



Your 2025 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2025

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

Contents

Analgesics - Drugs for Pain	8
Analgesics - Drugs for Pain and Inflammation	9
Anti-Addiction / Substance Abuse Treatment Agents	10
Antibacterials - Drugs for Infections	11
Anticoagulants - Drugs to Treat or Prevent Blood Clots	12
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	18
Antiparasitics - Drugs for Parasitic Infections	19
Antiparkinson Agents - Drugs for Parkinson's Disease	19
Antiplatelets - Drugs for Heart Attack and Stroke Prevention	20
Antipsychotics - Drugs for Mood Disorders	20
Antivirals - Drugs for Viral Infections	20
Anxiolytics - Drugs for Anxiety	21
Bipolar Agents - Drugs for Mood Disorders	22
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	22
Central Nervous System Agents - Drugs for Attention Deficit Disorder	26
Central Nervous System Agents - Drugs for Multiple Sclerosis	27
Central Nervous System Agents - Miscellaneous	27
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	28
Dermatological Agents - Drugs for Skin Conditions	28
Diabetes - Glucose Monitoring and Supplies	32
Diabetes - Insulin	36
Diabetes - Non-Insulin Agents	37
Drugs for Blood Disorders	38
Drugs for Sexual Dysfunction	39
Electrolytes / Vitamins	39
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	41

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	42
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.	43
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	43
Genitourinary Agents - Drugs for Prostate Conditions	44
Hormonal Agents - Hormone Replacement and Birth Control	44
Hormonal Agents - Oral Steroids	49
Hormonal Agents - Other	49
Hormonal Agents - Testosterone Replacement	50
Hormonal Agents - Thyroid	50
Immunological Agents - Drugs for Immune System Stimulation or Suppression	51
Immunological Agents - Drugs for Vaccination	55
Infertility Agents	55
Inflammatory Bowel Disease Agents.	55
Metabolic Bone Disease Agents - Drugs for Osteoporosis.	56
Metabolic Bone Disease Agents - Other	57
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	57
Ophthalmic Agents - Drugs for Eye Infection and Inflammation.	58
Ophthalmic Agents - Drugs for Glaucoma	58
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions	59
Otic Agents - Drugs for Ear Conditions	59
Respiratory - Drugs for Anaphylaxis.	59
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	59
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD.	60
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.	62
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis.	62
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	62
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	63
Sleep Disorder Agents	63

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.

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.

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.

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

2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug list information

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

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

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

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

Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	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	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
oxymorphone hcl er	3	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation

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

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H

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

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H	clarithromycin oral suspension reconstituted	2	
REXTOVY	1	QL	clarithromycin oral tablet	1	
sm nicotine	1	H	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
sm nicotine polacrilex	1	H	CLEOCIN ORAL CAPSULE 75 MG	2	
SUBOXONE	E	PA, QL	CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
THRIVE	3	H	CLEOCIN VAGINAL CREAM	3	
varenicline tartrate	3	PA, H	clindamycin hcl oral	1	
varenicline tartrate (starter)	3	PA, H	clindamycin palmitate hcl	2	
varenicline tartrate(continue)	3	PA, H	clindamycin phosphate vaginal	2	
ZIMHI	2	QL	CLINDESSE	2	
ZUBSOLV	2	QL	dicloxacillin sodium	1	
Antibacterials - Drugs for Infections			DIFICID ORAL TABLET	3	QL
amoxicillin	1		doxycycline hyclate oral capsule	2	
amoxicillin-potassium clavulanate	1		doxycycline hyclate oral tablet 100 mg	2	
ampicillin	1		doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
AUGMENTIN	E		doxycycline hyclate oral tablet 20 mg	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
AVIDOXY	3		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral suspension reconstituted	3	
BACTRIM	3		doxycycline monohydrate oral tablet	1	
BACTRIM DS	3		E.E.S. GRANULES	3	
cefadroxil	1		ERYPED 200	3	
cefdinir	1		ERYPED 400	3	
cefixime	3		ERY-TAB	3	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet	1	
cefprozil	1		erythromycin base oral tablet delayed release	3	
cefuroxime axetil	1				
CENTANY EXTERNAL OINTMENT 2 %	3	QL			
cephalexin	1				
CIPRO ORAL TABLET	3				
ciprofloxacin hcl oral	1				
clarithromycin er	2				

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1		penicillin v potassium	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3		SEYSARA	E	
erythromycin oral	3		SILVADENE	3	
FIRVANQ	3		silver sulfadiazine external	1	
FLAGYL	3		ssd	1	
fosfomycin tromethamine	3		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
gentamicin sulfate external	1	QL	sulfamethoxazole-trimethoprim oral tablet	1	
HIPREX	3		sulfatrim pediatric	1	
levofloxacin oral tablet	1		TARGADOX	E	
LIKMEZ	3		tetracycline hcl oral capsule	3	
linezolid oral tablet	2		tinidazole oral	3	
LYMEPAK ORAL TABLET 100 MG	E		trimethoprim oral	1	
MACROBID	3		VANCOCIN	3	
MACRODANTIN	3		vancomycin hcl oral	1	
methenamine hippurate	1		VANDAZOLE	3	
metronidazole oral capsule	1		VIBRAMYCIN ORAL CAPSULE 100 MG	3	
metronidazole oral tablet 125 mg	E		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
metronidazole oral tablet 250 mg, 500 mg	1		XACIATO	2	QL
metronidazole vaginal	2		XENLETA ORAL TABLET 600 MG	3	
minocycline hcl oral capsule	1		XIFAXAN	3	PA, QL
MONDOXYNE NL	E		ZITHROMAX ORAL	3	
moxifloxacin hcl oral	3		ZITHROMAX TRI-PAK	3	
mupirocin cream	3	QL	ZITHROMAX Z-PAK	3	
mupirocin ointment	1	QL	ZYVOX ORAL TABLET	E	
neomycin sulfate oral	1		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
nitrofurantoin macrocrystal	1		dabigatran etexilate mesylate	2	QL
nitrofurantoin monohydrate macrocrystals	1		ELIQUIS	2	QL
nitrofurantoin oral suspension 25 mg/5ml	3		ELIQUIS DVT/PE STARTER PACK	2	QL
NUVESSA	E		enoxaparin sodium injection solution prefilled syringe	2	QL
NUZYRA ORAL	3	QL	fondaparinux sodium	2	QL
			jantoven	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL	EPIDIOLEX	3	PA, SP
PRADAXA ORAL CAPSULE	E	QL	epitol	1	
warfarin sodium oral	1		ethosuximide oral	1	
XARELTO	2	QL	felbamate	1	
XARELTO STARTER PACK	2	QL	FELBATOL	3	PA
Anticonvulsants - Drugs for Seizures			FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA
APTOM	3	PA	FINTEPLA	3	PA
BANZEL	3	PA	FYCOMPA ORAL SUSPENSION	3	PA
BRIVIACT ORAL SOLUTION	3	PA	FYCOMPA ORAL TABLET	3	PA
BRIVIACT ORAL TABLET	3	PA	gabapentin oral capsule	1	
carbamazepine er oral capsule extended release 12 hour	2		gabapentin oral solution 250 mg/5ml	1	
carbamazepine er oral tablet extended release 12 hour	2		GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
carbamazepine oral tablet	1		gabapentin oral tablet 600 mg, 800 mg	1	
carbamazepine oral tablet chewable	1		GABARONE	E	PA
CARBATROL	3		KEPPRA ORAL	3	PA
clobazam oral suspension	3	PA	KEPPRA XR	3	PA
clobazam oral tablet	2	PA	lacosamide oral	2	
DEPAKOTE	3	PA	LAMICTAL	3	PA
DEPAKOTE ER	3	PA	LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
DEPAKOTE SPRINKLES	3	PA	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL	lamotrigine er	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL	lamotrigine oral tablet	1	
diazepam rectal	1	QL	lamotrigine oral tablet chewable	1	
DILANTIN INFATABS	3		lamotrigine oral tablet dispersible	3	PA
DILANTIN ORAL CAPSULE	3		levetiracetam er	2	
divalproex sodium er	2		levetiracetam oral solution	1	
divalproex sodium oral capsule delayed release sprinkle	2		levetiracetam oral tablet	1	
divalproex sodium oral tablet delayed release	1		LIBERVANT	3	PA, QL
ELEPSIA XR	E	PA	MOTPOLY XR	3	PA
			MYSOLINE	2	PA

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	
OXTELLAR XR	E	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	2	PA, QL, SP
VIGADRONE ORAL PACKET	2	PA, QL, SP
vigpoder	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	3	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CELEXA	E		PARNATE	3	
citalopram hydrobromide oral solution	1		paroxetine hcl er	3	QL
citalopram hydrobromide oral tablet	1		paroxetine hcl oral tablet	1	
clomipramine hcl oral	3		PAXIL CR	E	QL
CYMBALTA	E		PAXIL ORAL TABLET	E	
desipramine hcl oral	1		PRISTIQ	E	QL
desvenlafaxine succinate er	3	QL	protriptyline hcl	1	
doxepin hcl oral capsule	1		PROZAC	E	
doxepin hcl oral concentrate	1		REMERON	E	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
duloxetine hcl oral capsule delayed release particles 40 mg	E		SERTRALINE HCL ORAL CAPSULE	E	QL
EFFEXOR XR	E		sertraline hcl oral concentrate	1	
escitalopram oxalate oral solution	3		sertraline hcl oral tablet	1	
escitalopram oxalate oral tablet	1		SPRAVATO (56 MG DOSE)	3	PA, QL
FETZIMA	3	ST, QL	SPRAVATO (84 MG DOSE)	3	PA, QL
fluoxetine hcl oral capsule	1		SYMBYAX	3	QL
fluoxetine hcl oral capsule delayed release	3	QL	tranylcypromine sulfate	1	
fluoxetine hcl oral solution	1		trazodone hcl oral	1	
fluoxetine hcl oral tablet 10 mg	3	QL	TRINTELLIX	3	ST, QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3		venlafaxine hcl	1	
fluvoxamine maleate	1		venlafaxine hcl er oral capsule extended release 24 hour	1	
fluvoxamine maleate er	3	QL	venlafaxine hcl er oral tablet extended release 24 hour	E	QL
FORFIVO XL	E	QL	VIIBRYD	E	QL
imipramine hcl oral	1		VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
LEXAPRO	E		vilazodone hcl	3	QL
mirtazapine oral	1		WAINUA	2	PA, QL, SP
NORPRAMIN	3		WELLBUTRIN SR	E	
nortriptyline hcl oral capsule	1		WELLBUTRIN XL	E	
olanzapine-fluoxetine hcl	2	QL	ZOLOFT	E	
PAMELOR	E		ZURZUVAE	2	PA, QL, SP
			Antiemetics - Drugs for Nausea and Vomiting		
			ANTIVERT ORAL TABLET	E	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	2	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	

Drug Name	Drug Tier	Requirements & Limits
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	

Drug Name	Drug Tier	Requirements & Limits
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MYCOBUTIN ORAL CAPSULE 150 MG	3		HYDREA	3	
rifabutin	1		hydroxyurea oral	1	
rifampin oral	1		IBRANCE	2	PA, QL, SP
Antineoplastics - Drugs for Cancer			ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
abiraterone acetate oral tablet 250 mg	2	PA, QL, SP	ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP	IDHIFA	2	PA, QL, SP
AFINITOR	E	PA, QL, SP	imatinib mesylate	1	PA, QL, SP
ALECENSA	2	PA, QL	IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP	IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
anastrozole oral	1	H-PA	IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
ARIMIDEX	E		IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
AROMASIN	E		INLYTA	3	PA, QL, SP
AUGTYRO	2	PA, QL, SP	JAKAFI	2	PA, QL, SP
bicalutamide	1		KISQALI (200 MG DOSE)	3	PA, ST, QL, SP
BOSULIF ORAL TABLET	2	PA, ST, QL, SP	KISQALI (400 MG DOSE)	3	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP	KISQALI (600 MG DOSE)	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP	KOSELUGO	3	PA, QL, SP
CALQUENCE	2	PA, QL, SP	lenalidomide	2	PA, QL, SP
capecitabine	1	QL, SP	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
CASODEX	E		letrozole oral	1	H-PA
COTELLIC	2	PA, QL, SP	leucovorin calcium oral	1	
cyclophosphamide oral capsule	2		LONSURF	3	PA, QL, SP
dasatinib	3	PA, ST, QL, SP	LUMAKRAS	3	PA, QL, SP
ERIVEDGE	2	PA, QL, SP	LYNPARZA	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL	MEKINIST ORAL TABLET	3	PA, ST, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP	mercaptopurine oral tablet	1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP	NERLYNX	2	PA, QL, SP
exemestane	2	H-PA	NINLARO	2	PA, QL, SP
EXKIVITY ORAL CAPSULE 40 MG	3	SP	NUBEQA	2	PA, QL, SP
FEMARA	E		ODOMZO	2	PA, QL, SP
GAVRETO	3	PA, QL, SP			
GLEEVEC	E	PA, QL, SP			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
temozolomide	1	PA, SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

albendazole oral	3	PA, QL
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	

Drug Name	Drug Tier	Requirements & Limits
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	3	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
CREXONT	3	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
NUPLAZID ORAL CAPSULE	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	3	QL, H
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
etravirine	2	
famciclovir oral	2	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVMIS ORAL TABLET	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL

