	ANASPAZ.....	40
ALCOHOL PREP PADS PAD.....	31	alyq.....	58	anastrozole oral.....	17
ALDACTAZIDE ORAL TABLET 25-25 MG.....	21	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	42	ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR.....	47
ALDACTONE	21	amantadine hcl oral	19	ANDROGEL PUMP	47
ALECENSA	17	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG.....	35	ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%).....	47
alendronate sodium oral tablet...	52	AMBIEN	59	ANGELIQ.....	42
alfuzosin hcl er.....	42	AMBIEN CR.....	59	ANKTIVA	17
aliskiren fumarate	21	ambrisentan	58	ANNOVERA	42
allopurinol oral.....	16	amethia oral tablet 0.15-0.03 & 0.01 mg	42	ANORO ELLIPTA.....	56
ALLZITAL	9	amethyst.....	42	ANTIVERT ORAL TABLET.....	15
almotriptan malate.....	17	amiloride hcl oral	21	ANUCORT-HC.....	52
		amiloride-hydrochlorothiazide ...	21	ANUSOL-HC.....	52
		amiodarone hcl oral	21	apap-caff-dihydrocodeine.....	9
		AMITIZA	40	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG.....	10
		amitriptyline hcl oral	14		
		AMJEVITA FOR NUVAILA	49		
		amlodipine besylate oral	22		
		amlodipine besylate-benazepril hcl	22		

aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	atorvastatin calcium oral tablet 10 mg, 20 mg	22	AVIDOXY	11
apri	42	atorvastatin calcium oral tablet 40 mg, 80 mg	22	AVITA EXTERNAL CREAM 0.025 %	28
APRISO	52	atovaquone	19	AVITA EXTERNAL GEL 0.025 %	28
APTENSIO XR	25	atovaquone-proguanil hcl	19	AVODART	42
APTIOM	13	ATRALIN	27	AVONEX PEN	26
AQ INSULIN SYRINGE	31	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	54	AVONEX PREFILLED	26
ARAKODA	19	atropine sulfate ophthalmic solution 1 %	54	AYGESTIN ORAL TABLET 5 MG	42
aranelle	42	ATROVENT HFA	57	ayuna	42
ARANESP (ALBUMIN FREE)	36	AUBAGIO	26	AZASAN	49
ARAVA	49	aubra eq	42	AZASITE	53
AREXVY	51	aubra oral tablet 0.1-20 mg-mcg	42	azathioprine oral	49
arformoterol tartrate	56	AUGMENTIN ES-600	11	azelaic acid external	28
ARICEPT	14	AUGMENTIN ORAL SUSPENSION RECONSTITUTED	11	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	55
ARIMIDEX	17	AUGMENTIN ORAL TABLET	11	azelastine hcl nasal solution 0.15 %	55
aripiprazole oral solution	19	AUGTYRO ORAL CAPSULE	17	azelastine hcl ophthalmic	53
aripiprazole oral tablet	19	aurovela 1/20	42	azelastine-fluticasone	55
armodafinil	59	aurovela 1.5/30	42	AZELEX	28
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	48	aurovela 24 fe	42	AZILECT	19
ARMOUR THYROID TABLET 15 MG ORAL	48	aurovela fe 1/20	42	azithromycin oral	11
ARNUITY ELLIPTA	56	aurovela fe 1.5/30	42	azithromycin oral packet 1 gm	11
AROMASIN	17	AUSTEDO	26	AZOPT	54
ARTHROTEC	10	AUSTEDO XR	26	AZOR	22
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	52	AUSTEDO XR PATIENT TITRATION	26	AZSTARYS	25
ascomp-codeine	9	AUVELITY	14	AZULFIDINE	52
asenapine maleate	20	AUVI-Q	55	AZULFIDINE EN-TABS	52
ashlyna	42	AVALIDE	22	azurette	42
aspirin-dipyridamole er	36	avanafil	37		
ATACAND	22	AVAPRO	22		
ATACAND HCT	22	AVAR CLEANSER	27		
atenolol oral	22	AVAR LS CLEANSER	27		
atenolol-chlorthalidone	22	AVAR-E EMOLLIENT	27		
ATIVAN ORAL	21	AVAR-E GREEN EXTERNAL CREAM 10-5 %	28		
atomoxetine hcl	25	AVAR-E LS EXTERNAL CREAM 10-2 %	28		
ATORVALIQ	22	aviane	42		

B

bac	9
bacitracin ophthalmic	54
bacitracin-polymyxin b	53
baclofen oral tablet 10 mg, 20 mg, 5 mg	59
baclofen oral tablet 15 mg	59
BACTRIM	11
BACTRIM DS	11
BAFIERTAM	26
balsalazide disodium	52

balziva.....	42	betamethasone dipropionate aug external ointment.....	28	BREATHE COMFORT CHAMBER/ CHILD.....	57
BANZEL.....	13	betamethasone dipropionate external.....	28	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT....	57
BAQSIMI ONE PACK.....	35	betamethasone valerate external cream.....	28	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH.....	57
BAQSIMI TWO PACK.....	35	betamethasone valerate external lotion.....	28	breyna.....	57
BARACLUDE ORAL TABLET.....	20	betamethasone valerate external ointment.....	28	BREZTRI AEROSPHERE.....	57
BASAGLAR KWIKPEN.....	34	BETAPACE.....	22	briellyn.....	42
BASAGLAR TEMPO PEN.....	34	BETAPACE AF.....	22	BRILINTA.....	19
BD AUTOSHIELD DUO PEN NEEDLES.....	31	BETASERON.....	26	brimonidine tartrate external.....	28
BD BLUNT FILL NEEDLE W/ FILTER.....	31	betaxolol hcl oral.....	22	brimonidine tartrate ophthalmic solution 0.1 %.....	54
BD ECLIPSE NEEDLE 18G X 1-1/2", 23G X 1", 25G X 5/8", 27G X 1/2".....	31	bethanechol chloride oral.....	41	brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %.....	54
BD ECLIPSE SHIELDED NEEDLE..	31	BETIMOL.....	54	brimonidine tartrate-timolol.....	54
BD SAFETYGLIDE NEEDLE 23G X 1-1/2".....	31	BEVESPI AEROSPHERE.....	57	brinzolamide.....	54
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".....	31	BEXSERO.....	51	BRIVIACT ORAL.....	13
BD SHARPS COLLECTOR.....	31	BEYAZ.....	42	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML.....	55
BD ULTRA-FINE INSULIN SYRINGES.....	31	bicalutamide.....	17	bromfenac sodium (once-daily) ..	53
BD ULTRA-FINE PEN NEEDLES ...	31	BIGFOOT UNITY PROGRAM.....	31	bromfenac sodium ophthalmic...	53
BD ULTRA-FINE U-500 INSULIN SYRINGES.....	31	BIJUVA.....	42	bromocriptine mesylate oral tablet.....	19
BD VEO ULTRA-FINE INSULIN SYRINGES.....	31	BIKTARVY.....	20	BROMSITE.....	53
BELBUCA.....	9	bimatoprost ophthalmic.....	54	BRONCHITOL.....	58
BELSOMRA.....	59	BIMZELX.....	49	BRONCHITOL TOLERANCE TEST.	58
benazepril hcl oral.....	22	BIOTEL CARE TEST STRIPS.....	31	BROVANA.....	57
benazepril-hydrochlorothiazide ..	22	bis subcit-metronid-tetracyc.....	39	BRUKINSA.....	17
BENICAR.....	22	bismuth/metronidaz/tetracyclin .	39	budesonide inhalation.....	57
BENICAR HCT.....	22	bisoprolol fumarate oral.....	22	budesonide oral.....	52
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	49	bisoprolol-hydrochlorothiazide...	22	budesonide rectal.....	52
BENZAMYCIN.....	28	blisovi 24 fe.....	42	budesonide-formoterol fumarate.....	57
benzonatate.....	55	blisovi fe 1/20.....	42	bumetanide oral.....	22
benzoyl peroxide-erythromycin ..	28	blisovi fe 1.5/30.....	42	BUMEX.....	22
benztropine mesylate oral.....	19	BLOOD GLUCOSE TEST STRIPS ..	31	BUPAP ORAL TABLET 50-300 MG .	9
BESIVANCE.....	53	BLOOD GLUCOSE TEST STRIPS 333.....	31	buprenorphine.....	9, 10
betamethasone dipropionate aug external cream.....	28	BOOSTRIX.....	51	buprenorphine hcl sublingual.....	10
betamethasone dipropionate aug external lotion.....	28	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5.....	51	buprenorphine hcl-naloxone hcl..	10
		BOSULIF ORAL TABLET.....	17		
		BREATHE COMFORT CHAMBER/ ADULT.....	57		

bupropion hcl er (smoking det) ...	10	calcium acetate oral tablet 667 mg	37	CARNITOR ORAL TABLET	41
bupropion hcl er (sr)	14	CALQUENCE	17	CARNITOR SF	37
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	15	CALQUENCE ORAL CAPSULE 100 MG	17	cartia xt	22
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15	camila	42	carvedilol	22
bupropion hcl oral	15	camrese	42	carvedilol phosphate er	22
buspirone hcl oral	21	camrese lo	42	CASODEX	17
butalbital-acetaminophen oral tablet	9	CAMZYOS	22	CATAFLAM ORAL TABLET 50 MG .	10
butalbital-apap-caff-cod	9	CANASA	52	CATAPRES-TTS-1	22
butalbital-apap-caffeine	9	candesartan cilexetil	22	CATAPRES-TTS-2	22
butalbital-asa-caff-codeine	9	candesartan cilexetil-hctz	22	CATAPRES-TTS-3	22
butalbital-aspirin-caffeine	9	capecitabine	17	CAVERJECT IMPULSE	41
butorphanol tartrate nasal	9	CAPLYTA	20	cefadroxil	11
BUTRANS	9	captopril oral	22	cefdinir	12
BYDUREON BCISE AUTOINJECTOR	35	CARAC	28	cefixime	12
BYETTA 10 MCG PEN	35	CARAFATE	39	cefpodoxime proxetil oral tablet .	12
BYETTA 5 MCG PEN	35	carbamazepine er	13	cefprozil	12
BYLVAY	40	carbamazepine oral tablet	13	cefuroxime axetil	12
BYLVAY (PELLETS)	40	carbamazepine oral tablet chewable	13	CELEBREX	10
BYSTOLIC	22	CARBATROL	13	celecoxib oral	10
		carbidopa-levodopa er	19	CELEXA	15
		carbidopa-levodopa oral tablet ..	19	CELLCEPT ORAL CAPSULE	49
		carbidopa-levodopa- entacapone	19	CELLCEPT ORAL TABLET	49
		carbinoxamine maleate oral tablet	55	CENTANY EXTERNAL OINTMENT 2 %	12
		CARDIZEM	22	cephalexin	12
		CARDIZEM CD	22	CEQUA	54
		CARDIZEM LA	22	CEQUR SIMPLICITY 2U 10PK	31
		CARDURA	22	CERDELGA	41
		CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	31	cetirizine hcl oral solution	55
		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	31	CETRAXAL	55
		CAREPOINT SAFETY 1ST NEEDLE	31	cetrorelix acetate	51
		CARETOUCH MONITOR SYSTEM .	31	CETROTIDE	51
		CARETOUCH TEST	31	cevimeline hcl	27
		carisoprodol oral	59	charlotte 24 fe	42
		CARNITOR ORAL SOLUTION	37	chateal eq	42
				chateal oral tablet 0.15-30 mg- mcg	42
				chlordiazepoxide hcl	21
				chlordiazepoxide-clidinium	40
				chlorhexidine gluconate mouth/ throat	27