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

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lorazepam oral concentrate 2 mg/ml	1		atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
lorazepam oral tablet	1		atorvastatin calcium oral tablet 40 mg, 80 mg	1	
oxazepam	1		AVALIDE	E	
triazolam	1		AVAPRO	E	
VALIUM	E		AZOR	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3		benazepril hcl oral	1	
XANAX	E		benazepril-hydrochlorothiazide	1	
XANAX XR	E		BENICAR	E	
Bipolar Agents - Drugs for Mood Disorders			BENICAR HCT	E	
EQUETRO	3		BETAPACE	E	
lithium carbonate er	1		BETAPACE AF	3	
lithium carbonate oral	1		betaxolol hcl oral	1	
LITHOBID	3	PA	bisoprolol fumarate oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			bisoprolol-hydrochlorothiazide	1	
acebutolol hcl oral	1		bumetanide oral	1	
acetazolamide er	1		BUMEX	3	
acetazolamide oral	1		BYSTOLIC	E	
ALDACTONE	E		CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	3	
aliskiren fumarate	3		CAMZYOS	3	PA, QL, SP
ALTACE	E		candesartan cilexetil	3	
amiloride hcl oral	1		candesartan cilexetil-hctz	3	
amiloride-hydrochlorothiazide	1		captopril oral	1	
amiodarone hcl oral	1		CARDIZEM	E	
amlodipine besylate oral	1		CARDIZEM CD	E	
amlodipine besylate-benazepril hcl	1		CARDIZEM LA	E	
amlodipine besylate-valsartan	2		CARDURA	3	
amlodipine-olmesartan	E		cartia xt	2	
ATACAND	E		carvedilol	1	
ATACAND HCT	E		carvedilol phosphate er	E	
atenolol oral	1		CATAPRES-TTS-1	E	
atenolol-chlorthalidone	1		CATAPRES-TTS-2	E	
ATORVALIQ	3	PA	CATAPRES-TTS-3	E	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
chlorthalidone	1		DIOVAN	E	
cholestyramine light	1		DIOVAN HCT	E	
cholestyramine oral	1		dofetilide	2	
clonidine hcl oral	1		doxazosin mesylate oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	3		EDARBI	E	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)	EDARBYCLOR	E	
clonidine patch weekly 0.2 mg/24hr transdermal	3		enalapril maleate oral solution	3	PA
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)	enalapril maleate oral tablet	1	
clonidine patch weekly 0.3 mg/24hr transdermal	3		enalapril-hydrochlorothiazide	1	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)	ENTRESTO ORAL TABLET	3	PA, QL
colesevelam hcl oral tablet	2		EPANED	3	PA
COLESTID ORAL TABLET	3		eplerenone	2	
colestipol hcl oral tablet	1		EXFORGE	E	
COREG	E		ezetimibe	2	
COREG CR	E		ezetimibe-simvastatin	3	
CORGARD ORAL TABLET 20 MG, 40 MG	3		felodipine er	1	
CORLANOR	3	PA, QL	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
COZAAR	E		FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	
CRESTOR	E		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
digitek oral tablet 250 mcg	1		fenofibrate oral tablet 120 mg, 40 mg	E	
digoxin oral tablet	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
diltiazem hcl er beads	2		fenofibric acid oral capsule delayed release	3	
diltiazem hcl er coated beads	2		FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
diltiazem hcl er oral capsule extended release 12 hour	1		flecainide acetate	1	
diltiazem hcl er oral capsule extended release 24 hour	1		fluvastatin sodium	1	
diltiazem hcl er oral tablet extended release 24 hour	2		fosinopril sodium	1	
diltiazem hcl oral	1		fosinopril sodium-hctz	1	
dilt-xr	1		FUROSCIX	3	PA, QL
			furosemide oral	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
gemfibrozil oral	1		losartan potassium oral	1	
guanfacine hcl	1		losartan potassium-hctz	1	
HEMANGEOL	3		LOTENSIN	3	
hydralazine hcl oral	1		LOTENSIN HCT	3	
hydrochlorothiazide oral	1		LOTREL	E	
HYZAAR	E		lovastatin oral	1	H
icosapent ethyl	E	PA	LOVAZA	E	
indapamide	1		matzim la	2	
INDERAL LA	E		MAXZIDE ORAL TABLET 75-50 MG	3	
INSPIRA	E		MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
irbesartan	1		metolazone	1	
irbesartan-hydrochlorothiazide	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
ISORDIL TITRADOSE	E		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
isosorb dinitrate-hydralazine	2		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate	1		mexiletine hcl oral	1	
isosorbide mononitrate er	1		MICARDIS	E	
ivabradine hcl	3	PA, QL	MICARDIS HCT	E	
KAPSPARGO SPRINKLE	3		midodrine hcl	1	
KERENDIA	3	PA, QL	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
labetalol hcl oral	1		minoxidil oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		moexipril hcl	1	
LANOXIN ORAL TABLET 62.5 MCG	3		MULTAQ	3	PA
LASIX	3		nadolol oral	1	
LIPITOR	E		nebivolol hcl	3	
lisinopril oral	1		NEXLETOL	2	PA, ST, QL
lisinopril-hydrochlorothiazide	1		NEXLIZET	2	PA, ST, QL
LIVALO	E	ST	niacin er (antihyperlipidemic)	2	
LODOCO	3	QL	nifedipine er	1	
LOPID	3				
LOPRESSOR	3				

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nifedipine er osmotic release	1		ranolazine er	2	
nifedipine oral	1		RECTIV	3	QL
nisoldipine er	2		REPATHA	2	PA, QL
NITRO-BID	2		REPATHA PUSHTRONEX SYSTEM	2	PA, QL
NITRO-DUR	3		REPATHA SURECLICK	2	PA, QL
nitroglycerin rectal	3	QL	rosuvastatin calcium oral	2	
nitroglycerin sublingual	1		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
nitroglycerin transdermal	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
NITROSTAT	3		simvastatin oral tablet 80 mg	1	
NORLIQVA	3	PA	SOAANZ	E	QL
NORVASC	E		sotalol hcl (af)	1	
olmesartan medoxomil oral	2		sotalol hcl oral	1	
olmesartan medoxomil-hctz	2		spironolactone oral tablet	1	
olmesartan-amlodipine-hctz	E		spironolactone-hctz	1	
omega-3-acid ethyl esters	2		SULAR	3	
PACERONE ORAL TABLET 100 MG, 400 MG	3		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
PACERONE ORAL TABLET 200 MG	3		TEKTURNA	3	
pentoxifylline er	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
perindopril erbumine	2		telmisartan	2	
pindolol	1		telmisartan-hctz	2	
pitavastatin calcium	E	ST	TENORETIC 100	E	
PRALUENT	E	PA, ST, QL	TENORETIC 50	E	
pravastatin sodium	1		TENORMIN	E	
prazosin hcl oral	1		THALITONE	E	
prevalite	1		tiadylt er	2	
PROCARDIA XL	E		TIAZAC	3	
propafenone hcl	1		TIKOSYN	3	
propafenone hcl er	3		TOPROL XL	E	
propranolol hcl er	2		torsemide	1	
propranolol hcl oral	1		trandolapril	1	
QUESTRAN	3				
QUESTRAN LIGHT	3				
quinapril hcl	1				
ramipril	1				

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
triamterene oral	3		amphetamine-dextroamphetamine	1	
triamterene-hctz	1		amphetamine-dextroamphetamine er	2	QL
TRIBENZOR	E		amphet-dextroamphet 3-bead er	3	QL
TRICOR	E		APTENSIO XR	E	QL
TRILIPIX	E		atomoxetine hcl	3	QL
valsartan oral tablet	2		AZSTARYS	3	ST, QL
valsartan-hydrochlorothiazide	1		clonidine hcl er	2	
VASCEPA	E	PA	CONCERTA	E	QL
VASERETIC	E		COTEMPLA XR-ODT	E	QL
VASOTEC	E		DEXEDRINE	E	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3		dexmethylphenidate hcl	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		dexmethylphenidate hcl er	2	QL
verapamil hcl er oral tablet extended release	1		dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
verapamil hcl oral	1		dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
VERELAN	3		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
VERELAN PM	3		dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
VERQUVO	3	PA, QL	DYANAVAL XR ORAL TABLET EXTENDED RELEASE	E	QL
VYTORIN	E		EVEKEO	E	
WELCHOL ORAL TABLET	E		FOCALIN	3	
ZESTORETIC	E		FOCALIN XR	E	QL
ZESTRIL	E		guanfacine hcl er	2	
ZETIA	E		INTUNIV	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		JORNAY PM	3	ST, QL
ZIAC ORAL TABLET 5-6.25 MG	3		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
ZOCOR	E		lisdexamfetamine dimesylate	3	QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder			METADATE CD	E	QL
ADDERALL	E		METHYLIN	3	
ADDERALL XR	E	QL			
ADZENYS XR-ODT	E	QL			
amphetamine sulfate	2				

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
ONYDA XR	3	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP

See page 6-8 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel	3	QL
AKLIEF	3	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ALA SCALP	3		calcipotriene external cream	2	QL
ala-cort	E		calcipotriene external ointment	2	
alclometasone dipropionate	1		calcipotriene external solution	1	QL
amnestem	2		CALCITRENE	3	
AMZEEQ	3	QL	CARAC EXTERNAL CREAM 0.5 %	E	
ATRALIN	E	PA, QL	CIBINQO	2	PA, QL, SP
AVAR CLEANSER	3		ciclopirox olamine external suspension	1	
AVAR LS CLEANSER	E		claravis	2	
AVAR-E EMOLLIENT	3		CLEOCIN-T	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3		clindacin	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3		clindacin etz external swab	1	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL	clindacin-p	1	
AVITA EXTERNAL GEL 0.025 %	E	PA	CLINDAGEL	E	QL
azelaic acid external	3		clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
AZELEX	3	QL	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
BENZAMYCIN	2	QL	clindamycin phosphate external foam	3	
benzoyl peroxide-erythromycin	1	QL	clindamycin phosphate external lotion	3	
betamethasone dipropionate aug external cream	1		clindamycin phosphate external solution	1	
betamethasone dipropionate aug external lotion	3		clindamycin phosphate external swab	1	
betamethasone dipropionate aug external ointment	3		clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
betamethasone dipropionate external cream	2		clindamycin phosphate gel 1 % external	2	QL
betamethasone dipropionate external lotion	1		clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
betamethasone dipropionate external ointment	2		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external cream	1		clobetasol propionate e	2	QL
betamethasone valerate external lotion	1		clobetasol propionate external cream	2	QL
betamethasone valerate external ointment	1				
brimonidine tartrate external	3	PA, QL			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external foam	E	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
clobetasol propionate external gel	2	QL	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external liquid	1	QL	EFUDEX EXTERNAL CREAM 5 %	3	
clobetasol propionate external ointment	2	QL	ELIDEL	E	QL
clobetasol propionate external shampoo	E	QL	ENSTILAR	3	QL
clobetasol propionate external solution	1	QL	EPIDUO	E	QL
CLOBEX EXTERNAL SHAMPOO	E	QL	EPIDUO FORTE	E	QL
CLOBEX SPRAY	E	QL	ERYGEL	3	
clodan	E	QL	erythromycin external	1	
clotrimazole external cream	E		EUCRISA	3	ST, QL
clotrimazole-betamethasone	1		EVOCLIN EXTERNAL FOAM 1 %	3	
CORDRAN	3	QL	FINACEA EXTERNAL FOAM	3	
dapsone external	3	QL	FINACEA EXTERNAL GEL	E	
DERMACINRX UREA	E		fluocinolone acetonide body	3	QL
DERMA-SMOOTH/FS BODY	3	QL	fluocinolone acetonide external cream	3	QL
DERMA-SMOOTH/FS SCALP	3		fluocinolone acetonide external ointment	2	QL
desonide external cream	2	QL	fluocinolone acetonide external solution	3	QL
desonide external lotion	3	QL	fluocinolone acetonide scalp	3	
desonide external ointment	2	QL	fluocinonide external cream 0.05 %	1	
DESOWEN	3	QL	fluocinonide external cream 0.1 %	E	QL
desoximetasone external cream	1	QL	fluocinonide external gel	1	
desoximetasone external ointment	3	QL	fluocinonide external ointment	1	
diclofenac sodium external gel 3 %	2	PA, QL	fluocinonide external solution	1	
DIPROLENE	3		FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
doxycycline	E		fluorouracil external cream 5 %	1	
DRYSOL	3		fluticasone propionate external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	fluticasone propionate external ointment	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
halobetasol propionate external cream	2	QL	metronidazole external cream	1	
halobetasol propionate external ointment	2	QL	metronidazole external gel 0.75 %	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		metronidazole external gel 1 %	E	
hydrocortisone butyrate external cream	1		metronidazole external lotion	1	
hydrocortisone external cream 1 %	E		MIRVASO	2	PA, QL
hydrocortisone external cream 2.5 %	1		mometasone furoate external	1	
hydrocortisone external lotion 2 %	3		myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
hydrocortisone external lotion 2.5 %	1		neuac	3	QL
hydrocortisone external ointment 1 %, 2.5 %	1		NORITATE	E	
hydrocortisone valerate external cream	2	QL	OLUX EXTERNAL FOAM 0.05 %	E	QL
hydrocortisone valerate external ointment	3	QL	ONEXTON	E	QL
HYDROXYM EXTERNAL CREAM	E		OPZELURA	3	PA, QL, SP
imiquimod external cream 3.75 %	E	QL	ORACEA	E	
imiquimod external cream 5 %	1		OVACE PLUS WASH EXTERNAL LIQUID	3	
imiquimod pump	E	QL	OVACE WASH	3	
IMPOYZ	E	QL	PANRETIN	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2		pimecrolimus	3	QL
isotretinoin oral capsule 25 mg, 35 mg	E	PA	PLEXION CLEANSER	E	
ivermectin external cream	E	QL	podofilox external solution	1	
KLARON	3		PRAMOSONE EXTERNAL CREAM 1-1 %	2	
KLISYRI (250 MG)	3	ST, QL	PRAMOSONE EXTERNAL CREAM 1-2.5 %	3	
KLISYRI (350 MG)	3	ST, QL	RETIN-A	E	PA, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	E		RHOFADE	3	PA, QL
METROCREAM	3		rosadan external cream 0.75 %	1	
METROGEL	E		rosadan external gel 0.75 %	1	
METROLOTION	3		SANTYL	3	QL
			selenium sulfide external lotion	1	
			sodium sulfacetamide wash	1	
			SOOLANTRA	3	QL
			spinosad	3	
			sss 10-5 external cream	1	
			sulfacetamide sodium (acne)	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium external	1		triamcinolone acetonide external ointment 0.05 %	E	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		triamcinolone in absorbbase	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		TRIANEX EXTERNAL OINTMENT 0.05 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		triderm	1	QL
sulfacetamide sodium-sulfur external suspension 10-5 %	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		tritocin external ointment 0.05 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E		urea external cream 20 %, 40 %, 45 %	1	
SUMADAN WASH	E		urea external cream 39 %, 41 %, 47 %	E	
SYNALAR EXTERNAL OINTMENT	E	QL	UREA EXTERNAL CREAM 39.5 %	E	
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL	uredeb	E	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL	UREMEZ-40	3	
TACLONEX EXTERNAL SUSPENSION	3	QL	URESOL	E	
tacrolimus external	2	QL	VANOS	E	QL
tazarotene external cream 0.1 %	3	PA, QL	VTAMA	3	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL	WINLEVI	E	PA, QL
TOLAK	E		XEPI EXTERNAL CREAM 1 %	3	QL
TOPICORT EXTERNAL CREAM	3	QL	xurea	E	
TOPICORT EXTERNAL OINTMENT	3	QL	zenatane	2	
tretinoin external cream	3	QL	ZILXI	3	PA, ST, QL
tretinoin external gel 0.01 %, 0.025 %	E	QL	ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
tretinoin external gel 0.05 %	E	PA, QL	ZORYVE EXTERNAL FOAM	3	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		ZYCLARA	E	QL
triamcinolone acetonide external cream 0.5 %	1	QL	ZYCLARA PUMP	E	QL
triamcinolone acetonide external lotion	1		Diabetes - Glucose Monitoring and Supplies		
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
			ACCU-CHEK FASTCLIX LANCET	1	
			ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
			ACCU-CHEK GUIDE KIT W/DEVICE	3	
			ACCU-CHEK GUIDE ME METER	3	
			ACCU-CHEK GUIDE TEST	3	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	3		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK SOFTCLIX LANCET	1		CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CARETOUCH TEST	E	QL
ACCUTREND GLUCOSE	E	QL	CEQUR SIMPLICITY 2U 10PK	3	ST
AGAMATRIX PRESTO TEST	E	QL	CONTOUR MONITOR KIT W/ DEVICE	E	
ALCOHOL PREP PADS PAD	3		CONTOUR NEXT EZ KIT W/DEVICE	2	
AQ INSULIN SYRINGE	2	QL	CONTOUR NEXT GEN MONITOR KIT	2	
AQINJECT PEN NEEDLE	2	QL	CONTOUR NEXT GEN TEST STRIPS	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2		CONTOUR NEXT LINK KIT W/ DEVICE	E	
BD BLUNT FILL NEEDLE W/FILTER	2		CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2		CONTOUR NEXT MONITOR KIT W/ DEVICE	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2		CONTOUR NEXT ONE KIT	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2		CONTOUR NEXT TEST STRIPS	2	
BD ECLIPSE SHIELDED NEEDLE	2		CONTOUR PLUS BLUE KIT W/ DEVICE	E	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2		CONTOUR PLUS TEST STRIP	E	QL
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2		CONTOUR TEST STRIPS	E	QL
BD SHARPS COLLECTOR	3		CVS ADVANCED GLUCOSE TEST	E	QL
BD ULTRA-FINE INSULIN SYRINGES	2		CVS GLUCOSE METER TEST STRIPS	E	QL
BD ULTRA-FINE PEN NEEDLES	2	QL	CVS NEEDLE COLLECTION/ DISPOSAL	3	
BD ULTRA-FINE U-500 INSULIN SYRINGES	2		CVS TRUE METRIX GLUCOSE TEST	E	QL
BD VEO ULTRA-FINE INSULIN SYRINGES	2		D-CARE BLOOD GLUCOSE	E	QL
BIGFOOT UNITY PROGRAM	3		D-CARE GLUCOMETER	E	
BIOTEL CARE TEST STRIPS	E	QL	DEXCOM G6 RECEIVER	3	PA, QL
BLOOD GLUCOSE TEST STRIPS	E	QL	DEXCOM G6 SENSOR	3	PA, QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL	DEXCOM G6 TRANSMITTER	3	PA, QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2		DEXCOM G7 RECEIVER	3	PA, QL
			DEXCOM G7 SENSOR	3	PA, QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DIABETES CARE	E		FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
DIABETES MONITOR DIGIT ADD-ON	3		FREESTYLE LIBRE 3 READER	3	PA
DIABETES MONITOR DIGIT SOLN	3		FREESTYLE LIBRE 3 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL	FREESTYLE LIBRE READER	3	PA, QL
EASY COMFORT SHARPS CONTAINER	3		FREESTYLE PRECISION NEO SYSTEM	E	
EASY MAX BLOOD GLUCOSE TEST	E	QL	FREESTYLE PRECISION NEO TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E		FREESTYLE TEST	E	QL
EASY TOUCH HEALTHPRO GLUCOSE	E		GLUCOCARD EXPRESSION TEST	E	QL
EASY TOUCH TEST	E	QL	GLUCOCARD SHINE TEST	E	QL
EASYGLUCO	E		GLUCOCARD VITAL TEST	E	QL
EASYMAX 15 TEST	E	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
EASYMAX NG BLOOD GLUCOSE KIT	E		GUARDIAN 4 TRANSMITTER	3	PA, QL
EMBRACE BLOOD GLUCOSE TEST	E	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
ENLITE GLUCOSE SENSOR	3	PA	GUARDIAN REAL-TIME REPLACE PED	3	PA
EQ BLOOD GLUCOSE TEST	E	QL	GUARDIAN SENSOR 3	3	PA, QL
EVERSENSE 365 SENSOR/HOLDER	E	PA	GVOKE HYPOPEN 1-PACK	2	QL
EVERSENSE 365 SMART TRANSMIT	E	PA	GVOKE HYPOPEN 2-PACK	2	QL
EVERSENSE E3 SENSOR/HOLDER	E	PA	GVOKE KIT	2	
EVERSENSE E3 SMART TRANSMITTER	E	PA	GVOKE PFS	2	
EVERSENSE SENSOR/HOLDER	E	PA	HEALTHPRO BLOOD GLUCOSE MONITO	E	
EVERSENSE SMART TRANSMITTER	E	PA	IHEALTH BLOOD GLUCOSE TEST STR	E	QL
FORA 6 CONNECT/GTEL TEST	E	QL	IHEALTH GLUCO+ KIT 10	E	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL	IHEALTH GLUCO+ KIT 100	E	
FORTISCARE TEST IN VITRO STRIP	E	QL	INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
FREESTYLE LIBRE 2 READER	3	PA, QL			
FREESTYLE LIBRE 2 SENSOR	3	PA, QL			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3		NOVOFINE PEN NEEDLE	2	QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST	NOVOFINE PLUS PEN NEEDLE	2	QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3		NOVOPEN ECHO	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3		OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST	OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL	OMNIPOD 5 LIBRE2 PLUS G6	2	PA
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL	OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA
LANCETS	1		ON CALL EXPRESS BLOOD GLUCOSE	E	QL
MICRODOT TEST	E	QL	ON CALL EXPRESS MONITORING SYS	E	
MINILINK REAL-TIME TRANSMITTER	3	PA	ONETOUCH DELICA LANCETS	1	QL
MINIMED 630G GUARDIAN PRESS	3	PA	ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
MM BLOOD GLUCOSE SYSTEM	E		ONETOUCH ULTRA BLUE TEST	1	QL
MM BLOOD GLUCOSE SYSTEM REFILL	E		ONETOUCH ULTRA TEST STRIPS	1	QL
MM BLULINK GLUCOSE TEST	E	QL	ONETOUCH ULTRASOFT LANCETS	1	QL
MM EASY TOUCH GLUCOSE METER	E		ONETOUCH VERIO FLEX SYSTEM KIT	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2		ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
NEUTEK 2TEK TEST	E	QL	ONETOUCH VERIO KIT W/DEVICE	1	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
			ONETOUCH VERIO TEST STRIPS	1	QL
			OPTIUMEZ TEST	E	QL
			PARADIGM REAL-TIME TRANSMITTER	3	PA
			PIP BLOOD GLUCOSE TEST STRIP	E	QL
			PRECISION XTRA	E	
			PRECISION XTRA BLOOD GLUCOSE	E	QL
			PREMIUM BLOOD GLUCOSE TEST	E	QL

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PTS PANELS EGLU TEST	E	QL
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION GLUCOSE TEST STRIPS	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTTEST GT333 GLUCOSE TEST	E	QL
SHARPS COLLECTOR	3	
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	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
UNISTRIPI1 GENERIC	E	QL
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL

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

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO PROT & LISPRO	2	QL	BYDUREON BCISE AUTOINJECTOR	2	PA, QL
LANTUS SOLOSTAR	1	QL	BYETTA 10 MCG PEN	2	PA, QL
LANTUS U-100 VIAL	1	QL	BYETTA 5 MCG PEN	2	PA, QL
LYUMJEV KWIKPEN	2	QL	CYCLOSET	3	
LYUMJEV TEMPO PEN	E	QL	DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
LYUMJEV VIAL	1	QL	DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL	FARXIGA	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
NOVOLIN 70/30 RELION	E	ST, QL	glimepiride oral tablet 3 mg	E	
NOVOLIN 70/30 VIAL	E	ST, QL	glipizide er	1	
NOVOLIN N FLEXPEN	E	ST, QL	glipizide oral tablet 10 mg, 5 mg	1	
NOVOLIN N FLEXPEN RELION	E	ST, QL	glipizide oral tablet 2.5 mg	E	
NOVOLIN N RELION	E	ST, QL	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
NOVOLIN N VIAL	E	ST, QL	glipizide-metformin hcl	2	
NOVOLIN R FLEXPEN	E	ST, QL	GLUCAGON EMERGENCY KIT	2	QL
NOVOLIN R FLEXPEN RELION	E	ST, QL	glucagon emergency kit 1 mg injection	2	QL
NOVOLIN R RELION	E	ST, QL	GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
NOVOLIN R VIAL	E	ST, QL	GLUCOTROL XL	3	
NOVOLOG FLEXPEN	E	ST, QL	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA
NOVOLOG FLEXPEN RELION	E	ST, QL	glyburide micronized	1	
NOVOLOG RELION	E	ST, QL	glyburide oral	1	
NOVOLOG U-100 VIAL	E	ST, QL	glyburide-metformin	1	
TOUJEO MAX SOLOSTAR	2	QL	GLYNASE ORAL TABLET 1.5 MG	3	
TOUJEO SOLOSTAR	2	QL	GLYNASE ORAL TABLET 3 MG, 6 MG	3	
TRESIBA FLEXTOUCH	E	QL	GLYXAMBI	2	ST, QL
Diabetes - Non-Insulin Agents			INVOKANA	E	ST, QL
acarbose oral	1		JANUMET	E	ST, QL
ACTOPLUS MET	3	QL	JANUMET XR	E	ST, QL
ACTOS	E	QL	JANUVIA	E	ST, QL
ALOGLIPTIN BENZOATE	2	QL			
ALOGLIPTIN-METFORMIN HCL	2	QL			
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E				
BAQSIMI ONE PACK	2	QL			
BAQSIMI TWO PACK	2	QL			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
JARDIANCE	2	QL	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	E	PA, (2 Pak), QL
JENTADUETO	2	QL	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	E	PA, (3 Pak), QL
JENTADUETO XR	2	QL	XIGDUO XR	E	ST, QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL	Drugs for Blood Disorders		
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL	ADVATE	2	SP
metformin hcl er	1		ADYNOVATE	3	PA, SP
metformin hcl er (mod)	E	PA	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
metformin hcl er (osm)	E	PA	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
metformin hcl oral solution	3		ALPHANATE	2	SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ALPROLIX	3	SP
metformin hcl oral tablet 625 mg, 750 mg	E		ALTUVIIIIO	3	PA, SP
MOUNJARO	2	PA, QL	ALVAIZ	3	PA, SP
nateglinide	2	QL	anagrelide hcl	1	
ONGLYZA	E	QL	ARANESP (ALBUMIN FREE)	2	QL, SP
OZEMPIC	2	PA, QL	aspirin-dipyridamole er	3	
pioglitazone hcl	1	QL	DOPTelet	3	PA, QL, SP
pioglitazone hcl-metformin hcl	2	QL	ELOCTATE	3	PA, SP
repaglinide	2	QL	FABHALTA	2	PA, QL, SP
saxagliptin hcl	2	QL	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
saxagliptin-metformin er	2	QL	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
SOLIQUA	2	QL	HEMOFIL M	2	SP
SYMLINPEN 120	3	QL	heparin sodium (porcine) injection solution	1	
SYMLINPEN 60	3	QL	heparin sodium (porcine) pf	1	
SYNJARDY	2	QL	HUMATE-P	2	SP
SYNJARDY XR	2	QL	IDELVION	3	SP
TRADJENTA	2	QL			
TRIJARDY XR	2	QL			
TRULICITY	2	PA, QL			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
KOATE	2	SP	OSPHEA	3	PA, QL
KOATE-DVI	2	SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
KOGENATE FS	2	SP	STENDRA	3	PA, QL
KOVALTRY	2	SP	tadalafil oral	2	QL
NEULASTA	2		varafenafil hcl oral tablet	3	QL
NIVESTYM	2		VIAGRA	E	QL
NOVOEIGHT	2	SP	VYLEESI	3	PA, QL
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP	Electrolytes / Vitamins		
NUWIQ INTRAVENOUS KIT 1500 UNIT	2		ACCRUFER	E	
NYVEPRIA	E		calcium acetate (phos binder) oral tablet	1	
PROMACTA ORAL TABLET	E	PA, SP	calcium acetate oral tablet 667 mg	1	
RECOMBIMATE	2	SP	CARNITOR ORAL SOLUTION	3	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP	CARNITOR SF	3	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2		CITRANATAL 90 DHA	3	
TAVALISSE	3	PA, QL, SP	CITRANATAL ASSURE	3	
tranexamic acid oral	2	QL	CITRANATAL DHA ORAL 27-1 & 250 MG	3	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		COMPLETENATE	3	
VOYDEYA ORAL TABLET	2	PA, QL, SP	CO-NATAL FA	2	
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP	CONCEPT DHA	3	
WILATE	2		cvs prenatal	E	
ZARXIO	2		cyanocobalamin injection solution 1000 mcg/ml	1	
Drugs for Sexual Dysfunction			CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
ADDYI	3	PA, QL	cyanocobalamin nasal	3	
avanafil	3	PA, QL	DAVIMET-FLUORIDE	E	
CIALIS	E	QL	deferasirox oral tablet	2	PA, SP
IMVEXXY MAINTENANCE PACK	2	QL	DENTA 5000 PLUS SENSITIVE	3	
IMVEXXY STARTER PACK	2	QL	DODEX INJECTION SOLUTION 1000 MCG/ML	3	
INTRAROSA	3	PA, QL	DRISDOL	3	
			EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
			ELITE-OB	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ergocalciferol oral capsule	1		multivitamin/fluoride oral tablet chewable	1	
FLORAFOL PEDIATRIC ORAL SOLUTION	3		MULTI-VIT-FLOR	E	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
FLORIVA PLUS	E		NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
FLUORIMAX 5000 SENSITIVE	3		NASCOBAL	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NATALVIT	2	
folic acid oral tablet 1 mg	1		NEONATAL COMPLETE	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		NEONATAL PLUS	3	
klor-con	1		NEONATAL PRENATAL	E	
klor-con 10	1		NEONATAL VITAMIN	E	
klor-con m10	1		NIVA-PLUS	3	
klor-con m15	1		OB COMPLETE	3	
klor-con m20	1		ONE VITE WOMENS	E	
kosher prenatal plus iron	1		ONE VITE WOMENS PLUS	3	
K-PHOS-NEUTRAL	2		ORACIT	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		ORAL CITRATE	2	
levocarnitine oral solution	1		PHOSPHA 250 NEUTRAL	2	
levocarnitine sf	1		phosphorous	1	
LOKELMA	3	PA, QL	phospho-trin 250 neutral	1	
M-NATAL PLUS	3		pnv-dha	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		POKONZA	E	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		potassium chloride crys er	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		potassium chloride er	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1		potassium chloride oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E		potassium citrate er	1	
multi-vitamin/fluoride	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 27-0.8 mg	E	
			prenatal oral tablet 27-1 mg	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
prenatal plus	1		tri-vite/fluoride	1	
prenatal plus vitamin/mineral	1		UROCIT-K 10	3	
prenatal vitamins oral tablet 27-0.8 mg	E		UROCIT-K 15	3	
PRENATE DHA	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
PRENATE ENHANCE	3		VELTASSA	3	PA, QL
PRENATE ESSENTIAL	3		virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
PRENATE MINI	3		VITAFOL FE+	3	
PRENATE PIXIE	3		VITAFOL GUMMIES	3	
PRENATE RESTORE	3		VITAFOL ULTRA	3	
PRENATOL-M	E		VITAFOL-OB	3	
PRENATRIX	E		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATRYL	E		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PREVIDENT 5000 ENAMEL PROTECT	3		VITAPEARL	3	
PREVIDENT 5000 SENSITIVE	3		VITATHELY WITH GINGER	3	
PREVIDENT MOUTH/THROAT	3		WESCAP-C DHA	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E		WESCAP-PN DHA	3	
QUFLORA PEDIATRIC	3		wes-phos 250 neutral	1	
SE-NATAL 19	3		WESTAB PLUS	E	
sod citrate-citric acid oral solution 500-334 mg/5ml	1		ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
sod fluoride-potassium nitrate	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
sodium fluoride 5000 enamel	1		ACIPHEX	E	QL
sodium fluoride 5000 sensitive	1		bis subcit-metronid-tetracyc	3	QL
sodium fluoride mouth/throat	1		bismuth/metronidaz/tetracyclin	3	QL
sodium fluoride oral solution	1	H	CARAFATE	E	
sodium fluoride oral tablet chewable	1	H	cimetidine oral	1	
SPS (SODIUM POLYSTYRENE SULF)	3		CYTOTEC	3	
TARON-C DHA	3		DEXILANT	E	QL
THRIVITE RX	3		dexlansoprazole	E	QL
TRICARE ORAL TABLET	3				
TRINATAL RX 1	3				
TRINATE	3				