C

cabergoline	47				
CABOMETYX	17				
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	22				
calcipotriene external cream	28				
calcipotriene external ointment ..	28				
calcipotriene external solution ...	28				
calcitonin (salmon)	52				
CALCITRENE	28				
calcitriol oral	53				
calcium acetate (phos binder) oral capsule	41				
calcium acetate (phos binder) oral tablet	37				

chlorpromazine hcl oral tablet.....	20	CLENPIQ.....	40	clobetasol propionate external ointment.....	28
chlorthalidone.....	22	CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	12	clobetasol propionate external shampoo.....	28
chlorzoxazone.....	59	CLEOCIN ORAL CAPSULE 75 MG.....	12	clobetasol propionate external solution.....	28
cholestyramine light.....	22	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12	CLOBEX EXTERNAL SHAMPOO... ..	28
cholestyramine oral.....	22	CLEOCIN VAGINAL CREAM.....	12	CLOBEX SPRAY.....	28
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	51	CLEOCIN-T.....	28	clodan.....	28
CIALIS.....	37	CLIMARA.....	42, 43	CLOMID.....	51
CIBINQO.....	28	CLIMARA PRO.....	42	clomiphene citrate oral tablet 50 mg.....	51
ciclodan.....	16	clindacin.....	28	clomipramine hcl oral.....	15
ciclopirox external.....	16	clindacin etz external swab.....	28	clonazepam oral.....	21
ciclopirox olamine external cream.....	16	clindacin-p.....	28	clonidine hcl er.....	25
ciclopirox olamine external suspension.....	28	CLINDAGEL.....	28	clonidine hcl oral.....	22
cilostazol.....	19	clindamycin hcl oral.....	12	clonidine patch weekly 0.1 mg/24hr transdermal.....	22
CIMDUO.....	20	clindamycin palmitate hcl.....	12	clonidine patch weekly 0.2 mg/24hr transdermal.....	22
cimetidine oral.....	39	clindamycin phosphate external foam.....	28	clonidine patch weekly 0.3 mg/24hr transdermal.....	22
CIMZIA.....	49	clindamycin phosphate external lotion.....	28	clopidogrel bisulfate oral.....	19
CIMZIA (2 SYRINGE).....	49	clindamycin phosphate external solution.....	28	clorazepate dipotassium.....	21
CIMZIA-STARTER.....	49	clindamycin phosphate external swab.....	28	clotrimazole external cream.....	28
cinacalcet hcl.....	53	clindamycin phosphate gel 1 % external.....	28	clotrimazole mouth/throat.....	16
CINRYZE.....	49	clindamycin phosphate vaginal... ..	12	clotrimazole-betamethasone.....	28
CIPRO HC.....	55	clindamycin phosphate-benzoyl peroxide.....	28	clozapine oral tablet.....	20
CIPRO ORAL TABLET.....	12	CLINDESSE.....	12	CLOZARIL.....	20
CIPRODEX OTIC SUSPENSION 0.3-0.1 %.....	55	CLINPRO 5000.....	27	CO-NATAL FA.....	37
ciprofloxacin hcl ophthalmic.....	53	clobazam.....	13	COLAZAL.....	52
ciprofloxacin hcl oral.....	12	clobetasol prop emollient base external cream 0.05 %.....	28	colchicine oral.....	16
ciprofloxacin hcl otic.....	55	clobetasol propionate e.....	28	colchicine-probenecid.....	16
ciprofloxacin-dexamethasone.....	55	clobetasol propionate external cream.....	28	COLCRYS ORAL TABLET 0.6 MG..	16
citalopram hydrobromide oral solution.....	15	clobetasol propionate external foam.....	28	colesevelam hcl oral tablet.....	22
citalopram hydrobromide oral tablet.....	15	clobetasol propionate external gel.....	28	COLESTID ORAL TABLET.....	22
CITRANATAL 90 DHA.....	37	clobetasol propionate external liquid.....	28	colestipol hcl oral tablet.....	22
CITRANATAL ASSURE.....	37			COMBIGAN.....	54
CITRANATAL DHA ORAL 27-1 & 250 MG.....	37			COMBIPATCH.....	43
claravis.....	28			COMBIVENT RESPIMAT.....	57
CLARINEX.....	55			COMIRNATY.....	51
clarithromycin er.....	12			COMPLERA.....	20
clarithromycin oral.....	12				

DEPO-SUBQ PROVERA 104	43	DIABETES MONITOR DIGIT ADD-ON.....	32	DIOVAN HCT	23
DEPO-TESTOSTERONE.....	47	DIABETES MONITOR DIGIT SOLN.....	32	DIPENTUM	52
DERMA-SMOOTH/FS BODY	29	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	diphenoxylate-atropine oral tablet.....	40
DERMA-SMOOTH/FS SCALP	29	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	DIPROLENE	29
DERMACINRX UREA.....	28	diazepam oral solution	21	disulfiram oral	10
DERMOTIC.....	55	diazepam oral tablet.....	21	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	41
DESCOVY	20	diazepam rectal.....	13	divalproex sodium er	13
desipramine hcl oral	15	DICLEGIS	15	divalproex sodium oral	13
desloratadine oral tablet.....	55	diclofenac potassium oral tablet 25 mg.....	10	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	43
desmopressin acetate oral.....	47	diclofenac potassium oral tablet 50 mg	10	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM.....	43
desmopressin acetate spray	47	diclofenac sodium er	10	DODEX	38
desogestrel-ethinyl estradiol	43	diclofenac sodium external gel 1 %	10	dofetilide.....	23
desonide external cream.....	29	diclofenac sodium external gel 3 %.....	29	dolishale.....	43
desonide external lotion	29	diclofenac sodium ophthalmic....	53	donepezil hcl oral tablet.....	14
desonide external ointment	29	diclofenac sodium oral	10	DOPTelet	36
DESOWEN.....	29	diclofenac-misoprostol	10	dorzolamide hcl solution 2 % ophthalmic.....	54
desoximetasone external cream ..	29	DICLOFONO	10	dorzolamide hcl-timolol mal	54
desoximetasone external ointment.....	29	dicloxacillin sodium.....	12	dorzolamide hcl-timolol mal pf ...	54
desvenlafaxine succinate er	15	dicyclomine hcl oral	40	dotti.....	43
DETROL	41	DIFICID ORAL TABLET	12	DOVATO.....	20
DETROL LA	41	DIFLUCAN	16	doxazosin mesylate oral.....	23
DEXABLISS	46	difluprednate	54	doxepin hcl oral capsule.....	15
dexamethasone intensol.....	46	digitek oral tablet 125 mcg, 250 mcg.....	22	doxepin hcl oral concentrate	15
dexamethasone oral.....	46	digoxin oral tablet	22	doxepin hcl oral tablet.....	59
dexamethasone sodium phosphate ophthalmic.....	53	DILANTIN INFATABS	13	doxycycline capsule delayed release 40 mg oral.....	29
DEXCOM G6 RECEIVER	32	DILANTIN ORAL CAPSULE.....	13	doxycycline hyclate oral capsule..	12
DEXCOM G6 SENSOR	32	DILAUDID ORAL TABLET.....	9	doxycycline hyclate oral tablet....	12
DEXCOM G6 TRANSMITTER.....	32	dilt-xr.....	23	doxycycline monohydrate oral....	12
DEXCOM G7 RECEIVER	32	diltiazem hcl er.....	22, 23	doxylamine-pyridoxine.....	15
DEXCOM G7 SENSOR	32	diltiazem hcl er beads	22	DRISDOL.....	38
DEXEDRINE.....	25	diltiazem hcl er coated beads....	23	dronabinol	15
DEXILANT	39	diltiazem hcl oral.....	23	DROPSAFE SAFETY SYRINGE/ NEEDLE	32
dexlansoprazole	39	dimethyl fumarate oral.....	26	drospiren-eth estrad-levomefol ..	43
dexmethylphenidate hcl	25	DIOVAN	23		
dexmethylphenidate hcl er	25				
dextroamphetamine sulfate er ...	25				
dextroamphetamine sulfate oral tablet.....	25				
DHIVY.....	19				

drospirenone-ethinyl estradiol ...	43	econtra ez oral tablet 1.5 mg	43	enalapril-hydrochlorothiazide	23
DRYSOL	29	econtra one-step	43	ENBREL	49
DUAVEE	43	ED-SPAZ ORAL TABLET		ENBREL MINI	49
DULERA	57	DISPERSIBLE 0.125 MG	40	ENBREL SURECLICK.....	49
duloxetine hcl oral	15	EDARBI.....	23	endocet	9
DUPIXENT SUBCUTANEOUS		EDARBYCLOR.....	23	ENDOMETRIN	51
SOLUTION AUTO-INJECTOR	29	EDEX	41	ENERGIX-B.....	51
DUPIXENT SUBCUTANEOUS		EEMT	43	enilloring	43
SOLUTION PREFILLED		EEMT HS.....	43	ENLITE GLUCOSE SENSOR	32
SYRINGE 100 MG/0.67ML.....	29	efavirenz-emtricitab-tenofo df ...	20	enoxaparin sodium injection	
DUPIXENT SUBCUTANEOUS		EFFER-K ORAL TABLET		solution prefilled syringe	13
SOLUTION PREFILLED		EFFERVESCENT 10 MEQ, 20 MEQ .	38	enpresse-28.....	43
SYRINGE 200 MG/1.14ML,		EFFEXOR XR	15	enskyce	43
300 MG/2ML.....	29	EFFIENT.....	19	ENSTILAR.....	29
DUREZOL	55	EFUDEX	29	entacapone	19
dutasteride oral.....	42	ELEPSIA XR	13	entecavir	20
DXEVO 11-DAY ORAL TABLET		ELESTRIN	43	ENTRESTO ORAL TABLET	23
THERAPY PACK 1.5 MG	46	eletriptan hydrobromide.....	17	ENTYVIO PEN.....	49
DYANAVAL XR ORAL TABLET		ELIDEL	29	enulose.....	40
EXTENDED RELEASE.....	25	ELIMITE.....	19	ENVARSUS XR.....	49
DYMISTA	55	elinest.....	43	EPANED	23
E					
E.E.S. GRANULES	12	ELIQUIS.....	13	EPCLUSA ORAL TABLET.....	20
EASIVENT.....	57	ELIQUIS DVT/PE STARTER PACK .	13	EPIDIOLEX.....	13
EASIVENT MASK LARGE	57	ELITE-OB	38	EPIDUO	29
EASIVENT MASK MEDIUM	57	ELLA	43	EPIDUO FORTE	29
EASIVENT MASK SMALL	57	ELMIRON.....	41	epinephrine solution auto-	
EASY COMFORT SHARPS		ELOCTATE.....	36	injector 0.15 mg/0.15ml injection.	55
CONTAINER.....	32	eluryng	43	epinephrine solution auto-	
EASY MAX BLOOD GLUCOSE		EMBRACE BLOOD GLUCOSE		injector 0.15 mg/0.3ml injection..	55
TEST.....	32	TEST	32	epinephrine solution auto-	
EASY MAX T1 GLUCOSE SYSTEM .	32	EMBRACE WAVE BLOOD		injector 0.3 mg/0.3ml injection ...	55
EASY TOUCH HEALTHPRO		GLUCOSE IN VITRO	32	EPIPEN 2-PAK	55
GLUCOSE	32	EMEND ORAL CAPSULE.....	15	EPIPEN JR 2-PAK	55
EASY TOUCH TEST	32	EMGALITY	17	epitol	13
EASYGLUCO	32	EMPAVELI.....	49	eplerenone.....	23
EASYMAX 15 TEST	32	emtricitabine-tenofovir df oral		EQ BLOOD GLUCOSE TEST	32
EASYMAX NG BLOOD GLUCOSE		tablet 100-150 mg, 133-200 mg,		eq nicotine	10, 11
KIT.....	32	167-250 mg	20	eq nicotine polacrilex.	11
EC-NAPROSYN.....	10	emtricitabine-tenofovir df oral		eq nicotine step 3.....	11
ec-naproxen	10	tablet 200-300 mg	20	eq nicotine polacrilex mouth/	
econazole nitrate external	16	emzahn.....	43	throat lozenge 2 mg, 4 mg	11
		enalapril maleate oral	23	EQUETRO	21