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
esomeprazole magnesium oral capsule delayed release	E	QL	ANASPAZ	2	
esomeprazole magnesium oral packet	3	PA, ST, QL	BYLVAY	3	PA, QL, SP
famotidine oral suspension reconstituted	1		BYLVAY (PELLETS)	3	PA, QL, SP
famotidine oral tablet 20 mg, 40 mg	E		chlordiazepoxide-clidinium	3	
lansoprazole oral capsule delayed release	E	QL	CLENPIQ	3	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL	constulose	1	
misoprostol oral	1		cromolyn sodium oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL	CUVPOSA	3	
NEXIUM ORAL PACKET	3	PA, ST, QL	dicyclomine hcl oral	1	
OMECLAMOX-PAK	3	QL	diphenoxylate-atropine oral tablet	1	
omeprazole oral capsule delayed release	1		enulose	1	
pantoprazole sodium oral tablet delayed release	1		GASTROCROM	E	
PEPCID	E		gavilyte-c	1	H
PREVACID	E	QL	gavilyte-g	1	QL, H
PREVACID SOLUTAB	E	PA, ST, QL	gavilyte-n with flavor pack	1	QL, H
PROTONIX ORAL TABLET DELAYED RELEASE	E		generlac	1	
PYLERA	3	QL	GLYCATE	E	
rabeprazole sodium oral tablet delayed release	2	QL	glycopyrrolate oral solution	3	
sucralfate oral suspension	3		glycopyrrolate oral tablet 1 mg, 2 mg	1	
sucralfate oral tablet	1		GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
VOQUEZNA	3	PA, QL	GOLYTELY	1	QL, H
VOQUEZNA DUAL PAK	3	ST, QL	hyoscyamine sulfate er	1	
VOQUEZNA TRIPLE PAK	3	ST, QL	hyoscyamine sulfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			hyoscyamine sulfate oral tablet dispersible	1	
alosetron hcl	2	PA, QL	hyoscyamine sulfate sublingual	1	
AMITIZA	E	PA, QL	IBSRELA	E	PA, ST, QL
			IQIRVO	3	PA, ST, QL, SP
			KRISTALOSE	3	
			lactulose encephalopathy	1	
			lactulose oral solution	1	
			LEVBIID	3	
			LEVSIN	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	

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

See page 6-8 for coverage details.

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

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

See page 6-8 for coverage details.

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

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL	ethynodiol diac-eth estradiol	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	etonogestrel-ethinyl estradiol	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL	EVAMIST	2	
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL	falmina	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	fayosim oral tablet 42-21-21-7 days	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL	feirza 1.5/30	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL	feirza 1/20	1	H
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	FEMRING	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL	finzala	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	fyavolv	3	
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	gallifrey	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	hailey 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	hailey 24 fe	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	hailey fe 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL	hailey fe 1/20	1	H
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3		haloette	1	H
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL	heather	1	H
estradiol transdermal patch weekly	1	(generic for Climara), QL	her style	1	H
estradiol vaginal cream	3		iclevia	2	H
estradiol vaginal tablet	2		incassia	1	H
estradiol valerate intramuscular	1		introvale	2	H
estradiol-norethindrone acet	2		isibloom	1	H
estratest f.s.	1		jaimiess	3	
ESTRATEST H.S.	3		jasmiel	3	
ESTRING	2	QL	jencycla	1	H
ESTROGEL	3	QL	jinteli	3	
			jolessa	2	H
			juleber	1	H
			junel 1.5/30	1	H
			junel 1/20	1	H
			junel fe 1.5/30	1	H
			junel fe 1/20	1	H
			junel fe 24	1	H
			kalliga	1	H

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
kariva	2		lyza	1	H
kelnor 1/35	1	H	marlissa	1	H
kelnor 1/50	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
kurvelo	1	H	medroxyprogesterone acetate oral	1	
larin 1.5/30	1	H	megestrol acetate oral tablet	1	
larin 1/20	1	H	MENOSTAR	3	QL
larin 24 fe	1	H	mibelas 24 fe	1	H
larin fe 1.5/30	1	H	microgestin 1.5/30	1	H
larin fe 1/20	1	H	microgestin 1/20	1	H
leena	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
lessina	1	H	microgestin fe 1.5/30	1	H
levonest	1	H	microgestin fe 1/20	1	H
levonorgest-eth est & eth est	1	H	mili	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3		mimvey	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonorgestrel	1	H	MINIVELLE	E	QL
levonorgestrel-ethinyl estrad	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorg-eth estrad triphasic	1	H	mono-linyah	1	H
levora 0.15/30 (28)	1	H	my choice	1	H
LO LOESTRIN FE	1	H	my way	1	H
LOESTRIN 1.5/30 (21)	E		MYFEMBREE	2	PA, QL
LOESTRIN 1/20 (21)	E		NATAZIA	1	
LOESTRIN FE 1.5/30	E		necon 0.5/35 (28)	1	H
LOESTRIN FE 1/20	E		new day	1	H
lojaimiess	3		NEXTSTELLIS	E	
loryna	3		nikki	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3		nora-be	1	H
low-ogestrel	1	H	norelgestromin-eth estradiol	3	H
lo-zumandimine	3		norethin ace-eth estrad-fe oral tablet	1	H
luteria	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
lyleq	1	H			
lyllana	2	QL			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
norethindrone acetate oral	1		progesterone intramuscular	1	
norethindrone acet-ethinyl est	1	H	progesterone oral	2	
norethindrone oral	1	H	PROMETRIUM	E	
norethindrone-eth estradiol	2		PROVERA	3	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H	react	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	reclipsen	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		rivelsa	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	SAFYRAL	E	
norlyroc	1	H	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
nortrel 0.5/35 (28)	1	H	setlakin	2	H
nortrel 1/35 (21)	1	H	sharobel	1	H
nortrel 1/35 (28)	1	H	simliya	2	
nortrel 7/7/7	1	H	simpesse	3	
NUVARING	E		SLYND	3	PA, ST
nylia 1/35	1	H	sprintec 28	1	H
nylia 7/7/7	1	H	sronyx	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	syeda	3	
ocella	3		take action	1	H
opcicon one-step	1	H	tarina 24 fe	1	H
option 2	1	H	tarina fe 1/20 eq	1	H
PHEXXI	E	PA	tilia fe	1	H
philith	1	H	tri-estarylla	1	H
pimtrea	2		tri-legest fe	1	H
PLAN B ONE-STEP	1	H	tri-linyah	1	H
portia-28	1	H	tri-lo-estarylla	2	
PREMARIN ORAL	3		tri-lo-marzia	2	
PREMARIN VAGINAL	3		tri-lo-mili	2	
PREMPHASE	3		tri-lo-sprintec	2	
PREMPRO	3		tri-mili	1	H
			tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
			tri-sprintec	1	H

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
trivora (28)	1	H	dexamethasone oral tablet therapy pack	3	
tri-vylibra	1	H	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
tri-vylibra lo	2		fludrocortisone acetate oral	1	
turqoz	1	H	HEMADY	E	
TWIRLA	E		HIDEX 6-DAY	E	
TYBLUME	1		hydrocortisone oral	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
VAGIFEM	E		MEDROL ORAL TABLET 2 MG	2	
valtya 1/50	1	H	MEDROL ORAL TABLET THERAPY PACK	3	
velivet	1	H	methylprednisolone oral	1	
vestura	3		ORAPRED ODT	3	
vienna	1	H	PEDIAPRED	2	
viorele	2		prednisolone oral solution	1	
VIVELLE-DOT	E	QL	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
volnea	2		prednisolone sodium phosphate oral solution 15 mg/5ml	1	
vyfemla	1	H	prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
vylibra	1	H	prednisolone sodium phosphate oral tablet dispersible	1	
wera	1	H	prednisone oral	1	
wymzya fe	1	H	TAPERDEX 12-DAY	3	
xarah fe	1	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
xulane	3	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
YASMIN 28	2		TAPERDEX 7-DAY	3	
YAZ	2		Hormonal Agents - Other		
yuvaferm	2		cabergoline	2	
zafemy	3	H	DDAVP ORAL	E	
zovia 1/35 (28)	1	H	desmopressin acetate oral	1	
zumandimine	3		desmopressin acetate spray	1	
Hormonal Agents - Oral Steroids					
CORTEF	3				
DEXABLISS	E				
dexamethasone intensol	1				
dexamethasone oral elixir	1				
dexamethasone oral solution	1				
dexamethasone oral tablet	1				

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	3	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL

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

See page 6-8 for coverage details.

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

ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-RYVK (2 PEN)	E	PA, QL, SP
ADALIMUMAB-RYVK (2 SYRINGE)	E	PA, SP

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CYLTEZO (2 SYRINGE)	E	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
AMJEVITA 40 MG/0.8ML	E	PA, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, SP	EMPAVELI	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP	ENBREL	2	PA, QL, SP
ARAVA	E		ENBREL MINI	2	PA, QL, SP
AZASAN	3		ENBREL SURECLICK	2	PA, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3		ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
azathioprine oral tablet 50 mg	1		ENVARUSUS XR	E	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
BIMZELX	3	PA, ST, QL, SP	gengraf oral capsule	1	
CELLCEPT ORAL CAPSULE	E		GRASTEK	3	PA, QL
CELLCEPT ORAL TABLET	E		HADLIMA	E	PA, QL, SP
CIMZIA (2 SYRINGE)	2	PA, QL, SP	HADLIMA PUSHTOUCH	E	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP	HAEGARDA	2	PA, QL, SP
CINRYZE	E	PA, QL, SP	HULIO (2 PEN)	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP			
cyclosporine modified oral capsule	1				
cyclosporine oral	1				
CYLTEZO (2 PEN)	E	PA, QL, SP			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP	HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	HYFTOR	3	PA, QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Cordavis), QL, SP	HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	IDACIO (2 PEN)	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP	IDACIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP	IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP	IDACIO-PSORIASIS STARTER	E	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	IMURAN	E	
			JYLAMVO	3	PA
			KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
			KINERET	3	PA, ST, QL, SP
			leflunomide oral	1	
			LITFULO	3	PA, QL, SP
			LUPKYNIS	3	PA, QL, SP
			methotrexate sodium (pf)	1	
			methotrexate sodium injection solution	1	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
methotrexate sodium oral	1		SIMLANDI (2 PEN)	E	PA, QL, SP
mycophenolate mofetil oral	1		SIMLANDI (2 SYRINGE)	E	PA, SP
mycophenolate sodium	2		SIMPONI	2	PA, QL, SP
mycophenolic acid	2		sirolimus oral solution	2	
MYFORTIC	E		sirolimus oral tablet	1	
MYHIBBIN	1		SKYRIZI PEN	2	PA, QL, SP
NEORAL ORAL CAPSULE	E		SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL	SOTYKTU	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP	STELARA SUBCUTANEOUS	E	PA, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, SP	STEQYMA SUBCUTANEOUS	2	PA, QL, SP
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP	tacrolimus oral	1	
ORENCIA CLICKJECT	3	PA, ST, QL, SP	TAKHZYRO	2	PA, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
OTEZLA ORAL TABLET 20 MG	2	PA, QL	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
OTREXUP	E	QL	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP	TREXALL	2	
PROGRAF ORAL CAPSULE	3		XELJANZ	2	PA, QL, SP
RAPAMUNE ORAL SOLUTION 1 MG/ML	3		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
RASUVO	2	QL	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
RINVOQ	2	PA, QL, SP	YESINTEK SUBCUTANEOUS	2	PA, QL, SP
RUCONEST	3	PA, QL, SP	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP			
SIMLANDI (1 SYRINGE)	E	PA, SP			

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSCO	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
ENGRIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H

Drug Name	Drug Tier	Requirements & Limits
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
Infertility Agents		
cetrorelix acetate	3	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3		mesalamine oral tablet delayed release 800 mg	E	
ANALPRAM-HC EXTERNAL CREAM	3		mesalamine rectal enema	1	
ANUCORT-HC	2		mesalamine rectal suppository	2	QL
ANUSOL-HC EXTERNAL	3		mesalamine-cleanser	1	QL
ANUSOL-HC RECTAL	E		PROCORT	E	
APRISO	1		PROCTOCORT	E	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E		PROCTOFOAM HC	2	
AZULFIDINE	3		procto-med hc	1	
AZULFIDINE EN-TABS	3		PROCTOSOL HC	3	
balsalazide disodium	1		PROCTOZONE-HC	3	
budesonide oral	2		ROWASA	3	QL
budesonide rectal	2		SFROWASA	3	
CANASA	E		sulfasalazine oral	1	
COLAZAL	E		UCERIS ORAL	3	
CORTENEMA	3		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
CORTIFOAM	2		ACTONEL	E	QL
DIPENTUM	3		alendronate sodium oral tablet	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3		calcitonin (salmon) injection	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E		calcitonin (salmon) nasal	2	
hydrocortisone (perianal) external cream 1 %	E		EVISTA	E	
hydrocortisone (perianal) external cream 2.5 %	1		FORTEO	E	PA, ST, SP
hydrocortisone ace-pramoxine external cream 1-1 %	1		FOSAMAX	3	
hydrocortisone acetate rectal	2		ibandronate sodium oral	2	
hydrocortisone rectal	1		MIACALCIN	3	
hydrocort-pramoxine (perianal)	1		raloxifene hcl	2	H
LIALDA	E		risedronate sodium oral tablet 150 mg, 35 mg	3	QL
mesalamine er	E		risedronate sodium oral tablet 30 mg, 5 mg	3	
mesalamine oral tablet delayed release 1.2 gm	2		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

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
YORVIPATH	3	PA, QL, SP
ZEMPLAR ORAL	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	

Drug Name	Drug Tier	Requirements & Limits
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVI	3	PA, QL
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-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
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, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac	1	

Drug Name	Drug Tier	Requirements & Limits
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	

See page 6-8 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cycloheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSONAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	

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

See page 6-8 for coverage details.

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

See page 6-8 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP

See page 6-8 for coverage details.

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

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

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

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

See page 6-8 for coverage details.

Index

abacavir sulfate-lamivudine	20	acyclovir oral	20	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	52
ABILIFY	20	ACZONE	28	ADCIRCA	62
abiraterone acetate oral tablet 250 mg	18	ADACEL	55	ADDERALL	26
abiraterone acetate oral tablet 500 mg	18	ADALIMUMAB-AACF (2 PEN)	51	ADDERALL XR	26
ABRILADA (1 PEN)	51	ADALIMUMAB-AACF (2 SYRINGE)	51	ADDYI	39
ABRILADA (2 PEN)	51	ADALIMUMAB-AACF(CD/UC/HS STRT)	51	ADEMPAS	62
ABRILADA (2 SYRINGE)	51	ADALIMUMAB-AACF(PS/UV STARTER)	51	ADMELOG	36
ABRYSVO	55	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	51	ADMELOG SOLOSTAR	36
ABSORICA	28	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	51	ADTHYZA	50
acamprosate calcium	10	ADALIMUMAB-AATY (2 PEN)	51	ADVAIR DISKUS	60
ACANYA	28	ADALIMUMAB-AATY (2 SYRINGE)	51	ADVAIR HFA	60
acarbose oral	37	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	51	ADVATE	38
ACCOLATE	60	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	51	ADYNOVATE	38
ACCRUFER	39	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	51	ADZENYS XR-ODT	26
ACCU-CHEK AVIVA PLUS TEST STRIPS	32	ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	51	AEROCHAMBER HOLDING CHAMBER	60
ACCU-CHEK FASTCLIX LANCET	32	ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	51	AEROCHAMBER PLS FLOVU MTHPIECE	60
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	32	ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	51	AEROCHAMBER PLUS FLO-VU	60
ACCU-CHEK GUIDE KIT W/DEVICE	32	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	51	AEROCHAMBER PLUS FLO-VU INTERM	60
ACCU-CHEK GUIDE ME METER	32	ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	51	AEROCHAMBER PLUS FLO-VU LARGE	60
ACCU-CHEK GUIDE TEST	32	ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	51	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	60
ACCU-CHEK GUIDE TEST STRIPS	33	ADALIMUMAB-ADBM(CD/UC/HS STRT)	51	AEROCHAMBER PLUS FLO-VU SMALL	60
ACCU-CHEK SMARTVIEW TEST STRIPS	33	ADALIMUMAB-ADBM(PS/UV STARTER)	51	AEROCHAMBER PLUS FLO-VU W/MASK	60
ACCU-CHEK SOFTCLIX LANCET	33	ADALIMUMAB-FKJP (2 PEN)	51	AFINITOR	18
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	33	ADALIMUMAB-FKJP (2 SYRINGE)	51	afirmelle	44
accutane	28	ADALIMUMAB-RYVK (2 PEN)	51	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	38
ACCUTREND GLUCOSE	33	ADALIMUMAB-RYVK (2 SYRINGE)	51	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	38
acebutolol hcl oral	22	adapalene-benzoyl peroxide external gel	28	aftera	44
acetaminophen-codeine oral solution 120-12 mg/5ml	8	ADBRY SOLUTION AUTO-INJECTOR	52	AGAMATRIX PRESTO TEST	33
acetaminophen-codeine oral tablet	8			AIMOVIG	17
acetazolamide er	22			AIRDUO RESPICLICK 55/14	60
acetazolamide oral	22			AIRDUO RESPICLICK 113/14	60
acetic acid otic	59			AIRDUO RESPICLICK 232/14	60
ACIPHEX	41			AIRSUPRA	60
acitretin	28			AJOVY	17
ACTEMRA ACTPEN	51			AKLIEF	28
ACTEMRA SUBCUTANEOUS	51			ak-poly-bac ophthalmic ointment 500-10000 unit/gm	57
ACTIVELLA	44			ala-cort	29
ACTONEL	56			ALA SCALP	29
ACTOPLUS MET	37			albendazole oral	19
ACTOS	37			albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	60
ACULAR	57				
ACULAR LS	57				
ACUVAIL	57				
acyclovir external ointment	20				

albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	60	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	44	ANNOVERA.	44
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	61	amantadine hcl oral	19	ANORO ELLIPTA	61
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	61	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG 37		ANTIVERT ORAL TABLET	15
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	61	AMBIEN	63	ANUCORT-HC	56
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation.	61	AMBIEN CR.	63	ANUSOL-HC EXTERNAL	56
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	61	ambrisentan	62	ANUSOL-HC RECTAL	56
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	61	amethia oral tablet 0.15-0.03 & 0.01 mg .44		apap-caff-dihydrocodeine	8
albuterol sulfate oral syrup	61	amethyst	44	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG.	10
alclometasone dipropionate	29	amiloride hcl oral.	22	aprepitant oral capsule 125 mg, 40 mg, 80 mg	16
ALCOHOL PREP PADS PAD	33	amiloride-hydrochlorothiazide	22	apri.	44
ALDACTONE.	22	amiodarone hcl oral	22	APRISO	56
ALECENSA	18	AMITIZA.	42	APTENSIO XR.	26
alendronate sodium oral tablet.	56	amitriptyline hcl oral	14	APTIOM.	13
alfuzosin hcl er	44	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML. .52		AQINJECT PEN NEEDLE	33
aliskiren fumarate	22	AMJEVITA 40 MG/0.8ML	52	AQ INSULIN SYRINGE	33
allopurinol oral tablet 100 mg, 300 mg. .17		AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	52	ARAKODA	19
allopurinol oral tablet 200 mg	17	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	52	aranelle.	44
ALLZITAL.	8	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	52	ARANESP (ALBUMIN FREE)	38
almotriptan malate.	17	amlodipine besylate-benazepril hcl . . .22		ARAVA	52
ALOGLIPTIN BENZOATE	37	amlodipine besylate oral.	22	AREXVY	55
ALOGLIPTIN-METFORMIN HCL.	37	amlodipine besylate-valsartan	22	arformoterol tartrate	61
ALORA	44	amlodipine-olmesartan	22	ARICEPT	14
alosetron hcl	42	amnestem	29	ARIMIDEX	18
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %.	58	amoxicillin	11	aripiprazole oral solution	20
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	58	amoxicillin-potassium clavulanate. . . .11		aripiprazole oral tablet.	20
ALPHANATE.	38	amphetamine-dextroamphetamine . . .26		armodafinil	63
alprazolam er	21	amphetamine-dextroamphetamine er. .26		ARMOUR THYROID.	50
alprazolam oral	21	amphetamine sulfate	26	ARNUITY ELLIPTA.	61
alprazolam xr	21	amphet-dextroamphet 3-bead er.26		AROMASIN	18
ALPROLIX	38	ampicillin	11	ARTHROTEC.	9
ALREX	57	AMPYRA	27	ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	56
ALTACE	22	AMZEEQ	29	ascomp-codeine	8
altavera.	44	ANAFRANIL	14	asenapine maleate	20
ALTUVIIIO	38	anagrelide hcl	38	ashlyna	44
ALUNBRIG	18	ANALPRAM HC	55	aspirin-dipyridamole er.	38
ALVAIZ	38	ANALPRAM-HC EXTERNAL CREAM. . . .56		ATACAND	22
alyacen 1/35	44	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	56	ATACAND HCT.	22
alyacen 7/7/7.	44	ANAPROX DS.	9	atenolol-chlorthalidone	22
alyq	62	ANASPAZ	42	atenolol oral	22
		anastrozole oral	18	ATIVAN ORAL.	21
		ANDROGEL PUMP	50	atomoxetine hcl.	26
		ANGELIQ.	44	ATORVALIQ.	22
				atorvastatin calcium oral tablet 10 mg, 20 mg.	22
				atorvastatin calcium oral tablet 40 mg, 80 mg	22

atovaquone.....	19	azelaic acid external.....	29	benazepril hcl oral.....	22
atovaquone-proguanil hcl.....	19	azelastine-fluticasone.....	59	benazepril-hydrochlorothiazide.....	22
ATRALIN.....	29	azelastine hcl nasal solution 0.1 %, 137 mcg/spray.....	59	BENICAR.....	22
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %.....	59	azelastine hcl nasal solution 0.15 %.....	59	BENICAR HCT.....	22
atropine sulfate ophthalmic solution 1 %.....	59	azelastine hcl ophthalmic.....	57	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	52
ATROVENT HFA.....	61	AZELEX.....	29	BENZAMYCIN.....	29
AUBAGIO.....	27	AZILECT.....	19	benzonatate oral capsule 100 mg, 200 mg.....	59
aubra eq.....	44	azithromycin oral packet 1 gm.....	11	benzonatate oral capsule 150 mg.....	59
AUGMENTIN.....	11	AZOPT.....	58	benzoyl peroxide-erythromycin.....	29
AUGMENTIN ES-600.....	11	AZOR.....	22	benztropine mesylate oral.....	19
AUGTYRO.....	18	AZSTARYS.....	26	BESIVANCE.....	57
aurovela 1.5/30.....	44	AZULFIDINE.....	56	betamethasone dipropionate aug external cream.....	29
aurovela 1/20.....	44	AZULFIDINE EN-TABS.....	56	betamethasone dipropionate aug external lotion.....	29
aurovela 24 fe.....	44	azurette.....	45	betamethasone dipropionate aug external ointment.....	29
aurovela fe 1.5/30.....	44	bac.....	8	betamethasone dipropionate external cream.....	29
aurovela fe 1/20.....	44	bacitracin ophthalmic.....	58	betamethasone dipropionate external lotion.....	29
AUSTEDO.....	27	bacitracin-polymyxin b.....	57	betamethasone dipropionate external ointment.....	29
AUSTEDO XR.....	27	baclofen oral tablet 10 mg, 20 mg, 5 mg.....	63	betamethasone dipropionate external cream.....	29
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG.....	28	baclofen oral tablet 15 mg.....	63	betamethasone dipropionate external lotion.....	29
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG.....	27	BACTRIM.....	11	betamethasone dipropionate external ointment.....	29
AUVELITY.....	14	BACTRIM DS.....	11	betamethasone dipropionate external ointment.....	29
AUVI-Q.....	59	BAFIERTAM.....	27	betamethasone valerate external cream.....	29
AVALIDE.....	22	balsalazide disodium.....	56	betamethasone valerate external lotion.....	29
avanafil.....	39	balziva.....	45	betamethasone valerate external ointment.....	29
AVAPRO.....	22	BANZEL.....	13	BETAPACE.....	22
AVAR CLEANSER.....	29	BAQSIMI ONE PACK.....	37	BETAPACE AF.....	22
AVAR-E EMOLLIENT.....	29	BAQSIMI TWO PACK.....	37	BETASERON.....	27
AVAR-E GREEN EXTERNAL CREAM 10-5 %.....	29	BARACLUDE ORAL TABLET.....	20	betaxolol hcl oral.....	22
AVAR-E LS EXTERNAL CREAM 10-2 %.....	29	BASAGLAR KWIKPEN.....	36	bethanechol chloride oral.....	43
AVAR LS CLEANSER.....	29	BASAGLAR TEMPO PEN.....	36	BETIMOL OPHTHALMIC SOLUTION 0.5 %.....	58
aviane.....	44	BD AUTOSHIELD DUO PEN NEEDLES.....	33	BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	58
AVIDOXY.....	11	BD BLUNT FILL NEEDLE W/FILTER.....	33	BEVESPI AEROSPHERE.....	61
AVITA EXTERNAL CREAM 0.025 %.....	29	BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2".....	33	BEXSERO.....	55
AVITA EXTERNAL GEL 0.025 %.....	29	BD ECLIPSE NEEDLE 23G X 1" (OTC).....	33	BEYAZ.....	45
AVODART.....	44	BD ECLIPSE NEEDLE 23G X 1" (RX).....	33	bicalutamide.....	18
AVONEX PEN.....	27	BD ECLIPSE SHIELDED NEEDLE.....	33	BIGFOOT UNITY PROGRAM.....	33
AVONEX PREFILLED.....	27	BD SAFETYGLIDE NEEDLE 23G X 1-1/2".....	33	BIJUVA.....	45
AYGESTIN ORAL TABLET 5 MG.....	45	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".....	33	BIKTARVY.....	20
ayuna.....	45	BD SHARPS COLLECTOR.....	33	bimatoprost ophthalmic.....	58
AZASAN.....	52	BD ULTRA-FINE INSULIN SYRINGES.....	33	BIMZELX.....	52
AZASITE.....	57	BD ULTRA-FINE PEN NEEDLES.....	33	BIOTEL CARE TEST STRIPS.....	33
azathioprine oral tablet 50 mg.....	52	BD ULTRA-FINE U-500 INSULIN SYRINGES.....	33	bismuth/metronidaz/tetracyclin.....	41
azathioprine oral tablet 100 mg, 75 mg.....	52	BD VEO ULTRA-FINE INSULIN SYRINGES.....	33	bisoprolol fumarate oral.....	22
		BELBUCA.....	8	bisoprolol-hydrochlorothiazide.....	22
		BELSOMRA.....	63		

bis subcit-metronid-tetracyc	41	buprenorphine hcl-naloxone hcl sublingual film	10	calcium acetate (phos binder) oral capsule	43
blisovi 24 fe	45	buprenorphine hcl-naloxone hcl sublingual tablet sublingual	10	calcium acetate (phos binder) oral tablet	39
blisovi fe 1.5/30	45	buprenorphine hcl sublingual	10	CALQUENCE	18
blisovi fe 1/20	45	bupropion hcl er (smoking det)	10	camila	45
BLOOD GLUCOSE TEST STRIPS	33	bupropion hcl er (sr)	14	camrese	45
BLOOD GLUCOSE TEST STRIPS 333	33	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14	camrese lo	45
BOOSTRIX	55	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14	CAMZYOS	22
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	55	bupropion hcl oral	14	CANASA	56
BOSULIF ORAL TABLET	18	buspirone hcl oral	21	candesartan cilexetil	22
BREATHE COMFORT CHAMBER/ADULT	61	butalbital-acetaminophen oral tablet 50-300 mg	8	candesartan cilexetil-hctz	22
BREATHE COMFORT CHAMBER/CHILD	61	butalbital-acetaminophen oral tablet 50-325 mg	8	capecitabine	18
BREO ELLIPTA	61	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	8	CAPLYTA	20
brey-na	61	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	8	captopril oral	22
BREZTRI AEROSPHERE	61	butalbital-apap-caffeine oral capsule 50-300-40 mg	8	CARAC EXTERNAL CREAM 0.5 %	29
briellyn	45	butalbital-apap-caffeine oral capsule 50-325-40 mg	8	CARAFATE	41
BRILINTA	20	butalbital-apap-caffeine oral tablet	8	carbamazepine er oral capsule extended release 12 hour	13
brimonidine tartrate external	29	butalbital-asa-caff-codeine	8	carbamazepine er oral tablet extended release 12 hour	13
brimonidine tartrate ophthalmic solution 0.1 %	58	butalbital-aspirin-caffeine	8	carbamazepine oral tablet	13
brimonidine tartrate ophthalmic solution 0.2 %	58	butorphanol tartrate nasal	8	carbamazepine oral tablet chewable	13
brimonidine tartrate ophthalmic solution 0.15 %	58	BUTRANS	8	CARBATROL	13
brimonidine tartrate-timolol	58	BYDUREON BCISE AUTOINJECTOR	37	carbidopa-levodopa-entacapone	19
brinzolamide	58	BYETTA 5 MCG PEN	37	carbidopa-levodopa er	19
BRIVIACT ORAL SOLUTION	13	BYETTA 10 MCG PEN	37	carbidopa-levodopa oral tablet	19
BRIVIACT ORAL TABLET	13	BYLVAY	42	carbinoxamine maleate oral tablet 4 mg60	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	60	BYLVAY (PELLETS)	42	carbinoxamine maleate oral tablet 6 mg60	
bromfenac sodium (once-daily)	57	BYSTOLIC	22	CARDIZEM	22
bromfenac sodium ophthalmic solution 0.07 %	57	cabergoline	49	CARDIZEM CD	22
bromfenac sodium ophthalmic solution 0.075 %	57	CABOMETYX	18	CARDIZEM LA	22
bromocriptine mesylate oral tablet	19	CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	22	CARDURA	22
bromphen-pseudoeph-dm	60	calcipotriene external cream	29	CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	33
BROMSITE	57	calcipotriene external ointment	29	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	33
BRONCHITOL	62	calcipotriene external solution	29	CAREPOINT SAFETY 1ST NEEDLE	33
BRONCHITOL TOLERANCE TEST	62	calcitonin (salmon) injection	56	CARETOUCH MONITOR SYSTEM	33
BROVANA	61	calcitonin (salmon) nasal	56	CARETOUCH TEST	33
BRUKINSA	18	CALCITRENE	29	carisoprodol oral tablet 250 mg	63
budesonide-formoterol fumarate	61	calcitriol oral	57	carisoprodol oral tablet 350 mg	63
budesonide inhalation	61	calcium acetate oral tablet 667 mg	39	CARNITOR ORAL SOLUTION	39
budesonide oral	56			CARNITOR ORAL TABLET	43
budesonide rectal	56			CARNITOR SF	39
bumetanide oral	22			cartia xt	22
BUMEX	22			carvedilol	22
BUPAP ORAL TABLET 50-300 MG	8			carvedilol phosphate er	22
buprenorphine	8			CASODEX	18