ergocalciferol oral capsule . . .	38, 39	estradiol transdermal gel	43	exemestane	18
ERIVEDGE	18	estradiol transdermal patch		EXFORGE	23
ERLEADA ORAL TABLET 240 MG .	18	weekly	43	EXKIVITY ORAL CAPSULE	
ERLEADA ORAL TABLET 60 MG. .	18	estradiol vaginal	44	40 MG	18
ERMEZA	48	estradiol valerate intramuscular .	44	EXTAVIA	26
errin	43	estradiol-norethindrone acet. . . .	44	EYSUVIS	53
ERY-TAB	12	estratest f.s.	44	ezetimibe	23
ERYGEL	29	ESTRATEST H.S.	44	ezetimibe-simvastatin	23
ERYPED 200	12	ESTRING	44		
ERYPED 400	12	ESTROGEL	44		
erythromycin base oral tablet . . .	12	eszopiclone	59		
erythromycin base oral tablet		ethambutol hcl oral	17		
delayed release	12	ethosuximide oral	13		
erythromycin ethylsuccinate		ethynodiol diac-eth estradiol	44		
oral suspension reconstituted . . .	12	etodolac	10		
erythromycin external	29	etodolac er	10		
erythromycin ophthalmic	53	etonogestrel-ethinyl estradiol	44		
erythromycin oral	12	etravirine	20		
escitalopram oxalate oral	15	EUCRISA	29		
ESGIC	9	euthyrox	48		
ESGIC ORAL CAPSULE		EVAMIST	44		
50-325-40 MG	9	EVEKEO	25		
esomeprazole magnesium oral		everolimus oral tablet 0.25 mg,			
capsule delayed release	39	0.5 mg, 0.75 mg, 1 mg	49		
esomeprazole magnesium oral		everolimus oral tablet 10 mg,			
packet	39	2.5 mg, 5 mg, 7.5 mg	18		
est estrogens-methyltest	43	EVERSENSE 365 SENSOR/			
est estrogens-methyltest ds	43	HOLDER	32		
est estrogens-methyltest hs	43	EVERSENSE 365 SMART			
estarylla	43	TRANSMIT	32		
estazolam	59	EVERSENSE E3 SENSOR/HOLDER	32		
ESTRACE	43	EVERSENSE E3 SMART			
estradiol oral	43, 45	TRANSMITTER	32		
estradiol patch twice weekly		EVERSENSE SENSOR/HOLDER . . .	32		
0.025 mg/24hr transdermal	43	EVERSENSE SMART			
estradiol patch twice weekly		TRANSMITTER	32		
0.0375 mg/24hr transdermal	43	EVISTA	52		
estradiol patch twice weekly		EVOCLIN EXTERNAL FOAM 1 % . .	29		
0.05 mg/24hr transdermal	43	EVOXAC	27		
estradiol patch twice weekly		EVRYSDI	41		
0.075 mg/24hr transdermal	43	EXELDERM EXTERNAL CREAM . . .	16		
estradiol patch twice weekly		EXELON	14		
0.1 mg/24hr transdermal	43				

F

FABHALTA	36
falmina	44
famciclovir oral	20
famotidine oral suspension	
reconstituted	40
famotidine oral tablet 20 mg,	
40 mg	40
FARXIGA	35
FASENRA PEN	57
fayosim oral tablet	
42-21-21-7 days	44
febuxostat	16
felbamate	13
FELBATOL	13
FELBATOL ORAL SUSPENSION	
600 MG/5ML	13
FELDENE ORAL CAPSULE	
10 MG, 20 MG	10
felodipine er	23
FEMARA	18
FEMRING	44
femynor oral tablet	
0.25-35 mg-mcg	44
fenofibrate micronized oral	
capsule 130 mg, 134 mg,	
200 mg, 43 mg, 67 mg	23
FENOPIRATE MICRONIZED	
ORAL CAPSULE 30 MG, 90 MG . . .	23
fenofibrate oral capsule 134 mg,	
200 mg, 67 mg	23
fenofibrate oral tablet	23
fenofibric acid oral capsule	
delayed release	23

FENOGLIDE.....	23	FLUOROURACIL EXTERNAL CREAM 0.5 %.....	29	FORTISCARE TEST IN VITRO STRIP.....	32
fentanyl	9	fluorouracil external cream 5 %	29	FOSAMAX	52
FETZIMA	15	flouxetine hcl oral	15	fosfomycin tromethamine	12
FEXMID	59	fluphenazine hcl oral tablet	20	fosinopril sodium	23
FINACEA EXTERNAL FOAM.....	29	flurbiprofen oral	10	fosinopril sodium-hctz	23
FINACEA EXTERNAL GEL.....	29	FLUTICASONE FUROATE- VILANTEROL	57	FRAICHE 5000 DENTAL.....	27
finasteride oral tablet 5 mg	42	fluticasone propionate external cream	29	FRAICHE 5000 SENSITIVE	38
fingolimod hcl	26	fluticasone propionate external ointment.....	29	FREESTYLE LIBRE 14 DAY READER	32
FINTEPLA.....	13	FLUTICASONE PROPIONATE HFA	57	FREESTYLE LIBRE 14 DAY SENSOR	32
finzala	44	fluticasone propionate nasal.....	55	FREESTYLE LIBRE 2 PLUS SENSOR	32
FIORICET	9	FLUTICASONE-SALMETEROL INHALATION AEROSOL	57	FREESTYLE LIBRE 2 READER	32
FIORICET/CODEINE	9	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	57	FREESTYLE LIBRE 2 SENSOR	32
FIRVANQ.....	12	FLUTICASONE-SALMETEROL INHALATION AEROSOL	57	FREESTYLE LIBRE 3 PLUS SENSOR	32
flac	55	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	57	FREESTYLE LIBRE 3 READER	32
FLAGYL	12	FLUTICASONE-SALMETEROL INHALATION AEROSOL	57	FREESTYLE LIBRE 3 SENSOR	32
FLAREX	53	FLUTICASONE-SALMETEROL INHALATION AEROSOL	57	FREESTYLE LIBRE READER.....	32
flecainide acetate	23	FLUTICASONE-SALMETEROL INHALATION AEROSOL	57	FREESTYLE PRECISION NEO SYSTEM	33
FLEXICHAMBER	57	FLUTICASONE-SALMETEROL INHALATION AEROSOL	57	FREESTYLE PRECISION NEO TEST.....	33
FLOMAX.....	42	FLUTICASONE-SALMETEROL INHALATION AEROSOL	57	FREESTYLE TEST	33
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	38	fluvastatin sodium.....	23	FROVA.....	17
FLORIVA PLUS.....	38	fluvoxamine maleate	15	frovatriptan succinate.....	17
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	57	fluvoxamine maleate er	15	ft nicotine	11
fluconazole oral.....	16	FML FORTE	53	ft nicotine mini.....	11
fludrocortisone acetate oral	46	FML LIQUIFILM	53	FUROSCIX	23
flunisolide nasal.....	55	FOCALIN.....	25	furosemide oral.....	23
fluocinolone acetonide body	29	FOCALIN XR	25	fyavolv.....	44
fluocinolone acetonide external..	29	folic acid oral tablet 1 mg.....	38	FYCOMPA	13
fluocinolone acetonide otic.....	55	FOLLISTIM AQ.....	51	FYREMADEL	51
fluocinolone acetonide scalp	29	fondaparinux sodium.....	13		
fluocinonide external.....	29	FORA 6 CONNECT/GTEL TEST....	32		
FLUORIDEX.....	27	FORFIVO XL	15		
FLUORIDEX ENHANCED WHITENING.....	27	formoterol fumarate inhalation... 57			
FLUORIMAX 5000.....	27, 38	FORTEO	52		
FLUORIMAX 5000 SENSITIVE....	38	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	47		
fluoritab oral solution 0.275 (0.125 f) mg/drop	38	FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	32		
fluorometholone	53				

G

g tussin ac.....	55
gabapentin oral capsule.....	13
gabapentin oral solution 250 mg/5ml.....	13
GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	13

heparin sodium (porcine) injection solution	37	HUMIRA-PSORIASIS/UEIT STARTER	49	hydrocortisone valerate.....	29
heparin sodium (porcine) pf	37	HUMULIN 70/30 KWIKPEN	35	hydrocortisone-acetic acid	55
HEPLISAV-B.....	51	HUMULIN 70/30 VIAL.....	35	hydromet.....	56
her style.....	44	HUMULIN N KWIKPEN	35	hydromorphone hcl oral tablet	9
HIDEX 6-DAY.....	46	HUMULIN N VIAL.....	35	hydroxychloroquine sulfate oral ..	19
HIPREX.....	12	HUMULIN R U-500 KWIKPEN	35	HYDROXYM EXTERNAL CREAM ..	29
hm nicotine polacrilex.....	11	HUMULIN R U-500 VIAL	35	hydroxyurea oral.....	18
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr.....	11	HUMULIN R VIAL	35	hydroxyzine hcl oral	21
HORIZANT	26	HYCODAN ORAL SOLUTION.....	55	hydroxyzine pamoate oral.....	21
HULIO (2 PEN)	49	hydralazine hcl oral	23	HYFTOR.....	49
HULIO (2 SYRINGE)	49	HYDREA.....	18	hyoscyamine sulfate er.....	40
HUMALOG CARTRIDGE	34	hydrochlorothiazide oral	23	hyoscyamine sulfate oral tablet...40	
HUMALOG INJECTION.....	34	hydrocod poli-chlorphe poli er....	55	hyoscyamine sulfate oral tablet dispersible	40
HUMALOG KWIKPEN	34	hydrocodone bit-homatrop mbr oral solution.....	55	hyoscyamine sulfate sublingual...40	
HUMALOG MIX 50/50 KWIKPEN ..34		hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.....	9	HYPERSAL	56
HUMALOG MIX 50/50 VIAL.....	34	hydrocodone-acetaminophen oral tablet.....	9	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	49
HUMALOG MIX 75/25 KWIKPEN..34		hydrocodone-ibuprofen.....	9	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML.....	49
HUMALOG MIX 75/25 VIAL	34	hydrocort-pramoxine (perianal) ..	52	HYRIMOZ-CROHNS/UC STARTER	50
HUMALOG SUBCUTANEOUS.....	34	hydrocortisone (perianal) external cream 1 %.....	52	HYRIMOZ-PED<40KG CROHN STARTER	50
HUMALOG TEMPO PEN	34	hydrocortisone (perianal) external cream 2.5 %.....	52	HYRIMOZ-PED>=40KG CROHN START	50
HUMALOG U-100 JUNIOR KWIKPEN.....	35	hydrocortisone ace-pramoxine external cream 1-1 %.....	52	HYRIMOZ-PLAQ PSOR/UEIT START	50
HUMATE-P	37	hydrocortisone ace-pramoxine external cream 2.5-1 %.....	29	HYZAAR.....	23
HUMIRA (2 PEN)	49	hydrocortisone acetate rectal	52		
HUMIRA (2 SYRINGE)	49	hydrocortisone butyrate external cream.....	29		
HUMIRA-CD/UC/HS STARTER	49	hydrocortisone external cream 1 %.....	29		
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	49	hydrocortisone external cream 2.5 %.....	29		
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	49	hydrocortisone external lotion 2 %, 2.5 %	29		
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	49	hydrocortisone external ointment 1 %, 2.5 %.....	29		
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	49	hydrocortisone oral.....	46		
		hydrocortisone rectal	52		
				I	
				ibandronate sodium oral	52
				IBRANCE.....	18
				IBSRELA.....	40
				ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	10
				iclevia	44
				ICLUSIG ORAL TABLET 10 MG, 30 MG	18
				ICLUSIG ORAL TABLET 15 MG, 45 MG	18