CATAPRES-TTS-1	22	CIMDUO	20	clindamycin phosphate gel 1 % external	29
CATAPRES-TTS-2	22	cimetidine oral	41	clindamycin phosphate gel 1 % external	29
CATAPRES-TTS-3	22	CIMZIA (2 SYRINGE)	52	clindamycin phosphate gel 1 % external	29
CAVERJECT IMPULSE	43	CIMZIA-STARTER	52	clindamycin phosphate vaginal.....	11
cefadroxil	11	cinacalcet hcl	57	CLINDESSE.....	11
cefdinir	11	CINRYZE	52	CLINPRO 5000.....	28
cefixime	11	CIPRODEX OTIC SUSPENSION 0.3-0.1 %.	59	clobazam oral suspension	13
cefpodoxime proxetil oral tablet.....	11	ciprofloxacin-dexamethasone.....	59	clobazam oral tablet.....	13
cefprozil	11	ciprofloxacin hcl ophthalmic	57	clobetasol prop emollient base	
cefuroxime axetil	11	ciprofloxacin hcl oral	11	external cream 0.05 %	29
CELEBREX	9	ciprofloxacin hcl otic.....	59	clobetasol propionate e	29
celecoxib oral	9	CIPRO HC	59	clobetasol propionate external cream ..	29
CELEXA.....	15	CIPRO ORAL TABLET.....	11	clobetasol propionate external foam ...	30
CELLCEPT ORAL CAPSULE	52	citapram hydrobromide oral solution .	15	clobetasol propionate external gel	30
CELLCEPT ORAL TABLET.....	52	citapram hydrobromide oral tablet ...	15	clobetasol propionate external liquid ...	30
CENTANY EXTERNAL OINTMENT 2 %.....	11	CITRANATAL 90 DHA	39	clobetasol propionate external	
cephalexin	11	CITRANATAL ASSURE	39	ointment.....	30
CEQUA.....	59	CITRANATAL DHA ORAL 27-1 & 250 MG ..	39	clobetasol propionate external	
CEQUR SIMPLICITY 2U 10PK.....	33	claravis	29	shampoo	30
CERDELGA	43	CLARINEX.....	60	clobetasol propionate external solution	30
cetirizine hcl oral solution.....	60	clarithromycin er	11	CLOBEX EXTERNAL SHAMPOO	30
CETRAXAL	59	clarithromycin oral suspension		CLOBEX SPRAY	30
cetrorelix acetate.....	55	reconstituted	11	clodan.....	30
CETROTIDE	55	clarithromycin oral tablet.....	11	CLOMID.....	55
cevimeline hcl.....	28	CLENPIQ	42	clomiphene citrate oral	55
charlotte 24 fe.....	45	CLEOCIN ORAL CAPSULE 75 MG	11	clomipramine hcl oral	15
chateal eq	45	CLEOCIN ORAL CAPSULE 150 MG, 300		clonazepam oral	21
chlordiazepoxide-clidinium	42	MG	11	clonidine hcl er.....	26
chlordiazepoxide hcl.....	21	CLEOCIN ORAL SOLUTION		clonidine hcl oral	23
chlorhexidine gluconate mouth/throat ..	28	RECONSTITUTED.....	11	clonidine patch weekly 0.1 mg/24hr	
chlorpromazine hcl oral tablet	20	CLEOCIN-T	29	transdermal.....	23
chlorthalidone	23	CLEOCIN VAGINAL CREAM.....	11	clonidine patch weekly 0.1 mg/24hr	
chlorzoxazone oral tablet 250 mg, 375		CLIMARA.....	45	transdermal.....	23
mg, 750 mg	63	CLIMARA PRO	45	clonidine patch weekly 0.2 mg/24hr	
chlorzoxazone oral tablet 500 mg	63	clindacin.....	29	transdermal.....	23
cholestyramine light.....	23	clindacin etz external swab	29	clonidine patch weekly 0.2 mg/24hr	
cholestyramine oral	23	clindacin-p.....	29	transdermal.....	23
CHORIONIC GONADOTROPIN		CLINDAGEL.....	29	clonidine patch weekly 0.3 mg/24hr	
INTRAMUSCULAR	55	clindamycin hcl oral	11	transdermal.....	23
CIALIS	39	clindamycin palmitate hcl.....	11	clonidine patch weekly 0.3 mg/24hr	
CIBINQO	29	clindamycin phos-benzoyl perox		transdermal.....	23
ciclodan	16	external gel 1.2-5 %.....	29	clodipogrel bisulfate oral.....	20
ciclopirox external gel	16	clindamycin phos-benzoyl perox		clorazepate dipotassium.....	21
ciclopirox external shampoo	16	external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.	29	clotrimazole-betamethasone	30
ciclopirox external solution	16	clindamycin phosphate external foam ..	29	clotrimazole external cream.....	30
ciclopirox olamine external cream	16	clindamycin phosphate external lotion ..	29	clotrimazole mouth/throat.....	16
ciclopirox olamine external suspension ..	29	clindamycin phosphate external		clozapine oral tablet.....	20
cilostazol	20	solution.....	29	CLOZARIL	20
		clindamycin phosphate external swab ..	29	COLAZAL	56
				colchicine oral	20

colchicine-probenecid.....	17	COVARYX HS.....	45	CYTOMEL.....	50
COLCRYS ORAL TABLET 0.6 MG.....	17	COZAAR.....	23	CYTOTEC.....	41
colesevelam hcl oral tablet.....	23	CREON.....	43	dabigatran etexilate mesylate.....	12
COLESTID ORAL TABLET.....	23	CRESEMBA ORAL.....	16	dalfampridine er.....	27
colestipol hcl oral tablet.....	23	CRESTOR.....	23	DALIRESP.....	61
COMBIGAN.....	58	CREXONT.....	19	DANTRIUM ORAL.....	63
COMBIPATCH.....	45	cromolyn sodium ophthalmic.....	59	dantrolene sodium oral.....	63
COMBIVENT RESPIMAT.....	61	cromolyn sodium oral.....	42	DAPAGLIFLOZIN PRO-METFORMIN ER...37	
COMIRNATY.....	55	cryselle-28.....	45	DAPAGLIFLOZIN PROPANEDIOL.....	37
COMPLERA.....	20	curae.....	45	dapsone external.....	30
COMPLETENATE.....	39	CUVPOSA.....	42	dapsone oral.....	17
COMTAN ORAL TABLET 200 MG.....	19	CVS ADVANCED GLUCOSE TEST.....	33	darunavir.....	20
CO-NATAL FA.....	39	CVS GLUCOSE METER TEST STRIPS.....	33	dasatinib.....	18
CONCEPT DHA.....	39	CVS NEEDLE COLLECTION/DISPOSAL...33		dasetta 1/35 (28).....	45
CONCERTA.....	26	cvs nicotine.....	10	dasetta 7/7/7.....	45
constulose.....	42	cvs nicotine polacrilex.....	10	DAVIMET-FLUORIDE.....	39
CONTOUR MONITOR KIT W/DEVICE.....	33	cvs prenatal.....	39	DAYPRO.....	9
CONTOUR NEXT EZ KIT W/DEVICE.....	33	CVS TRUE METRIX GLUCOSE TEST.....	33	daysee.....	45
CONTOUR NEXT GEN MONITOR KIT.....	33	cyanocobalamin injection solution 1000 mcg/ml.....	39	DAYVIGO.....	63
CONTOUR NEXT GEN TEST STRIPS.....	33	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	39	D-CARE BLOOD GLUCOSE.....	33
CONTOUR NEXT LINK KIT W/DEVICE.....	33	cyanocobalamin nasal.....	39	D-CARE GLUCOMETER.....	33
CONTOUR NEXT LINK KIT W/DEVICE.....	33	cyclobenzaprine hcl oral tablet 7.5 mg..63		DDAVP ORAL.....	49
CONTOUR NEXT MONITOR KIT W/ DEVICE.....	33	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	63	deblitane.....	45
CONTOUR NEXT ONE KIT.....	33	CYCLOGYL.....	59	deferasirox oral tablet.....	39
CONTOUR NEXT TEST STRIPS.....	33	cyclopentolate hcl ophthalmic.....	59	DELESTROGEN.....	45
CONTOUR PLUS BLUE KIT W/DEVICE.....	33	cyclophosphamide oral capsule.....	18	DELSTRIGO.....	20
CONTOUR PLUS TEST STRIP.....	33	CYCLOSET.....	37	delyla.....	45
CONTOUR TEST STRIPS.....	33	cyclosporine modified oral capsule.....	52	DENTA 5000 PLUS.....	28
COPAXONE.....	27	cyclosporine ophthalmic.....	59	DENTA 5000 PLUS SENSITIVE.....	39
CORDRAN.....	30	cyclosporine oral.....	52	DENTAGEL.....	28
COREG.....	23	CYLTEZO (2 PEN).....	52	DEPAKOTE.....	13
COREG CR.....	23	CYLTEZO (2 SYRINGE).....	52	DEPAKOTE ER.....	13
CORGARD ORAL TABLET 20 MG, 40 MG..23		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	52	DEPAKOTE SPRINKLES.....	13
CORLANOR.....	23	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	52	DEPEN TITRATABS.....	43
CORTEF.....	49	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	52	DEPO-ESTRADIOL.....	45
CORTENEMA.....	56	CYMBALTA.....	15	DEPO-PROVERA.....	45
CORTIFOAM.....	56	cyproheptadine hcl oral.....	60	DEPO-SUBQ PROVERA 104.....	45
COSENTYX 150 MG/ML SUBCUTANEOUS52		cyred eq.....	45	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ ML.....	50
COSENTYX (300 MG DOSE).....	52	cyred oral tablet 0.15-30 mg-mcg.....	45	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ ML.....	50
COSENTYX SENSOREADY (300 MG).....	52			DERMACINRX UREA.....	30
COSENTYX SENSOREADY PEN.....	52			DERMA-SMOOTH/FS BODY.....	30
COSENTYX UNOREADY.....	52			DERMA-SMOOTH/FS SCALP.....	30
COSOPT.....	58			DERMOTIC.....	59
COSOPT PF.....	58			DESCOVY.....	20
COTELLIC.....	18			desipramine hcl oral.....	15
COTEMPLA XR-ODT.....	26				
COVARYX.....	45				

desloratadine oral tablet.	60	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG.	13	divalproex sodium oral tablet delayed release.	13
desmopressin acetate oral.	49	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.	13	DIVIGEL.	45
desmopressin acetate spray.	49	diazepam oral solution.	21	DODEX INJECTION SOLUTION 1000 MCG/ML.	39
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5).	45	diazepam oral tablet.	21	dofetilide.	23
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.	45	diazepam rectal.	13	dolishale.	45
desonide external cream.	30	DICLEGIS.	16	donepezil hcl oral tablet 10 mg, 5 mg.	14
desonide external lotion.	30	diclofenac-misoprostol.	9	donepezil hcl oral tablet 23 mg.	14
desonide external ointment.	30	diclofenac potassium oral tablet 25 mg.	9	DOPTELET.	38
DESOWEN.	30	diclofenac potassium oral tablet 50 mg.	9	dorzolamide hcl solution 2 % ophthalmic.	58
desoximetasone external cream.	30	diclofenac sodium er.	9	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.	58
desoximetasone external ointment.	30	diclofenac sodium external gel 1 %.	9	dorzolamide hcl-timolol mal.	58
desvenlafaxine succinate er.	15	diclofenac sodium external gel 3 %.	30	dorzolamide hcl-timolol mal pf.	58
DETROL.	43	diclofenac sodium ophthalmic.	57	dotti.	45
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG.	43	diclofenac sodium oral.	9	DOVATO.	20
DEXABLISS.	49	DICLOFONO.	9	doxazosin mesylate oral.	23
dexamethasone intensol.	49	dicloxacillin sodium.	11	doxepin hcl oral capsule.	15
dexamethasone oral elixir.	49	dicyclomine hcl oral.	42	doxepin hcl oral concentrate.	15
dexamethasone oral solution.	49	DIFICID ORAL TABLET.	11	doxepin hcl oral tablet.	63
dexamethasone oral tablet.	49	DIFLUCAN.	16	doxycycline.	30
dexamethasone oral tablet therapy pack.	49	difluprednate.	59	doxycycline hyclate oral capsule.	11
dexamethasone sodium phosphate ophthalmic.	57	digitek oral tablet 250 mcg.	23	doxycycline hyclate oral tablet 20 mg.	11
DEXCOM G6 RECEIVER.	33	digoxin oral tablet.	23	doxycycline hyclate oral tablet 100 mg.	11
DEXCOM G6 SENSOR.	33	DILANTIN INFATABS.	13	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg.	11
DEXCOM G6 TRANSMITTER.	33	DILANTIN ORAL CAPSULE.	13	doxycycline monohydrate oral capsule 100 mg, 50 mg.	11
DEXCOM G7 RECEIVER.	33	DILAUDID ORAL TABLET.	8	doxycycline monohydrate oral capsule 150 mg, 75 mg.	11
DEXCOM G7 SENSOR.	33	diltiazem hcl er beads.	23	doxycycline monohydrate oral suspension reconstituted.	11
DEXEDRINE.	26	diltiazem hcl er coated beads.	23	doxycycline monohydrate oral tablet.	11
DEXILANT.	41	diltiazem hcl er oral capsule extended release 12 hour.	23	doxylamine-pyridoxine.	16
dexlansoprazole.	41	diltiazem hcl er oral capsule extended release 24 hour.	23	DRISDOL.	39
dexmethylphenidate hcl.	26	diltiazem hcl er oral tablet extended release 24 hour.	23	dronabinol.	16
dexmethylphenidate hcl er.	26	diltiazem hcl oral.	23	DROPSAFE SAFETY SYRINGE/NEEDLE.	34
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg.	26	dilt-xr.	23	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg.	45
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg.	26	dimethyl fumarate oral.	27	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.	45
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.	26	DIOVAN.	23	drospirenone-ethinyl estradiol.	45
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg.	26	DIOVAN HCT.	23	DRYSOL.	30
DHIVY.	19	DIPENTUM.	56	DUAVEE.	45
DIABETES CARE.	34	diphenoxylate-atropine oral tablet.	42	DULERA.	61
DIABETES MONITOR DIGIT ADD-ON.	34	DIPROLENE.	30	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg.	15
DIABETES MONITOR DIGIT SOLN.	34	disulfiram oral.	10	duloxetine hcl oral capsule delayed release particles 40 mg.	15
		DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.	44		
		divalproex sodium er.	13		
		divalproex sodium oral capsule delayed release sprinkle.	13		

DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	30	eletriptan hydrobromide.....	17	epinephrine solution auto-injector 0.3 mg/0.3ml injection.....	59
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	30	ELIDEL.....	30	epinephrine solution auto-injector 0.3 mg/0.3ml injection.....	59
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	30	ELIMITE.....	19	epinephrine solution auto-injector 0.3 mg/0.3ml injection.....	59
DUREZOL.....	59	elimest.....	45	epinephrine solution auto-injector 0.3 mg/0.3ml injection.....	59
dutasteride oral.....	44	ELIQUIS.....	12	epinephrine solution auto-injector 0.3 mg/0.3ml injection.....	59
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	49	ELIQUIS DVT/PE STARTER PACK.....	12	epinephrine solution auto-injector 0.3 mg/0.3ml injection.....	59
DYANAVEL XR ORAL TABLET EXTENDED RELEASE.....	26	ELITE-OB.....	39	epinephrine solution auto-injector 0.15 mg/0.3ml injection.....	59
DYMISTA.....	60	ELLA.....	45	epinephrine solution auto-injector 0.15 mg/0.3ml injection.....	59
EASIVENT.....	61	ELMIRON.....	44	epinephrine solution auto-injector 0.15 mg/0.3ml injection.....	59
EASIVENT MASK LARGE.....	61	ELOCTATE.....	38	epinephrine solution auto-injector 0.15 mg/0.15ml injection.....	59
EASIVENT MASK MEDIUM.....	61	eluryng.....	45	epinephrine solution auto-injector 0.15 mg/0.15ml injection.....	59
EASIVENT MASK SMALL.....	61	EMBRACE BLOOD GLUCOSE TEST.....	34	EPIPEN 2-PAK.....	59
EASY COMFORT SHARPS CONTAINER.....	34	EMBRACE WAVE BLOOD GLUCOSE IN VITRO.....	34	EPIPEN JR 2-PAK.....	59
EASYGLUCO.....	34	EMEND ORAL CAPSULE.....	16	epitol.....	13
EASYMAX 15 TEST.....	34	EMGALITY.....	17	eplerenone.....	23
EASY MAX BLOOD GLUCOSE TEST.....	34	EMPAVELI.....	52	EQ BLOOD GLUCOSE TEST.....	34
EASYMAX NG BLOOD GLUCOSE KIT.....	34	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.....	20	eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg.....	10
EASY MAX T1 GLUCOSE SYSTEM.....	34	emtricitabine-tenofovir df oral tablet 200-300 mg.....	20	eq nicotine.....	10
EASY TOUCH HEALTHPRO GLUCOSE.....	34	emzahn.....	45	eq nicotine mouth/throat gum 4 mg.....	10
EASY TOUCH TEST.....	34	enalapril-hydrochlorothiazide.....	23	eq nicotine polacrilex.....	10
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	30	enalapril maleate oral solution.....	23	eq nicotine step 3.....	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	9	enalapril maleate oral tablet.....	23	EQUETRO.....	22
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG.....	9	ENBREL.....	52	ergocalciferol oral capsule.....	40
ec-naproxen.....	9	ENBREL MINI.....	52	ERIVEDGE.....	18
econazole nitrate external.....	16	ENBREL SURECLICK.....	52	ERLEADA ORAL TABLET 60 MG.....	18
econtra ez oral tablet 1.5 mg.....	45	endocet.....	8	ERLEADA ORAL TABLET 240 MG.....	18
econtra one-step.....	45	ENDOMETRIN.....	55	ERMEZA.....	50
EDARBI.....	23	ENERGIX-B.....	55	errin.....	45
EDARBYCLOR.....	23	enilloring.....	45	ERYGEL.....	30
EDEX.....	44	ENLITE GLUCOSE SENSOR.....	34	ERYPED 200.....	11
EEMT.....	45	enoxaparin sodium injection solution prefilled syringe.....	12	ERYPED 400.....	11
EEMT HS.....	45	enpresse-28.....	45	ERY-TAB.....	11
E.E.S. GRANULES.....	11	enskyce.....	45	erythromycin base oral tablet.....	11
efavirenz-emtricitab-tenofo df.....	20	ENSTILAR.....	30	erythromycin base oral tablet delayed release.....	11
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ.....	39	entacapone.....	19	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml.....	12
EFFEXOR XR.....	15	entecavir.....	21	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml.....	12
EFFIENT.....	20	ENTRESTO ORAL TABLET.....	23	erythromycin external.....	30
EFUDEX EXTERNAL CREAM 5 %.....	30	ENTYVIO PEN.....	52	erythromycin ophthalmic.....	57
ELEPSIA XR.....	13	enulose.....	42	erythromycin oral.....	12
ELESTRIN.....	45	ENVARUS XR.....	52	escitalopram oxalate oral solution.....	15
		EPANED.....	23	escitalopram oxalate oral tablet.....	15
		EPCLUSA ORAL TABLET.....	21	ESGIC.....	8
		EPIDIOLEX.....	13		
		EPIDUO.....	30		
		EPIDUO FORTE.....	30		

fluconazole oral	16	fluvoxamine maleate	15	GABAPENTIN ORAL TABLET 25 MG, 50 MG	13
fludrocortisone acetate oral	49	fluvoxamine maleate er	15	gabapentin oral tablet 600 mg, 800 mg .	13
flunisolide nasal	60	FML FORTE	57	GABARONE	13
fluocinolone acetonide body	30	FML LIQUIFILM	57	galantamine hydrobromide er	14
fluocinolone acetonide external cream .	30	FOCALIN	26	gallifrey	46
fluocinolone acetonide external ointment.	30	FOCALIN XR	26	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous .	55
fluocinolone acetonide external solution.	30	folic acid oral tablet 1 mg	40	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous .	55
fluocinolone acetonide otic	59	FOLLISTIM AQ	55	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous .	55
fluocinolone acetonide scalp	30	fondaparinux sodium	12	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous .	55
fluocinonide external cream 0.1 %	30	FORA 6 CONNECT/GTEL TEST	34	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	55
fluocinonide external cream 0.05 % . . .	30	FORFIVO XL	15	GASTROCROM	42
fluocinonide external gel	30	formoterol fumarate inhalation	61	gatifloxacin ophthalmic	57
fluocinonide external ointment	30	FORTEO	56	gavilyte-c	42
fluocinonide external solution	30	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	50	gavilyte-g	42
FLUORIDEX	28	FORTISCARE G1 TEST STRIP IN VITRO STRIP	34	gavilyte-n with flavor pack	42
FLUORIDEX ENHANCED WHITENING	28	FORTISCARE TEST IN VITRO STRIP	34	GAVRETO	18
FLUORIMAX 5000	28	FOSAMAX	56	gemfibrozil oral	24
FLUORIMAX 5000 SENSITIVE	40	fosfomycin tromethamine	12	GEMTESA	44
fluoritab oral solution 0.275 (0.125 f) mg/drop	40	fosinopril sodium	23	GEN7T EXTERNAL PATCH 3.5 %	8
fluorometholone	57	fosinopril sodium-hctz	23	generlac	42
FLUOROURACIL EXTERNAL CREAM 0.5 %	30	FRAICHE 5000 DENTAL	28	gengraf oral capsule	52
fluorouracil external cream 5 %	30	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	40	gentamicin sulfate external	12
fluoxetine hcl oral capsule	15	FREESTYLE LIBRE 2 PLUS SENSOR	34	gentamicin sulfate ophthalmic	57
fluoxetine hcl oral capsule delayed release	15	FREESTYLE LIBRE 2 READER	34	GENVOYA	21
fluoxetine hcl oral solution	15	FREESTYLE LIBRE 2 SENSOR	34	GEODON ORAL	20
fluoxetine hcl oral tablet 10 mg	15	FREESTYLE LIBRE 3 PLUS SENSOR	34	GILENYA ORAL CAPSULE 0.5 MG	27
fluoxetine hcl oral tablet 20 mg, 60 mg .	15	FREESTYLE LIBRE 3 READER	34	GILENYA ORAL CAPSULE 0.25 MG	27
fluphenazine hcl oral tablet	20	FREESTYLE LIBRE 3 SENSOR	34	glatiramer acetate	27
flurbiprofen oral	9	FREESTYLE LIBRE 14 DAY READER	34	glatopa	27
FLUTICASONE FUROATE-VILANTEROL . . .	61	FREESTYLE LIBRE 14 DAY SENSOR	34	GLEEVEC	18
fluticasone propionate external cream .	30	FREESTYLE LIBRE READER	34	glimepiride oral tablet 1 mg, 2 mg, 4 mg	37
fluticasone propionate external ointment.	30	FREESTYLE PRECISION NEO SYSTEM . .	34	glimepiride oral tablet 3 mg	37
FLUTICASONE PROPIONATE HFA	61	FREESTYLE PRECISION NEO TEST	34	glipizide er	37
fluticasone propionate nasal	60	FREESTYLE TEST	34	glipizide-metformin hcl	37
FLUTICASONE-SALMETEROL INHALATION AEROSOL	61	FROVA	17	glipizide oral tablet 2.5 mg	37
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	61	frovatriptan succinate	17	glipizide oral tablet 10 mg, 5 mg	37
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	61	ft nicotine	10	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg . . .	37
fluvastatin sodium	23	ft nicotine mini	10	GLUCAGON EMERGENCY KIT	37
		FUOSCIX	23	glucagon emergency kit 1 mg injection .	37
		furosemide oral	23	GLUCAGON EMERGENCY KIT 1 MG INJECTION	37
		fyavolv	46	GLUCOCARD EXPRESSION TEST	34
		FYCOMPA ORAL SUSPENSION	13	GLUCOCARD SHINE TEST	34
		FYCOMPA ORAL TABLET	13		
		FYREMADEL	55		
		gabapentin oral capsule	13		
		gabapentin oral solution 250 mg/5ml .	13		

GLUCOCARD VITAL TEST	34	hailey 24 fe	46	HUMALOG TEMPO PEN	36
GLUCOTROL XL	37	hailey fe 1.5/30	46	HUMALOG U-100 JUNIOR KWIKPEN	36
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	37	hailey fe 1/20	46	HUMATE-P	38
glyburide-metformin	37	HALCION	21	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	52
glyburide micronized	37	halobetasol propionate external cream	31	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	52
glyburide oral	37	halobetasol propionate external ointment	31	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	52
GLYCATE	42	haloette	46	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	53
glycopyrrolate oral solution	42	haloperidol oral	20	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	53
GLYCOPYRROLATE ORAL TABLET 1.5 MG	42	HARVONI ORAL TABLET	21	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	53
glycopyrrolate oral tablet 1 mg, 2 mg	42	HAVRIX	55	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	53
glydo	8	HEALTHPRO BLOOD GLUCOSE MONITOR	34	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	53
GLYNASE ORAL TABLET 1.5 MG	37	heather	46	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	53
GLYNASE ORAL TABLET 3 MG, 6 MG	37	HEMADY	49	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	53
GLYXAMBI	37	HEMANGEOL	24	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	53
gnp nicotine mini	10	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	38	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	53
gnp nicotine polacrilex mouth/throat gum 2 mg	10	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	38	HUMIRA-CD/UC/HS STARTER	53
gnp nicotine polacrilex mouth/throat lozenge	10	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	56	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	53
gnp nicotine transdermal	10	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	56	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	53
GOLYTELY	42	HEMOFIL M	38	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	53
GONAL-F	55	heparin sodium (porcine) injection solution	38	HUMIRA-PSORIASIS/UVEIT STARTER	53
GONAL-F RFF	55	heparin sodium (porcine) pf	38	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	53
GONAL-F RFF REDIJECT	55	HEPLISAV-B	55	HUMULIN 70/30 KWIKPEN	36
goodsense nicotine	10	her style	46	HUMULIN 70/30 VIAL	36
granisetron hcl oral	16	HIDEX 6-DAY	49	HUMULIN N KWIKPEN	36
GRASTEK	52	HIPREX	12	HUMULIN N VIAL	36
griseofulvin microsize oral	16	hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	10	HUMULIN R U-500 KWIKPEN	36
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	16	hm nicotine polacrilex mouth/throat lozenge 2 mg	10	HUMULIN R U-500 VIAL	36
guanfacine hcl	24	HORIZANT	28	HUMULIN R VIAL	36
guanfacine hcl er	26	HULIO (2 PEN)	52		
GUARDIAN 4 GLUCOSE SENSOR	34	HULIO (2 SYRINGE)	52		
GUARDIAN 4 TRANSMITTER	34	HUMALOG CARTRIDGE	36		
GUARDIAN CONNECT TRANSMITTER	34	HUMALOG INJECTION	36		
GUARDIAN LINK 3 TRANSMITTER	34	HUMALOG KWIKPEN	36		
GUARDIAN REAL-TIME REPLACE PED	34	HUMALOG MIX 50/50 KWIKPEN	36		
GUARDIAN SENSOR 3	34	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50- 50) 100 UNIT/ML	36		
GVOKE HYPOPEN 1-PACK	34	HUMALOG MIX 75/25 KWIKPEN	36		
GVOKE HYPOPEN 2-PACK	34	HUMALOG MIX 75/25 VIAL	36		
GVOKE KIT	34	HUMALOG SUBCUTANEOUS	36		
GVOKE PFS	34				
GYNAZOLE-1	16				
habitrol	10				
HADLIMA	52				
HADLIMA PUSHTOUCH	52				
HAEGARDA	52				
hailey 1.5/30	46				