icosapent ethyl	23	INPEN 100-BLUE-LILLY- HUMALOG	33	INVEGA	20
IDACIO (2 PEN)	50	INPEN 100-BLUE-NOVOLOG- FIASP.	33	INVELTYS	53
IDACIO (2 SYRINGE)	50	INPEN 100-GREY-LILLY- HUMALOG	33	INVOKANA.....	36
IDACIO-CROHNS/UC STARTER... 50		INPEN 100-GREY-NOVOLOG- FIASP.	33	IPOL.....	51
IDACIO-PSORIASIS STARTER.... 50		INPEN 100-PINK-LILLY- HUMALOG	33	ipratropium bromide inhalation .. 57	
IDELVION	37	INPEN 100-PINK-NOVOLOG- FIASP.	33	ipratropium bromide nasal..... 56	
IDHIFA	18	INSPIREASE.....	57	ipratropium-albuterol	57
ILEVRO.....	53	INSPIRA.....	23	IQIRVO	40
imatinib mesylate.....	18	INSULIN ASPART	35	irbesartan	23
IMBRUVICA ORAL CAPSULE..... 18		INSULIN ASPART FLEXPEN	35	irbesartan-hydrochlorothiazide... 23	
IMBRUVICA ORAL TABLET 140 MG, 280 MG	18	INSULIN DEGLUDEC FLEXTouch	35	ISENTRESS HD.....	20
IMBRUVICA ORAL TABLET 420 MG, 560 MG.....	18	INSULIN GLARGINE.....	35	ISENTRESS ORAL TABLET	20
imipramine hcl oral	15	INSULIN GLARGINE MAX SOLOSTAR	35	isibloom	44
imiquimod external.....	29	INSULIN GLARGINE SOLOSTAR.. 35		isoniazid oral tablet.....	17
imiquimod pump	29	INSULIN LISPRO	35	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %..... 55	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17	INSULIN LISPRO (1 UNIT DIAL) .. 35		ISORDIL TITRADOSE.....	23
IMITREX ORAL.....	17	INSULIN LISPRO JUNIOR KWIKPEN.....	35	isosorb dinitrate-hydralazine	23
IMITREX STATDOSE SYSTEM	17	INSULIN LISPRO PROT & LISPRO.....	35	isosorbide dinitrate.....	23
IMPOYZ	29	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	33	isosorbide mononitrate	23
IMURAN	50	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	33	isosorbide mononitrate er	23
IMVEXXY MAINTENANCE PACK .. 37		INTELENCE ORAL TABLET 100 MG, 200 MG	20	isotretinoin oral.....	29
IMVEXXY STARTER PACK.....	37	INTELENCE ORAL TABLET 25 MG	20	ISTALOL.....	54
INBRIJA	19	INTRAROSA.....	37	itraconazole oral capsule.....	16
incassia.....	44	introvale.....	44	ivabradine hcl.....	23
indapamide	23	INTUNIV	26	ivermectin external cream	29
INDERAL LA	23			ivermectin oral.....	19
indomethacin er.....	10			IYUZEH.....	54
INDOMETHACIN ORAL CAPSULE 20 MG.....	10				
indomethacin oral capsule 25 mg, 50 mg	10				
INGREZZA ORAL CAPSULE 40 MG, 80 MG.....	26				
INGREZZA ORAL CAPSULE 60 MG	26				
INGREZZA ORAL CAPSULE SPRINKLE	26				
INGREZZA ORAL CAPSULE THERAPY PACK	26				
INLYTA	18				

J

jaimiess.....	44
JAKAFI	18
jantoven.....	13
JANUMET	36
JANUMET XR.....	36
JANUVIA.....	36
JARDIANCE.....	36
jasmiel.....	44
jencycla	44
JENTADUETO.....	36
JENTADUETO XR	36

jinteli	44	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	lacosamide oral	13
jolessa	44	KINERET	50	lactulose encephalopathy	40
JORNAY PM	26	KISQALI (200 MG DOSE)	18	lactulose oral solution	40
JUBLIA	16	KISQALI (400 MG DOSE)	18	LAGEVRIO	20
juleber	44	KISQALI (600 MG DOSE)	18	LAMICTAL	13, 14
JULUCA	20	KLARITY-A	53	LAMICTAL ODT ORAL TABLET DISPERSIBLE	14
junel 1/20	44	KLARITY-C DROPS	55	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	14
junel 1.5/30	44	KLARON	29	lamotrigine er	14
junel fe 1/20	44	klayesta	16	lamotrigine oral tablet	14
junel fe 1.5/30	44	KLISYRI (250 MG)	29	lamotrigine oral tablet chewable .	14
junel fe 24	44	KLISYRI (350 MG)	29	lamotrigine oral tablet dispersible	14
JUST RIGHT 5000	27	KLONOPIN	21	LANCETS	33, 34
JUST RIGHT 5000 DENTAL GEL 1.1 %	27	klor-con	38	LANOXIN ORAL	23
JYLAMVO	50	klor-con 10	38	lansoprazole oral capsule delayed release	40
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ...	41	klor-con m10	38	lansoprazole oral tablet delayed release dispersible	40
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	41	klor-con m15	38	LANTUS SOLOSTAR	35
K		klor-con m20	38	LANTUS U-100 VIAL	35
K-PHOS-NEUTRAL	38	KLOXXADO	11	larin 1/20	44
K-TAB	38	kls quit2	11	larin 1.5/30	44
kalliga	44	kls quit4	11	larin 24 fe	44
KAPSPARGO SPRINKLE	23	KOATE	37	larin fe 1/20	44
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	26	KOATE-DVI	37	larin fe 1.5/30	44
kariva	44	KOGENATE FS	37	LASIX	23
kelnor 1/35	44	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	36	latanoprost ophthalmic	54
kelnor 1/50	44	KOSELUGO	18	LATUDA	20
KEPPRA ORAL	13	kosher prenatal plus iron	38	LEDIPASVIR-SOFOSBUVIR	20
KEPPRA XR	13	kourzeq	27	leena	44
KERENDIA	23	KOVALTRY	37	leflunomide oral	50
KESIMPTA	26	KRINTAFEL	19	lenalidomide	18
ketoconazole external cream	16	KRISTALOSE	40	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	18
ketoconazole external shampoo ..	16	kurvelo	44	lessina	44
ketoconazole oral	16	KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	19	letrozole oral	18
ketorolac tromethamine ophthalmic	53	KYZATREX	47	leucovorin calcium oral	18
ketorolac tromethamine oral	10	L		leuprolide acetate injection	47
		labetalol hcl oral	23		

levalbuterol hcl inhalation.....	57	linezolid oral tablet	12	loryna	44
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	57	LINZESS.....	40	LORZONE ORAL TABLET 375 MG, 750 MG	59
LEVVID.....	40	liothyronine sodium oral	48	losartan potassium oral	23
levetiracetam er	14	LIPITOR.....	23	losartan potassium-hctz	23
levetiracetam oral	14	LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	36	LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	44
levo-t.....	48	lisdexamphetamine dimesylate....	26	LOTEMAX OPHTHALMIC GEL.....	53
levocarnitine oral solution.....	38	lisinopril oral	23	LOTEMAX OPHTHALMIC OINTMENT.....	53
levocarnitine oral tablet	41	lisinopril-hydrochlorothiazide....	23	LOTEMAX OPHTHALMIC SUSPENSION	53
levocarnitine sf	38	LITFULO	50	LOTEMAX SM	53
levocetirizine dihydrochloride oral	56	lithium carbonate er.....	21	LOTENSIN.....	23
levofloxacin oral tablet.....	12	lithium carbonate oral.....	21	LOTENSIN HCT	23
levonest	44	LITHOBID	21	loteprednol etabonate	53
levonorg-eth estrad triphasic....	44	LIVALO	23	LOTREL.....	23
levonorgest-eth est & eth est	44	LO LOESTRIN FE.....	44	lovastatin oral.....	23
levonorgest-eth estrad 91-day....	44	lo-zumandimine	44	LOVAZA	23
levonorgestrel	44	LODINE	10	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE. 13	
levonorgestrel-ethinyl estrad	44	LODOCO	23	low-ogestrel	44
levora 0.15/30 (28)	44	LOESTRIN 1/20 (21)	44	loxapine succinate.....	20
LEVOTHYROXINE SODIUM ORAL CAPSULE.....	48	LOESTRIN 1.5/30 (21)	44	lubiprostone	40
levothyroxine sodium oral tablet .	48	LOESTRIN FE 1/20.....	44	LUMAKRAS ORAL TABLET	18
levoxyl.....	48	LOESTRIN FE 1.5/30.....	44	LUMIGAN	54
LEVSIN.....	40	LOFENA	10	LUMRYZ.....	59
LEVSIN/SL	40	lojaimiess	44	LUNESTA	59
LEXAPRO.....	15	LOKELMA	38	LUPKYNIS.....	50
LIALDA.....	52	LOMOTIL.....	40	lurasidone hcl.....	20
LIBERVANT	14	LONSURF	18	lutera	44
LIBRAX.....	40	LOPID	23	lyleq	44
lidocaine external ointment 5 % ...	9	LOPRESSOR.....	23	lyllana	44
lidocaine external patch 5 %	9	LOPROX EXTERNAL CREAM 0.77 %	16	LYMEPAK ORAL TABLET 100 MG..	12
lidocaine hcl mouth/throat	27	LOPROX EXTERNAL SHAMPOO 1 %	16	LYNPARZA	18
lidocaine hcl urethral/mucosal	9	LOPROX EXTERNAL SUSPENSION 0.77 %.....	29	LYRICA ORAL CAPSULE.....	27
lidocaine viscous hcl.....	27	lorazepam intensol	21	LYSTEDA ORAL TABLET 650 MG..	37
lidocaine-prilocaine external cream	9	lorazepam oral concentrate 2 mg/ml	21	LYUMJEV KWIKPEN	35
LIDOCAN	9	lorazepam oral tablet.....	21	LYUMJEV TEMPO PEN.....	35
LIDODERM.....	9	LORTAB ORAL ELIXIR 10-300 MG/15ML.....	9	LYUMJEV VIAL	35
LIDOTRAL 1.....	9			lyza	45
LIKMEZ.....	12				

M		
M-M-R II.....	51	memantine hcl oral tablet..... 14
M-NATAL PLUS.....	38	MENOPUR..... 52
MACROBID.....	12	MENOSTAR..... 45
MACRODANTIN.....	12	MENQUADFI..... 51
MALARONE.....	19	MENVEO..... 51
MARINOL ORAL CAPSULE		MEPRON..... 19
10 MG, 5 MG.....	16	mercaptopurine oral..... 18
MARINOL ORAL CAPSULE		mesalamine er oral capsule
2.5 MG.....	16	0.375 gm..... 52
marlissa.....	45	mesalamine oral tablet delayed
matzim la.....	23	release 1.2 gm..... 52
MAVENCLAD.....	26	mesalamine oral tablet delayed
MAVYRET.....	20	release 800 mg..... 52
MAXALT.....	17	mesalamine rectal..... 52
MAXALT-MLT.....	17	mesalamine-cleanser..... 52
maxi-tuss ac.....	56	MESTINON ORAL TABLET..... 17
MAXITROL.....	53	METADATE CD..... 26
MAXZIDE ORAL TABLET		metaxalone..... 59
75-50 MG.....	24	metformin hcl er..... 36
MAXZIDE-25 ORAL TABLET		metformin hcl er (mod)..... 36
37.5-25 MG.....	24	metformin hcl er (osm)..... 36
MAYZENT.....	26	metformin hcl ir..... 36
MAYZENT STARTER PACK.....	26	methadone hcl oral tablet..... 9
me/naphos/mb/hyo1.....	41	methazolamide oral..... 54
meclizine hcl oral tablet.....	16	methenamine hippurate..... 12
MEDROL ORAL TABLET 16 MG,		METHERGINE..... 47
4 MG, 8 MG.....	47	methimazole oral..... 48
MEDROL ORAL TABLET 2 MG.....	47	methocarbamol oral..... 59
MEDROL ORAL TABLET		methotrexate sodium (pf)..... 50
THERAPY PACK.....	47	methotrexate sodium injection
medroxyprogesterone acetate		solution..... 50
intramuscular.....	45	methotrexate sodium oral..... 50
medroxyprogesterone acetate		methscopolamine bromide oral.. 40
oral.....	45	methylergonovine maleate oral.. 47
mefenamic acid oral.....	10	METHYLIN..... 26
mefloquine hcl.....	19	methylphenidate hcl er (cd)..... 26
megestrol acetate oral		methylphenidate hcl er (la)..... 26
suspension 40 mg/ml.....	47	methylphenidate hcl er (osm)
megestrol acetate oral tablet.....	45	oral tablet extended release
MEKINIST ORAL TABLET.....	18	18 mg, 27 mg, 36 mg, 54 mg..... 26
meloxicam oral tablet.....	10	METHYLPHENIDATE HCL ER
memantine hcl er.....	14	(OSM) ORAL TABLET EXTENDED
		RELEASE 45 MG, 63 MG..... 26
		methylphenidate hcl er (osm)
		oral tablet extended release
		72 mg..... 26
		methylphenidate hcl er (xr)..... 26
		methylphenidate hcl er oral
		tablet extended release..... 26
		methylphenidate hcl er oral
		tablet extended release 24 hour.. 26
		methylphenidate hcl oral..... 26
		methylprednisolone oral..... 47
		metoclopramide hcl oral
		solution..... 16
		metoclopramide hcl oral tablet... 16
		metolazone..... 24
		metoprolol succinate er..... 24
		metoprolol tartrate oral..... 24
		metoprolol-hydrochlorothiazide.. 24
		METROCREAM..... 29
		METROGEL..... 29
		METROLOTION..... 29
		metronidazole external..... 29
		metronidazole oral..... 12
		metronidazole vaginal..... 12
		mexiletine hcl oral..... 24
		MIACALCIN..... 52
		mibelas 24 fe..... 45
		MICARDIS..... 24
		MICARDIS HCT..... 24
		MICROCHAMBER..... 57
		MICRODOT TEST..... 33
		microgestin 1/20..... 45
		microgestin 1.5/30..... 45
		microgestin 24 fe oral tablet
		1-20 mg-mcg..... 45
		microgestin fe 1/20..... 45
		microgestin fe 1.5/30..... 45
		midodrine hcl..... 24
		MIEBO..... 55
		mili..... 45
		mimvey..... 45
		MINASTRIN 24 FE ORAL TABLET
		CHEWABLE 1-20 MG-MCG(24).... 45

MINILINK REAL-TIME TRANSMITTER.....	33	moxifloxacin hcl ophthalmic.....	53	naloxone hcl injection solution prefilled syringe	11	
MINIMED 630G GUARDIAN PRESS	33	moxifloxacin hcl oral	12	naloxone hcl nasal	11	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	24	MS CONTIN	9	naltrexone hcl oral.....	11	
MINIVELLE	43, 45	MULTAQ.....	24	NAMENDA ORAL TABLET 10 MG, 5 MG.....	14	
minocycline hcl oral capsule	12	MULTI-VIT-FLOR	38	NAMENDA TITRATION PAK	14	
minoxidil oral	24	multi-vitamin/fluoride	38	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	14	
mirabegron er.....	41	multivitamin w/fluoride	38	NAPROSYN ORAL TABLET	10	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	45	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	38	naproxen dr	10	
mirtazapine oral	15	multivitamin/fluoride tablet chewable 0.5 mg oral (rx).....	38	naproxen oral tablet.....	10	
MIRVASO.....	30	multivitamin/fluoride tablet chewable 1 mg oral (rx).....	38	naproxen oral tablet delayed release	10	
misoprostol oral	40	mupirocin cream	12	naproxen sodium oral tablet 275 mg, 550 mg.....	10	
MITIGARE.....	16	mupirocin ointment.....	12	naratriptan hcl	17	
MM BLOOD GLUCOSE SYSTEM... 33		my choice	45	NARCAN.....	11	
MM BLOOD GLUCOSE SYSTEM REFILL	33	my way	45	NASCOBAL.....	38	
MM BLULINK GLUCOSE TEST 33		MYAMBUTOL ORAL TABLET 400 MG.....	17	NATALVIT	38	
MM EASY TOUCH GLUCOSE METER.....	33	MYCOBUTIN ORAL CAPSULE 150 MG	17	NATAZIA	45	
modafinil oral.....	59	mycophenolate mofetil oral	50	nateglinide.....	36	
MODERNA COVID-19 VAC 6M-11Y	51	mycophenolate sodium	50	NATESTO.....	47	
moexipril hcl	24	mycophenolic acid	50	NAYZILAM	14	
mometasone furoate external.... 30		MYDAYIS.....	26	nebivolol hcl	24	
mometasone furoate nasal	56	MYFEMBREE	45	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %... 56		
MONDOXYNE NL	12	MYFORTIC	50	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %... 56		
mono-lynyah	45	MYHIBBIN.....	50	necon 0.5/35 (28).....	45	
MONOJECT HYPODERMIC NEEDLE 18G X 1".....	33	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	30	NEO-POLYCIN	54	
montelukast sodium oral.....	57	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ... 41		neomycin sulfate oral	12	
MONUROL ORAL PACKET 3 GM .. 12		MYSOLINE	14	neomycin-bacitracin zn-polymyx	54	
morphine sulfate (concentrate).... 9		N			neomycin-polymyxin-dexameth ophthalmic ointment.....	53
morphine sulfate er oral tablet extended release	9	na sulfate-k sulfate-mg sulf.....	41	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1.....	53	
morphine sulfate oral.....	9	nabumetone oral	10	neomycin-polymyxin-hc ophthalmic.....	54	
MOTEGRITY	41	nadolol oral	24	neomycin-polymyxin-hc otic	55	
MOTPOLY XR.....	14	NAFRINSE CHW 1MG F	38	NEONATAL COMPLETE.....	38	
MOUNJARO.....	36	nafrinse drops oral solution 0.275 (0.125 f) mg/drop	38			
MOVIPREP	41	NALOCET	9			
moxifloxacin hcl (2x day).....	53					

NEONATAL PLUS.....	38	NITRO-DUR.....	24	NOVAREL	52
NEORAL ORAL CAPSULE.....	50	nitrofurantoin macrocrystal	12	NOVOEIGHT	37
NERLYNX.....	18	nitrofurantoin monohydrate		NOVOFINE AUTOCOVER PEN	
neuac.....	30	macrocrystals.....	12	NEEDLE 30G X 8 MM	33
NEULASTA	37	nitrofurantoin oral suspension		NOVOFINE PEN NEEDLE	33
NEUPRO.....	19	25 mg/5ml	12	NOVOFINE PLUS PEN NEEDLE ...	33
NEURONTIN	14	nitroglycerin rectal	24	NOVOLIN 70/30 FLEXPEN.....	35
NEUTEK 2TEK TEST.....	33	nitroglycerin sublingual	24	NOVOLIN 70/30 FLEXPEN	
NEVANAC	53	nitroglycerin transdermal	24	RELION.....	35
new day	45	NITROSTAT	24	NOVOLIN 70/30 RELION	35
NEXIUM ORAL CAPSULE		NIVA THYROID.....	48	NOVOLIN 70/30 VIAL.....	35
DELAYED RELEASE.....	40	NIVA-PLUS.....	38	NOVOLIN N FLEXPEN	35
NEXIUM ORAL PACKET	40	NIVESTYM	37	NOVOLIN N FLEXPEN RELION ...	35
NEXLETOL.....	24	NOCDURNA.....	47	NOVOLIN N RELION.....	35
NEXLIZET.....	24	nora-be.....	45	NOVOLIN N VIAL.....	35
NEXTSTELLIS.....	45	NORDITROPIN FLEXPRO	47	NOVOLIN R FLEXPEN	35
NGENLA.....	47	norelgestromin-eth estradiol....	45	NOVOLIN R FLEXPEN RELION....	35
niacin er (antihyperlipidemic)....	24	norethin ace-eth estrad-fe oral		NOVOLIN R RELION.....	35
NICODERM CQ	11	tablet.....	45	NOVOLIN R VIAL	35
NICORETTE MINI.....	11	norethin ace-eth estrad-fe oral		NOVOLOG FLEXPEN	35
NICORETTE MOUTH/THROAT		tablet chewable.....	45	NOVOLOG FLEXPEN RELION.....	35
GUM.....	11	norethin-eth estradiol-fe oral		NOVOLOG RELION.....	35
NICORETTE MOUTH/THROAT		tablet chewable 0.4-35 mg-mcg..	45	NOVOLOG U-100 VIAL.....	35
LOZENGE	11	norethindron-ethinyl estrad-fe ...	45	NOVOPEN ECHO.....	33
NICORETTE STARTER KIT.....	11	norethindrone acet-ethinyl est ...	45	NOXAFIL ORAL TABLET	
nicotine mini.....	11	norethindrone acetate oral	45	DELAYED RELEASE.....	16
nicotine polacrilex mini.....	11	norethindrone oral	45	np thyroid	48
nicotine polacrilex mouth/throat..	11	norethindrone-eth estradiol	45	NUBEQA.....	18
nicotine step 1	11	norgestimate-eth estradiol oral		NUCALA SUBCUTANEOUS	
nicotine step 2	11	tablet 0.25-35 mg-mcg	45	SOLUTION AUTO-INJECTOR	57
nicotine step 3	11	norgestimate-ethinyl estradiol		NUCALA SUBCUTANEOUS	
nicotine transdermal patch 24		triphasic.....	45	SOLUTION PREFILLED SYRINGE	
hour	11	NORITATE.....	30	100 MG/ML	57
NICOTROL	11	NORLIQVA	24	NUCALA SUBCUTANEOUS	
nifedipine er	24	norlyroc	45	SOLUTION PREFILLED SYRINGE	
nifedipine er osmotic release	24	NORPRAMIN.....	15	40 MG/0.4ML.....	57
nifedipine oral	24	nortrel 0.5/35 (28).....	45	NUCYNTA	9
nikki	45	nortrel 1/35 (21)	45	NUCYNTA ER.....	9
NINLARO.....	18	nortrel 1/35 (28)	45	NUDEXTA.....	27
nisoldipine er.....	24	nortrel 7/7/7	45	NULEV.....	41
nitazoxanide oral	19	nortriptyline hcl oral capsule.....	15	NUPLAZID ORAL CAPSULE	20
NITRO-BID.....	24	NORVASC	24	NURTEC.....	17
				NUTROPIN AQ NUSPIN 10	47

NUTROPIN AQ NUSPIN 20	47	olopatadine hcl ophthalmic solution 0.1 %	53	ONETOUCH VERIO KIT W/ DEVICE.....	34
NUTROPIN AQ NUSPIN 5.....	47	OLUMIANT ORAL TABLET 1 MG, 4 MG.....	50	ONETOUCH VERIO REFLECT KIT W/DEVICE	34
NUVARING.....	45	OLUMIANT ORAL TABLET 2 MG ..	50	ONETOUCH VERIO TEST STRIPS ..	34
NUVESSA.....	12	OLUX EXTERNAL FOAM 0.05 % ...	30	ONEXTON.....	30
NUVIGIL	59	OMECLAMOX-PAK.....	40	ONFI	14
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT.....	37	omega-3-acid ethyl esters	24	ONGLYZA	36
NUWIQ INTRAVENOUS KIT 1500 UNIT.....	37	omeprazole oral capsule delayed release	40	opcicon one-step.....	45
NUZYRA ORAL.....	12	OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	33	opium	41
nyamyc.....	16	OMNIPOD 5 DEXG7G6 PODS GEN 5.....	33	OPSUMIT.....	58
nylia 1/35.....	45	OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	33	option 2	45
nylia 7/7/7.....	45	OMNIPOD 5 G7 PODS (GEN 5)....	33	OPTIUMEZ TEST.....	34
nymyo oral tablet 0.25-35 mg- mcg	45	OMNIPOD 5 LIBRE2 PLUS G6....	33	OPZELURA.....	30
nystatin external.....	16	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	33	ORACEA.....	30
nystatin mouth/throat	16	OMNITROPE.....	47	ORACIT	38
nystatin oral.....	16	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	ORAL CITRATE.....	38
nystatin-triamcinolone.....	16	ON CALL EXPRESS BLOOD GLUCOSE	33	ORALONE DENTAL PASTE	27
nystop.....	16	ON CALL EXPRESS MONITORING SYS.....	33	ORAPRED ODT.....	47
NYVEPRIA.....	37	ondansetron hcl oral	16	ORENCIA CLICKJECT.....	50
O		ondansetron odt oral tablet dispersible 16 mg	16	ORENCIA SUBCUTANEOUS	50
OB COMPLETE.....	38	ondansetron odt oral tablet dispersible 4 mg, 8 mg	16	ORENITRAM	58
OICALIVA.....	41	ONE VITE WOMENS PLUS.....	38	ORFADIN ORAL CAPSULE.....	41
ocella.....	45	ONETOUCH DELICA LANCETS ...	34	ORFADIN ORAL SUSPENSION	41
OCUFLOX	53	ONETOUCH ULTRA 2 KIT W/ DEVICE.....	34	ORGOVYX.....	18
ODACTRA	56	ONETOUCH ULTRA BLUE TEST ...	34	ORIAHNN	47
ODEFSEY.....	20	ONETOUCH ULTRA TEST STRIPS ..	34	ORILISSA	47
ODOMZO.....	18	ONETOUCH ULTRASOFT LANCETS.....	34	orphenadrine citrate er.....	59
OFEV	58	ONETOUCH VERIO FLEX SYSTEM KIT.....	34	OSCIMIN	41
ofloxacin ophthalmic.....	53	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE.....	34	oseltamivir phosphate oral.....	20
ofloxacin otic	55			OSPHENA	37
olanzapine oral.....	20			OTEZLA ORAL TABLET 20 MG	50
olanzapine-fluoxetine hcl	15			OTEZLA ORAL TABLET 30 MG	50
olmesartan medoxomil oral.....	24			OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	50
olmesartan medoxomil-hctz.....	24			OTREXUP.....	50
olmesartan-amlodipine-hctz	24			OVACE PLUS WASH EXTERNAL LIQUID	30
olopatadine hcl nasal.....	56			OVACE WASH	30
				OVIDREL	52
				oxaprozin oral tablet.....	10

OXAYDO ORAL TABLET	
5 MG, 7.5 MG	9
oxazepam	21
oxcarbazepine	14
oxcarbazepine er	14
OXTELLAR XR	14
oxybutynin chloride er	41
oxybutynin chloride oral tablet ...	41
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE- DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	9
oxycodone hcl oral capsule	9
oxycodone hcl oral solution	9
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	9
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5- 300 MG, 5-300 MG, 7.5-300 MG ...	9
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9
OXYCONTIN	9
oxymorphone hcl er	9
OZEMPIC	36

P

PACERONE	24
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	50
paliperidone er	20
PAMELOR	15
PANCREAZE	41
PANRETIN	30
pantoprazole sodium oral tablet delayed release	40
PARADIGM REAL-TIME TRANSMITTER	34
paricalcitol oral	53
PARLODEL ORAL TABLET	19

PARNATE	15
paroxetine hcl er	15
paroxetine hcl oral tablet	15
PATANASE NASAL SOLUTION 0.6 %	56
PAXIL CR	15
PAXIL ORAL TABLET	15
PAXLOVID (150/100)	20
PAXLOVID (300/100)	20
pazopanib hcl	18
PEDIAPRED	47
peg 3350-kcl-na bicarb-nacl	41
peg-3350/electrolytes	41
peg-3350/electrolytes/ascorbat .	41
peg-kcl-nacl-nasulf-na asc-c	41
penicillin v potassium	12
pentoxifylline er	24
PEPCID	40
PERCOCET	9
PERFOROMIST	57
PERIDEX	27
perindopril erbumine	24
periogard	27
permethrin external	19
perphenazine oral	16
PERTZYE	41
PFIZER COVID-19 VAC-TRIS 5-11Y	51
PFIZER COVID-19 VAC-TRIS 6M-4Y	51
phenazo oral tablet 200 mg	41
phenazopyridine hcl oral tablet 100 mg, 200 mg	41
phenobarbital oral	14
phenytek	14
phenytoin infatabs	14
phenytoin oral tablet chewable ...	14
phenytoin sodium extended	14
PHEXXI	45
philith	45
PHOSPHA 250 NEUTRAL	38
phospho-trin 250 neutral	38

phosphorous	38
PIFELTRO	20
pilocarpine hcl ophthalmic	54
pilocarpine hcl oral	27
pimecrolimus	30
pimozide	20
pimtree	45
pindolol	24
pioglitazone hcl	36
pioglitazone hcl-metformin hcl ...	36
PIP BLOOD GLUCOSE TEST STRIP	34
PIQRAY	18
pirfenidone oral tablet 267 mg, 801 mg	58
pirfenidone oral tablet 534 mg ...	58
pirmella 1/35 oral tablet 1-35 mg-mcg	45
pirmella 7/7/7	45
piroxicam oral	10
pitavastatin calcium	24
PLAN B ONE-STEP	45
PLAQUENIL	19
PLAVIX	19
PLEGRIDY INTRAMUSCULAR	26
PLEGRIDY STARTER PACK	26
PLEGRIDY SUBCUTANEOUS	26
PLENVU	41
PLEXION CLEANSER	30
PNEUMOVAX 23	51
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	51
pnv-dha	38
podofilox external solution	30
POKONZA	38
POLY-VI-FLOR ORAL TABLET CHEWABLE	38
POLYCIN	53
polymyxin b-trimethoprim	53
POMALYST	18
portia-28	45



posaconazole oral tablet delayed release	16	prenatal plus	38, 39	PROCTOCORT EXTERNAL	52
potassium chloride crys er	38	prenatal plus vitamin/mineral.	39	PROCTOCORT RECTAL	52
potassium chloride er	38	prenatal vitamin plus low iron oral tablet 27-1 mg.	39	PROCTOFOAM HC	52
potassium chloride oral	38	PRENATE DHA	39	PROCTOSOL HC	52
potassium citrate er	38	PRENATE ENHANCE	39	PROCTOZONE-HC	52
potassium citrate-citric acid	38	PRENATE ESSENTIAL	39	progesterone intramuscular	45
PRADAXA ORAL CAPSULE	13	PRENATE MINI	39	progesterone oral	45
PRALUENT	24	PRENATE PIXIE	39	PROGRAF ORAL CAPSULE	50
pramipexole dihydrochloride	19	PRENATE RESTORE	39	PROLATE ORAL TABLET	9
PRAMOSONE EXTERNAL CREAM 1-1 %	30	PRENATOL-M	39	PROLENSA	53
PRAMOSONE EXTERNAL CREAM 1-2.5 %	30	PRENATRIX	39	PROMACTA ORAL TABLET	37
prasugrel hcl	19	PRENATRYL	39	promethazine hcl oral	16
pravastatin sodium	24	PREVACID	40	promethazine hcl rectal	16
prazosin hcl oral	24	PREVACID SOLUTAB	40	promethazine-codeine	56
PRECISION XTRA	34	prevalite	24	promethazine-dm	56
PRECISION XTRA BLOOD GLUCOSE	34	PREVIDENT 5000 BOOSTER PLUS	27	PROMETHEGAN	16
PRED FORTE	53	PREVIDENT 5000 DRY MOUTH ...	27	PROMETRIUM	46
PRED MILD	53	PREVIDENT 5000 ENAMEL PROTECT	39	propafenone hcl	24
prednisolone acetate ophthalmic	53	PREVIDENT 5000 KIDS	27	propafenone hcl er	24
PREDNISOLONE ACETATE P-F ...	53	PREVIDENT 5000 ORTHO DEFENSE	27	propranolol hcl er	24
prednisolone oral solution	47	PREVIDENT 5000 PLUS	27	propranolol hcl oral	24
prednisolone sodium phosphate oral	47	PREVIDENT 5000 SENSITIVE	39	propylthiouracil oral	48
prednisone oral	47	PREVIDENT DENTAL	27	PROSCAR	42
pregabalin oral capsule	27	PREVIDENT MOUTH/THROAT	39	PROTONIX ORAL TABLET DELAYED RELEASE	40
PREGNYL	52	PREVNAR 20	51	protriptyline hcl	15
PREMARIN ORAL	45	PREVYMIS ORAL	20	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	57
PREMARIN VAGINAL	45	PREZCOBIX	20	PROVERA	43, 46
PREMIUM BLOOD GLUCOSE TEST	34	PREZISTA ORAL TABLET 150 MG, 75 MG	20	PROVIGIL	59
premium lidocaine	9	primidone oral	14	PROZAC	15
PREMPHASE	45	PRISTIQ	15	pseudoephedrine- bromphen-dm	56
PREMPRO	45	probenecid	16	PTS PANELS EGLU TEST	34
PRENA1 PEARL	38	PROCARDIA XL	24	PULMICORT FLEXHALER	57
prenatal 19 oral tablet 29-1 mg ...	38	PROCHAMBER VHC	57	PULMICORT SUSPENSION	57
prenatal 19 oral tablet chewable ..	38	prochlorperazine	16	PULMOSAL	56
prenatal oral tablet 27-1 mg	38	prochlorperazine maleate oral ...	16	PULMOZYME	58
		PROCORT	52	PYLERA	40
		procto-med hc	52	PYRIDIDIUM	42
				pyridostigmine bromide er	17

pyridostigmine bromide oral
tablet..... 17

Q

qc nicotine transdermal system ... 11
QELBREE..... 26
QUARTETTE ORAL TABLET
42-21-21-7 DAYS..... 46
QUESTRAN..... 24
QUESTRAN LIGHT..... 24
quetiapine fumarate 20
quetiapine fumarate er..... 20
QUFLORA GUMMIES ORAL
TABLET CHEWABLE 0.125 MG ... 39
QUFLORA PEDIATRIC..... 39
QUILLICHEW ER..... 26
QUILLIVANT XR 26
quinapril hcl..... 24
QUINTET AC BLOOD GLUCOSE
TEST..... 34
QUINTET BLOOD GLUCOSE
TEST..... 34
QULIPTA 17
QVAR REDHALER 57

R

ra mini nicotine 11
ra nicotine mouth/throat gum
4 mg..... 11
ra nicotine polacrilex 11
ra nicotine transdermal patch
24 hour 21 mg/24hr..... 11
rabeprazole sodium oral tablet
delayed release 40
RADICAVA ORS 27
RADICAVA ORS STARTER KIT 27
raloxifene hcl 52
ramelteon..... 59
ramipril..... 24
RANEXA ORAL TABLET
EXTENDED RELEASE 12 HOUR
1000 MG, 500 MG 24
ranolazine er 24

RAPAFLO..... 42
RAPAMUNE ORAL SOLUTION 50
RAPAMUNE ORAL TABLET 50
rasagiline mesylate oral 19
RASUVO..... 50
RAZADYNE ER ORAL CAPSULE
EXTENDED RELEASE 24 HOUR
16 MG, 24 MG, 8 MG 14
react..... 46
reclipsen 46
RECOMBIMATE 37
RECOMBIVAX HB..... 51
RECTIV 24
REGLAN..... 16
RELAFEN DS 10
RELAFEN ORAL TABLET
500 MG, 750 MG..... 10
RELEXXII..... 26
RELION TRUE MET AIR GLUC
METER..... 34
RELION TRUE METRIX TEST
STRIPS 34
RELION ULTIMA GLUCOSE
SYSTEM 34
RELION ULTIMA TEST..... 34
RELPAK..... 17
RELSTONE..... 41
RELYVRIO ORAL PACKET
3-1 GM..... 27
REMERON..... 15
REMERON SOLTAB ORAL
TABLET DISPERSIBLE 15 MG,
30 MG 15
REMODULIN..... 58
REVELA ORAL TABLET 42
repaglinide..... 36
REPATHA 24
REPATHA PUSHTRONEX SYSTEM . 24
REPATHA SURECLICK 24
RESTASIS..... 55
RESTASIS MULTIDOSE 55
RESTORIL..... 59

RETACRIT INJECTION
SOLUTION 10000 UNIT/ML,
2000 UNIT/ML, 3000 UNIT/ML,
4000 UNIT/ML, 40000 UNIT/ML . 37
RETACRIT INJECTION
SOLUTION 20000 UNIT/ML 37
RETEVMO ORAL CAPSULE
40 MG, 80 MG..... 18
RETIN-A..... 30
REVATIO ORAL 58
REVLIMID..... 18
REXTOVY..... 11
REXULTI..... 20
REYVOW 17
RHOFAD 30
RHOPRESSA..... 54
rifabutin..... 17
rifampin oral 17
RIGHTEST GT333 GLUCOSE
TEST..... 34
riluzole 27
RINVOQ..... 50
risedronate sodium oral tablet.... 52
RISPERDAL 20
risperidone..... 20
RITALIN 26
RITALIN LA 26
ritonavir 20
rivastigmine..... 14
rivastigmine tartrate 14
rivelsa 46
rizatriptan benzoate..... 17
ROBINUL..... 41
ROBINUL-FORTE..... 41
ROCALTROL 53
ROCKLATAN 54
roflumilast 57
ropinirole hcl..... 19
rosadan external cream 0.75 % ... 30
rosadan external gel 0.75 % 30
rosuvastatin calcium oral 24
ROWASA..... 52



roweepra.....	14	sf gel 1.1%.....	27	sodium fluoride 5000 ppm.....	27
ROXICODONE.....	10	SFROWASA.....	52	sodium fluoride 5000 sensitive...39	
ROZEREM.....	59	sharobel.....	46	sodium fluoride dental.....	27
ROZLYTREK.....	18	SHARPS COLLECTOR.....	31, 34	sodium fluoride mouth/throat...39	
RUCONEST.....	50	SHARPS CONTAINER.....	32, 34	sodium fluoride oral solution.....	39
rufinamide.....	14	SHINGRIX.....	51	sodium fluoride oral tablet	
RUKOBIA.....	21	sildenafil citrate oral tablet		chewable.....	39
RYALTRIS.....	56	100 mg, 25 mg, 50 mg.....	37	SODIUM OXYBATE SOLUTION	
RYBELSUS.....	36	sildenafil citrate oral tablet		500 MG/ML ORAL.....	59
RYTARY.....	19	20 mg.....	58	sodium sulfacetamide wash.....	30
RYTHMOL SR ORAL CAPSULE		SILENOR.....	59	SOFOSBUVIR-VELPATASVIR.....	21
EXTENDED RELEASE 12 HOUR		silodosin.....	42	solifenacin succinate.....	42
225 MG, 325 MG, 425 MG.....	24	SILVADENE.....	12	SOLQUA.....	36
ryvent.....	56	silver sulfadiazine external.....	12	SOMA.....	59
S					
SAFYRAL.....	46	SIMLANDI (1 PEN).....	50	SOOLANTRA.....	30
SALAGEN.....	27	SIMLANDI (2 PEN).....	50	sotalol hcl (af).....	24
SANTYL.....	30	simliya.....	46	sotalol hcl oral.....	24
SAPHRIS.....	20	simpease.....	46	SOTYKTU.....	50
sapropterin dihydrochloride oral		SIMPONI.....	50	SOVUNA.....	19
packet.....	41	simvastatin oral tablet 10 mg,		SPIKEVAX.....	51
SAVELLA.....	27	20 mg, 40 mg, 5 mg.....	24	spinosad.....	30
saxagliptin hcl.....	36	simvastatin oral tablet 80 mg.....	24	SPIRIVA HANDIHALER.....	58
saxagliptin-metformin er.....	36	SINEMET.....	19	SPIRIVA RESPIMAT.....	58
scopolamine.....	16	SINGULAIR ORAL PACKET.....	57	spironolactone oral tablet.....	24
SE-NATAL 19.....	39	SINGULAIR ORAL TABLET.....	58	spironolactone-hctz.....	25
SEASONIQUE ORAL TABLET		SINGULAIR ORAL TABLET		SPORANOX ORAL CAPSULE.....	16
0.15-0.03 & 0.01 MG.....	46	CHEWABLE.....	58	SPRAVATO (56 MG DOSE).....	15
selenium sulfide external lotion..	30	sirolimus oral.....	50	SPRAVATO (84 MG DOSE).....	15
SENSIPAR.....	53	SITAVIG.....	21	sprintec 28.....	46
SEREVENT DISKUS.....	57	SKYRIZI PEN.....	50	SPRYCEL.....	18
SEROQUEL.....	20	SKYRIZI SUBCUTANEOUS.....	50	SPS (SODIUM POLYSTYRENE	
SEROQUEL XR.....	20	SKYTROFA.....	47	SULF).....	39
SERTRALINE HCL ORAL		SLYND.....	46	sronyx.....	46
CAPSULE.....	15	sm nicotine.....	11	ssd.....	12
sertraline hcl oral concentrate...15		sm nicotine polacrilex.....	11	sss 10-5 external cream.....	30
sertraline hcl oral tablet.....	15	SOANZ.....	24	STALEVO 100 ORAL TABLET	
setlakin.....	46	sod citrate-citric acid oral		25-100-200 MG.....	19
sevelamer carbonate oral tablet..	42	solution 500-334 mg/5ml.....	39	STALEVO 125 ORAL TABLET	
SEYSARA.....	12	sod fluoride-potassium nitrate...39		31.25-125-200 MG.....	19
sf 5000 plus.....	27	sodium chloride inhalation.....	56	STALEVO 150 ORAL TABLET	
		sodium fluoride 5000 enamel.....	39	37.5-150-200 MG.....	19
		sodium fluoride 5000 plus.....	27		



STALEVO 200 ORAL TABLET 50-200-200 MG	19	sulfamethoxazole-trimethoprim oral tablet	12	tadalafil (pah)	58
STALEVO 50 ORAL TABLET 12.5-50-200 MG	19	sulfasalazine oral	52	tadalafil oral	37
STALEVO 75 ORAL TABLET 18.75-75-200 MG	19	sulfatrim pediatric	12	TADLIQ	58
STELARA SUBCUTANEOUS	50	sulindac oral	10	TAFINLAR ORAL CAPSULE	18
STENDRA	37	SUMADAN WASH	30	tafluprost (pf)	54
STIOLTO RESPIMAT	58	sumatriptan nasal	17	TAGRISSO	18
STIVARGA	18	sumatriptan succinate oral	17	take action	46
STRATTERA	26	sumatriptan succinate refill subcutaneous solution cartridge .	17	TAKHZYRO	50
STRENSIQ	41	sumatriptan succinate subcutaneous	17	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50
STRIBILD	21	SUNOSI	59	TAMIFLU	21
STRIVERDI RESPIMAT	58	SUPREP BOWEL PREP KIT	41	tamoxifen citrate oral tablet 10 mg	18
STROMECTOL	19	SUTAB	41	tamoxifen citrate oral tablet 20 mg	18
SUBOXONE	11	syeda	46	tamsulosin hcl	42
subvenite	14	SYMBICORT	58	TANLOR	59
SUCRAID	41	SYMBYAX	15	TAPERDEX 12-DAY	47
sucralfate oral	40	SYMFI	21	TAPERDEX 6-DAY	47
SUFLAVE	41	SYMFI LO	21	TAPERDEX 7-DAY	47
SULAR	25	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ...	55	TARGADOX	12
SULCONAZOLE NITRATE EXTERNAL CREAM	16	SYMLINPEN 120	36	tarina 24 fe	46
sulfacetamide sod-sulfur wash external liquid 9-4 %	30	SYMLINPEN 60	36	tarina fe 1/20 eq	46
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	30	SYMPAZAN	14	tarina fe 1/20 oral tablet 1-20 mg-mcg	46
sulfacetamide sodium (acne)	30	SYMPROIC	41	TARON-C DHA	39
sulfacetamide sodium external ...	30	SYNALAR EXTERNAL OINTMENT	30	TASIGNA	18
sulfacetamide sodium ophthalmic solution	53	SYNALAR EXTERNAL SOLUTION 0.01 %	30	TAVALISSE	37
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % ...	30	SYNJARDY	36	tazarotene external cream 0.1 % ..	30
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	30	SYNJARDY XR	36	TAZORAC EXTERNAL CREAM	30
sulfacetamide sodium-sulfur external liquid 9-4.5 %	30	SYNTHROID	48	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	25
sulfacetamide sodium-sulfur external suspension 10-5 %	30	T			
sulfacetamide-prednisolone	54	TABRECTA	18	TECFIDERA ORAL CAPSULE DELAYED RELEASE	26
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml .	12	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	30	TECHLITE INSULIN SYRINGES ...	34
		TACLONEX EXTERNAL SUSPENSION	30	TECHLITE PEN NEEDLES	34
		tacrolimus external	30	TECHLITE PLUS PEN NEEDLES ...	34
		tacrolimus oral	50	TEGLUTIK	27
				TEGRETOL ORAL TABLET	14
				TEGRETOL-XR	14

TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	41	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	47	TOBRADEX.....	53
TEKTURNA	25	testosterone transdermal gel 1.62 %.....	47	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	53
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	25	tetracycline hcl oral capsule	13	TOBRADEX ST	53
telmisartan.....	25	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	58	tobramycin inhalation nebulization solution 300 mg/4ml.....	58
telmisartan-hctz.....	25	THALITONE.....	25	tobramycin ophthalmic	53
temazepam	59	theophylline er.....	58	tobramycin-dexamethasone.....	54
TEMODAR ORAL CAPSULE 250 MG.....	18	THIOLA	42	TOLAK.....	30
temozolomide	18	THIOLA EC.....	42	TOLSURA.....	16
TEMPO REFILL.....	34	THRIVE.....	11	tolterodine tartrate.....	42
TEMPO WELCOME.....	34	THRIVITE RX.....	39	tolterodine tartrate er.....	42
TENCON	10	THYQUIDITY.....	48	TOPAMAX	14
TENIVAC	51	thyroid oral.....	48	TOPAMAX SPRINKLE	14
tenofovir disoproxil fumarate	21	tiadylt er.....	25	TOPICORT EXTERNAL CREAM....	30
TENORETIC 100	25	TIAZAC.....	25	TOPICORT EXTERNAL OINTMENT.....	30
TENORETIC 50	25	TIGLUTIK ORAL SUSPENSION 50 MG/10ML.....	27	topiramate er oral capsule extended release 24 hour	14
TENORMIN.....	25	TIKOSYN	25	topiramate oral	14
terazosin hcl	42	tilia fe.....	46	TOPROL XL.....	25
terbinafine hcl oral	16	timolol maleate (once-daily)	54	torpenz.....	18
terconazole	16	timolol maleate ocudose.....	54	torse mide	25
teriflunomide	26	timolol maleate ophthalmic.....	54	TOSYMRA	17
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	52	timolol maleate pf.....	54	TOUJEO MAX SOLOSTAR	35
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML.....	52	TIMOPTIC OCUDOSE	54	TOUJEO SOLOSTAR	35
TESTIM.....	47	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	54	TRACLEER 62.5 MG, 125 MG	58
TESTOSTERONE CYPIONATE INJECTION	47	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	54	TRADJENTA.....	36
testosterone cypionate intramuscular.....	47	tinidazole oral.....	13	tramadol hcl (er biphasic) oral tablet extended release 24 hour ..	10
testosterone enanthate intramuscular.....	47	tiopronin oral tablet delayed release	42	tramadol hcl er.....	10
testosterone gel 12.5 mg/act (1%) transdermal.....	47	tiotropium bromide monohydrate	58	tramadol hcl oral tablet 100 mg, 50 mg, 25 mg	10
testosterone gel 20.25 mg/act (1.62%) transdermal	47	TIROSINT	48	tramadol-acetaminophen	10
		TIROSINT-SOL.....	48	trandolapril	25
		TIVICAY	21	tranexamic acid oral.....	37
		tizanidine hcl oral.....	59	TRANSDERM-SCOP.....	16
		TOBI PODHALER.....	58	TRANXENE-T ORAL TABLET 7.5 MG	21
				tranylcypromine sulfate.....	15
				TRAVATAN Z.....	54
				travoprost (bak free)	54

trazodone hcl oral	15	triamcinolone acetonide mouth/ throat.....	27	TRUE METRIX PRO BLOOD GLUCOSE	34
TRELEGY ELLIPTA	58	triamcinolone in absorbase	30	TRUETRACK TEST	34
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	50	triamterene oral	25	TRULANCE.....	41
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML.....	50	triamterene-hctz	25	TRULICITY.....	36
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	50	TRIANEX EXTERNAL OINTMENT 0.05 %	30	TRUMENBA.....	51
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML.....	50	triazolam	21	TRUQAP ORAL TABLET.....	19
treprostinil	58	TRIBENZOR	25	TRUSOPT OPHTHALMIC SOLUTION 2 %.....	54
TRESIBA FLEXTOUCH.....	35	TRICARE	39	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	21
tretinoin external cream	30	TRICOR.....	25	TRUVADA ORAL TABLET 200-300 MG	21
tretinoin external gel 0.01 %, 0.025 %.....	30	TRIDACAINE II.....	10	turqoz	46
tretinoin external gel 0.05 %	30	TRIDACAINE III.....	10	TWINRIX	51
TREXALL.....	51	triderm	30	TWIRLA	46
TREZIX	10	TRIDESILON EXTERNAL CREAM 0.05 %	30	TYBLUME	46
tri femynor	46	trihexyphenidyl hcl oral tablet	19	tydemy	46
tri-estarylla	46	TRIJARDY XR	36	TYMLOS.....	52
tri-legest fe	46	TRIKAFTA ORAL TABLET THERAPY PACK	58	TYRVAYA	55
tri-linyah.....	46	TRILEPTAL	14	TYVASO	58
tri-lo-estarylla	46	TRILIPIX	25	TYVASO DPI INSTITUTIONAL KIT.....	58
tri-lo-marzia	46	trimethoprim oral	13	TYVASO DPI MAINTENANCE KIT ..	58
tri-lo-mili	46	TRINATAL RX 1.....	39	TYVASO DPI TITRATION KIT	58
tri-lo-sprintec.....	46	TRINATE.....	39	TYVASO REFILL KIT	58
tri-mili	46	TRINTELLIX.....	15	TYVASO STARTER KIT	58
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	46	tritocin external ointment 0.05 %	30		
tri-sprintec	46	TRIUMEQ.....	21		
tri-vite/fluoride	39	trivora (28)	46		
tri-vylibra.....	46	TROKENDI XR.....	14		
tri-vylibra lo	46	trosipium chloride.....	42		
triamcinolone acetonide external cream.....	30	trosipium chloride er.....	42		
triamcinolone acetonide external lotion	30	TRUE FOCUS BLOOD GLUCOSE STRIP.....	34		
triamcinolone acetonide external ointment	30	TRUE METRIX AIR GLUCOSE METER KIT	34		
		TRUE METRIX BLOOD GLUCOSE TEST.....	34		
		TRUE METRIX GO GLUCOSE METER.....	34		
		TRUE METRIX METER KIT	34		

U

UBRELVY	17
UCERIS ORAL.....	52
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	37
ULORIC	16
UNISTRIPI1 GENERIC	34
unithroid	48
UPTRAVI ORAL	58
urea external cream 20 %, 40 %, 41 %, 45 %, 47 %	31
urea external cream 39 %	31
UREA EXTERNAL CREAM 39.5 % ..	31

uredeb	31	varenicline tartrate (starter)	11	VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG.....	15
UREMEZ-40	31	varenicline tartrate(continue).....	11	vilazodone hcl.....	15
URESOL	31	VARIVAX	51	VIMPAT ORAL.....	14
UROCIT-K 10.....	39	VASCEPA ORAL CAPSULE 0.5 GM.....	25	violele	46
UROCIT-K 15	39	VASCEPA ORAL CAPSULE 1 GM... 25		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	21
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	39	VASERETIC.....	25	VIREAD ORAL TABLET 300 MG... 21	
UROGESIC-BLUE	42	VASOTEC.....	25	virt-pn dha oral capsule 27-0.6-0.4-300 mg	39
UROXATRAL	42	velivet	46	VISTARIL ORAL CAPSULE 25 MG, 50 MG.....	21
URSO 250 ORAL TABLET 250 MG. 41		VELPHORO.....	42	VITAFOL FE+	39
URSO FORTE.....	41	VELTASSA	39	VITAFOL GUMMIES	39
URSODIOL ORAL CAPSULE 200 MG, 400 MG.....	41	VEMLIDY.....	21	VITAFOL ULTRA	39
ursodiol oral capsule 300 mg 41		VENCLEXTA.....	19	VITAFOL-OB	39
ursodiol oral tablet	41	venlafaxine hcl.....	15	VITAMEDMD ONE RX/ QUATREFOLIC.....	39
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML.....	20	venlafaxine hcl er	15	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	39
V		VENTOLIN HFA	56, 58	VITAPEARL.....	39
VAGIFEM	46	VEOZAH	27	VITATHELY WITH GINGER	39
valacyclovir hcl oral.....	21	verapamil hcl er.....	25	VITRAKVI	19
VALCYTE ORAL TABLET	21	verapamil hcl oral.....	25	VIVAGUARD INO GLUCOSE METER KIT	34
valganciclovir hcl oral tablet	21	VERELAN.....	25	VIVAGUARD INO TEST STRIPS.... 34	
VALIUM	21	VERELAN PM.....	25	VIVELLE-DOT.....	43, 46
valproic acid oral capsule	14	VERIFINE SHARPS CONTAINER .. 34		VIVJOA.....	16
valproic acid oral solution 250 mg/5ml.....	14	VERKAZIA.....	55	VOGELXO	47
valsartan oral tablet	25	VERQUVO	25	VOGELXO PUMP.....	47
valsartan-hydrochlorothiazide... 25		VERZENIO.....	19	volnea	46
VALTOCO	14	VESICARE.....	42	VOQUEZNA	40
VALTRESX	21	vestura	46	VOQUEZNA DUAL PAK	40
VANADOM ORAL TABLET 350 MG.....	59	VEVYE.....	55	VOQUEZNA TRIPLE PAK.....	40
VANCOCIN.....	13	VFEND ORAL TABLET	16	voriconazole oral tablet	16
vancomycin hcl oral	13	VIAGRA	37	VORTEX HOLD CHMBR/MASK/ CHILD	58
VANDAZOLE	13	VIBERZI	41	VORTEX HOLD CHMBR/MASK/ TODDLER	58
VANOS	31	VIBRAMYCIN ORAL CAPSULE 100 MG	13	VORTEX VALVED HOLDING CHAMBER.....	58
VAQTA.....	51	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	13	VOSEVI.....	21
varденаfil hcl oral tablet	37	vienva	46		
varenicline tartrate	11	vigabatrin oral packet	14		
		vigadrone oral packet	14		
		VIGAMOX	54		
		vigpoder	14		
		VIIBRYD.....	15		



VOYDEYA.....	37	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	51	zafirlukast.....	58
VRAYLAR.....	20	XELODA.....	19	zaleplon.....	59
VTAMA	31	XENLETA ORAL TABLET 600 MG .	13	ZANAFLEX	59
vyfemla	46	XHANCE.....	56	ZARONTIN	14
VYLEESI.....	37	XIFAXAN	13	ZARXIO.....	37
vylibra	46	XIGDUO XR	36	ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG.....	39
VYNDAMAX.....	41	XIIDRA	55	ZAVZPRET.....	17
VYTORIN.....	25	XOFLUZA (40 MG DOSE).....	21	ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	47
VYVANSE.....	26	XOFLUZA (80 MG DOSE).....	21	ZEBUTAL ORAL CAPSULE 50-325-40 MG	10
VYZULTA	54	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	51	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36
W		XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML.....	58	ZEJULA ORAL CAPSULE 100 MG .	19
WAINUA.....	15	XOPENEX HFA	58	ZELBORAF	19
WAKIX.....	59	XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML.....	58	ZEMBRACE SYMTOUCH.....	17
warfarin sodium oral.....	13	XTAMPZA ER	10	ZEMPLAR ORAL.....	53
WELCHOL ORAL TABLET.....	25	XTANDI.....	19	zenatane	31
WELLBUTRIN SR.....	15	xulane	46	ZENPEP.....	41
WELLBUTRIN XL.....	15	xurea	31	ZENZEDI	26
wera	46	XYOSTED.....	47	ZEPOSIA	27
wes-phos 250 neutral.....	39	XYREM	59	ZEPOSIA 7-DAY STARTER PACK...	27
WESCAP-C DHA	39	XYWAV	59	ZEPOSIA STARTER KIT	27
WESCAP-PN DHA	39			ZESTORETIC.....	25
WESTAB PLUS.....	39	Y		ZESTRIL.....	25
WILATE.....	37	YASMIN 28	46	ZETIA.....	25
WINLEVI	31	YAZ	46	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	56
wixela inhub.....	58	YUFLYMA (1 PEN).....	51	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	25
wymzya fe.....	46	YUFLYMA (2 PEN).....	51	ZILXI	31
X		YUFLYMA (2 SYRINGE).....	51	ZIMHI	11
XACIATO	13	YUFLYMA-CD/UC/HS STARTER...	51	ZIOPTAN	54
XALATAN.....	54	YUPELRI.....	58	ziprasidone hcl.....	20
XANAX	21	YUSIMRY	51	ZIRGAN	21
XANAX XR.....	21	yuvaferm.....	46	ZITHROMAX ORAL	13
XARELTO.....	13			ZITHROMAX TRI-PAK.....	13
XARELTO STARTER PACK.....	13	Z		ZITHROMAX Z-PAK	13
XCOPRI.....	14	zafemy	46	ZOCOR	25
XDEMVI.....	54			ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	17
XELJANZ.....	51				
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	51				

zolmitriptan nasal solution 5 mg . .	17
zolmitriptan oral	17
ZOLOFT	15
zolpidem tartrate er	59
zolpidem tartrate oral tablet	59
ZOMIG NASAL SOLUTION	
2.5 MG	17
ZOMIG NASAL SOLUTION 5 MG . .	17
ZOMIG ORAL	17
ZONEGRAN	14
zonisamide oral	14
ZORTRESS	51
ZORYVE EXTERNAL CREAM 0.3 %	31
ZORYVE EXTERNAL FOAM	31
zovia 1/35 (28)	46
ZOVIRAX EXTERNAL OINTMENT .	21
ZOVIRAX ORAL SUSPENSION	
200 MG/5ML	21
ZTLIDO	10
ZUBSOLV	11
zumandimine	46
ZURZUVAE	15
ZYCLARA	31
ZYCLARA PUMP	31
ZYLET	54
ZYLOPRIM ORAL TABLET	
100 MG, 300 MG	16
ZYMAXID OPHTHALMIC	
SOLUTION 0.5 %	54
ZYPREXA ORAL	20
ZYPREXA ZYDIS	20
ZYTIGA	19
ZYVOX ORAL TABLET	13

Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/index.html>

Phone: Toll-free **1-800-368-1019**, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

Multi-language interpreter services

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

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

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

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

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

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

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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

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

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

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

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

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

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

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をご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សូមជួយស្វែងរកលេខតេឡេហ្វូនដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខតេឡេហ្វូនដោយឥតគិតថ្លៃ ដើម្បីស្វែងរកលេខតេឡេហ្វូនដោយឥតគិតថ្លៃសំរាប់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqo'dí ninaaltsoos nit'i'izi bee nééhozinígíí bine'dé'ę t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

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

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

Administrative services provided by or through United HealthCare Services, Inc. or its affiliates, including but not limited to: UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; Oxford Health Plans LLC; and Bind Benefits, Inc. d/b/a Surest d/b/a Surest Administrators Services in CA.

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

1/25 ©2025 United HealthCare Services, Inc.
WF15444534-F 2025 Prescription Drug List – Flex Base 3-Tier

**United
Healthcare**