HYCODAN ORAL SOLUTION	60	hyoscyamine sulfate sublingual	42	IMITREX STATDOSE SYSTEM.....	17
hydralazine hcl oral.....	24	HYPERSAL	60	IMPOYZ	31
HYDREA.....	18	HYRIMOZ-CROHNS/UC STARTER	53	IMURAN.....	53
hydrochlorothiazide oral.....	24	HYRIMOZ-PED<40KG CROHN STARTER..	53	IMVEXXY MAINTENANCE PACK.....	39
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.....	8	HYRIMOZ-PED>=40KG CROHN START ..	53	IMVEXXY STARTER PACK	39
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg..	8	HYRIMOZ-PLAQ PSOR/UEIT START	53	INBRIJA.....	19
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8	HYRIMOZ-PLAQUE PSORIASIS START	53	incassia.....	46
hydrocodone bit-homatrop mbr oral solution.....	60	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML.....	53	indapamide.....	24
hydrocodone-ibuprofen	8	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML.....	53	INDERAL LA	24
hydrocod poli-chlorphe poli er	60	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML.....	53	indomethacin er.....	9
hydrocortisone ace-pramoxine external cream 1-1 %	56	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	53	indomethacin oral capsule.....	9
hydrocortisone ace-pramoxine external cream 2.5-1 %	31	HYZAAR.....	24	INGREZZA ORAL CAPSULE 40 MG, 80 MG	28
hydrocortisone acetate rectal	56	ibandronate sodium oral.....	56	INGREZZA ORAL CAPSULE 60 MG.....	28
hydrocortisone-acetic acid.....	59	IBRANCE.....	18	INGREZZA ORAL CAPSULE SPRINKLE...	28
hydrocortisone butyrate external cream	31	IBSRELA	42	INGREZZA ORAL CAPSULE THERAPY PACK	28
hydrocortisone external cream 1 %.....	31	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9	INLYTA.....	18
hydrocortisone external cream 2.5 % ..	31	iclevia	46	INPEN 100-BLUE-LILLY-HUMALOG DEVICE	34
hydrocortisone external lotion 2 %	31	ICLUSIG ORAL TABLET 10 MG, 30 MG...	18	INPEN 100-BLUE-LILLY-HUMALOG DEVICE	34
hydrocortisone external lotion 2.5 % ..	31	ICLUSIG ORAL TABLET 15 MG, 45 MG...	18	INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	34
hydrocortisone external ointment 1 %, 2.5 %	31	icosapent ethyl.....	24	INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	34
hydrocortisone oral	49	IDACIO (2 PEN)	53	INPEN 100-GREY-LILLY-HUMALOG DEVICE	35
hydrocortisone (perianal) external cream 1 %	56	IDACIO (2 SYRINGE)	53	INPEN 100-GREY-LILLY-HUMALOG DEVICE	35
hydrocortisone (perianal) external cream 2.5 %.....	56	IDACIO-CROHNS/UC STARTER.....	53	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	35
hydrocortisone rectal.....	56	IDACIO-PSORIASIS STARTER	53	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	35
hydrocortisone valerate external cream	31	IDELVION	38	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	35
hydrocortisone valerate external ointment.....	31	IDHIFA	18	INPEN 100-PINK-LILLY-HUMALOG DEVICE	35
hydrocort-pramoxine (perianal)	56	IHEALTH BLOOD GLUCOSE TEST STR...	34	INPEN 100-PINK-LILLY-HUMALOG DEVICE	35
hydromet	60	IHEALTH GLUCO+ KIT 10	34	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	35
hydromorphone hcl oral tablet.....	8	IHEALTH GLUCO+ KIT 100.....	34	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	35
hydroxychloroquine sulfate oral.....	19	ILEVRO	57	INSPIREASE.....	61
HYDROXYM EXTERNAL CREAM	31	imatinib mesylate	18	INSPIRA	24
hydroxyurea oral	18	IMBRUVICA ORAL CAPSULE	18	INSULIN ASPART	36
hydroxyzine hcl oral	21	IMBRUVICA ORAL TABLET 140 MG, 280 MG	18	INSULIN ASPART FLEXPEN	36
hydroxyzine pamoate oral	21	IMBRUVICA ORAL TABLET 420 MG	18	INSULIN DEGLUDEC FLEXTOUCH.....	36
HYFTOR.....	53	IMBRUVICA ORAL TABLET 560 MG	18	INSULIN GLARGINE	36
hyoscyamine sulfate er	42	imipramine hcl oral.....	15	INSULIN GLARGINE MAX SOLOSTAR ...	36
hyoscyamine sulfate oral tablet	42	imiquimod external cream 3.75 %	31	INSULIN GLARGINE SOLOSTAR	36
hyoscyamine sulfate oral tablet dispersible.....	42	imiquimod external cream 5 %.....	31	INSULIN LISPRO	36
		imiquimod pump.....	31		
		IMITREX NASAL SOLUTION 20 MG/ ACT, 5 MG/ACT	17		
		IMITREX ORAL.....	17		

INSULIN LISPRO (1 UNIT DIAL).....	36	JAKAFI.....	18	KISQALI (400 MG DOSE).....	18
INSULIN LISPRO JUNIOR KWIKPEN.....	36	jantoven.....	12	KISQALI (600 MG DOSE).....	18
INSULIN LISPRO PROT & LISPRO.....	37	JANUMET.....	37	KLARITY-A.....	57
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.....	35	JANUMET XR.....	37	KLARITY-C DROPS.....	59
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.....	35	JANUVIA.....	37	KLARON.....	31
INTELENCE ORAL TABLET 25 MG.....	21	JARDIANCE.....	38	klayesta.....	16
INTELENCE ORAL TABLET 100 MG, 200 MG.....	21	jasmiel.....	46	KLISYRI (250 MG).....	31
INTRAROSA.....	39	jencycla.....	46	KLISYRI (350 MG).....	31
introvale.....	46	JENTADUETO.....	38	KLONOPIN.....	21
INTUNIV.....	26	JENTADUETO XR.....	38	klor-con.....	40
INVEGA.....	20	jinteli.....	46	klor-con 10.....	40
INVELTYS.....	57	jolessa.....	46	klor-con m10.....	40
INVOKANA.....	37	JORNAY PM.....	26	klor-con m15.....	40
IPOL.....	55	JUBLIA.....	16	klor-con m20.....	40
ipratropium-albuterol.....	61	juleber.....	46	KLOXXADO.....	10
ipratropium bromide inhalation.....	61	JULUCA.....	21	cls quit2.....	10
ipratropium bromide nasal.....	60	junel 1.5/30.....	46	cls quit4.....	10
IQIRVO.....	42	junel 1/20.....	46	KOATE.....	39
irbesartan.....	24	junel fe 1.5/30.....	46	KOATE-DVI.....	39
irbesartan-hydrochlorothiazide.....	24	junel fe 1/20.....	46	KOGENATE FS.....	39
ISENTRESS HD.....	21	junel fe 24.....	46	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG, 5-500 MG.....	38
ISENTRESS ORAL TABLET.....	21	JUST RIGHT 5000 DENTAL GEL 1.1 %.....	28	KOSELUGO.....	18
isibloom.....	46	JUST RIGHT 5000 DENTAL PASTE.....	28	kosher prenatal plus iron.....	40
isoniazid oral tablet.....	17	JYLAMVO.....	53	KOURZEQ.....	28
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %.....	59	JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG.....	43	KOVALTRY.....	39
ISORDIL TITRADOSE.....	24	JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG.....	43	K-PHOS-NEUTRAL.....	40
isosorb dinitrate-hydralazine.....	24	kalliga.....	46	KRINTAFEL.....	19
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	24	KAPSPARGO SPRINKLE.....	24	KRISTALOSE.....	42
isosorbide dinitrate oral tablet 40 mg.....	24	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG.....	26	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ.....	40
isosorbide mononitrate.....	24	kariva.....	47	kurvelo.....	47
isosorbide mononitrate er.....	24	kelnor 1/35.....	47	KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG.....	19
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	31	kelnor 1/50.....	47	KYZATREX.....	50
isotretinoin oral capsule 25 mg, 35 mg.....	31	KEPPRA ORAL.....	13	labetalol hcl oral.....	24
ISTALOL.....	58	KEPPRA XR.....	13	lacosamide oral.....	13
itraconazole oral capsule.....	16	KERENDIA.....	24	lactulose encephalopathy.....	42
ivabradine hcl.....	24	KESIMPTA.....	27	lactulose oral solution.....	42
ivermectin external cream.....	31	ketoconazole external cream.....	16	LAGEVRIO.....	21
ivermectin oral.....	19	ketoconazole external shampoo.....	16	LAMICTAL.....	13
IYUZEH.....	58	ketoconazole oral.....	16	LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	13
jaimiess.....	46	ketorolac tromethamine ophthalmic.....	57	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR.....	13
		ketorolac tromethamine oral.....	9	lamotrigine er.....	13
		KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	53	lamotrigine oral tablet.....	13
		KINERET.....	53	lamotrigine oral tablet chewable.....	13
		KISQALI (200 MG DOSE).....	18		

lamotrigine oral tablet dispersible	13	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	47	LOESTRIN FE 1/20	47
LANCETS	35	levonorgestrel	47	LOFENA	9
LANOXIN ORAL TABLET 62.5 MCG	24	levonorgestrel-ethinyl estrad	47	lojaimiess	47
LANOXIN ORAL TABLET 125 MCG, 250 MCG	24	levonorg-eth estrad triphasic	47	LOKELMA	40
lansoprazole oral capsule delayed release	42	levora 0.15/30 (28)	47	LO LOESTRIN FE	47
lansoprazole oral tablet delayed release dispersible	42	levo-t	50	LOMOTIL	43
LANTUS SOLOSTAR	37	LEVOTHYROXINE SODIUM ORAL CAPSULE	50	LONSURF	18
LANTUS U-100 VIAL	37	levothyroxine sodium oral tablet	50	LOPID	24
larin 1.5/30	47	levoxyl	50	LOPRESSOR	24
larin 1/20	47	LEVSIN	42	LOPROX EXTERNAL CREAM 0.77 %	16
larin 24 fe	47	LEVSIN/SL	43	LOPROX EXTERNAL SHAMPOO 1 %	16
larin fe 1.5/30	47	LEXAPRO	15	LOPROX EXTERNAL SUSPENSION 0.77 %	31
larin fe 1/20	47	LIALDA	56	lorazepam intensol	21
LASIX	24	LIBERVANT	13	lorazepam oral concentrate 2 mg/ml	22
latanoprost ophthalmic	58	LIBRAX	43	lorazepam oral tablet	22
LATUDA	20	lidocaine external ointment 5 %	8	LORTAB ORAL ELIXIR 10-300 MG/15ML	8
LEDIPASVIR-SOFOSBUVIR	21	lidocaine external patch 5 %	8	loryna	47
leena	47	lidocaine hcl mouth/throat	28	losartan potassium-hctz	24
leflunomide oral	53	lidocaine hcl urethral/mucosal	8	losartan potassium oral	24
lenalidomide	18	lidocaine-prilocaine external cream	8	LOSEASONIQUE ORAL TABLET 0.1- 0.02 & 0.01 MG	47
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	lidocaine viscous hcl	28	LOTEMAX OPHTHALMIC GEL	57
lessina	47	LIDOCAN	8	LOTEMAX OPHTHALMIC OINTMENT	57
letrozole oral	18	LIDODERM	8	LOTEMAX OPHTHALMIC SUSPENSION	57
leucovorin calcium oral	18	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	8	LOTEMAX SM	57
leuprolide acetate injection	50	LIKMEZ	12	LOTENSIN	24
levabuterol hcl inhalation	61	linezolid oral tablet	12	LOTENSIN HCT	24
LEVABUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	61	LINZESS	43	loteprednol etabonate ophthalmic gel	57
LEVBID	42	liothyronine sodium oral	50	loteprednol etabonate ophthalmic suspension	57
levetiracetam er	13	LIPITOR	24	LOTREL	24
levetiracetam oral solution	13	liraglutide solution pen-injector 18 mg/3ml subcutaneous	38	lovastatin oral	24
levetiracetam oral tablet	13	liraglutide solution pen-injector 18 mg/3ml subcutaneous	38	LOVAZA	24
levocarnitine oral solution	40	lisdexamphetamine dimesylate	26	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	13
levocarnitine oral tablet	43	lisinopril-hydrochlorothiazide	24	low-ogestrel	47
levocarnitine sf	40	lisinopril oral	24	loxapine succinate	20
levocetirizine dihydrochloride oral solution	60	LITFULO	53	lo-zumandimine	47
levocetirizine dihydrochloride oral tablet	60	lithium carbonate er	22	lubiprostone	43
levofloxacin oral tablet	12	lithium carbonate oral	22	LUMAKRAS	18
levonest	47	LITHOBID	22	LUMIGAN	58
levonorgest-eth est & eth est	47	LIVALO	24	LUMRYZ	63
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	47	LIVDELZI	43	LUNESTA	63
		LODINE	9	LUPKYNIS	53
		LODOCO	24	lurasidone hcl	20
		LOESTRIN 1.5/30 (21)	47	lutera	47
		LOESTRIN 1/20 (21)	47	lyleq	47
		LOESTRIN FE 1.5/30	47	lyllana	47
				LYMEPAK ORAL TABLET 100 MG	12

LYNPARZA	18	mesalamine-cleanser.....	56	methylphenidate hcl er (xr).....	27
LYRICA ORAL CAPSULE	28	mesalamine er	56	methylphenidate hcl oral solution.....	27
LYUMJEV KWIKPEN	37	mesalamine oral tablet delayed release 1.2 gm.....	56	methylphenidate hcl oral tablet	27
LYUMJEV TEMPO PEN.....	37	mesalamine oral tablet delayed release 800 mg	56	methylphenidate hcl oral tablet chewable	27
LYUMJEV VIAL	37	mesalamine rectal enema	56	methylprednisolone oral.....	49
lyza.....	47	mesalamine rectal suppository.....	56	metoclopramide hcl oral solution	16
MACROBID.....	12	MESTINON ORAL TABLET	17	metoclopramide hcl oral tablet	16
MACRODANTIN.....	12	METADATE CD.....	26	metolazone	24
MALARONE	19	metaxalone oral tablet 400 mg, 800 mg.....	63	metoprolol-hydrochlorothiazide	24
MARINOL	16	metaxalone oral tablet 640 mg.....	63	metoprolol succinate er oral tablet extended release 24 hour 25 mg.....	24
marlissa	47	metformin hcl er	38	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	24
matzim la	24	metformin hcl er (mod)	38	metoprolol tartrate oral tablet 37.5 mg, 75 mg.....	24
MAVENCLAD	27	metformin hcl er (osm).....	38	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg.....	24
MAVYRET	21	metformin hcl oral solution	38	METROCREAM	31
MAXALT.....	17	metformin hcl oral tablet 625 mg, 750 mg	38	METROGEL.....	31
MAXALT-MLT	17	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	38	METROLOTION	31
MAXITROL	57	methadone hcl oral tablet	8	metronidazole external cream.....	31
MAXZIDE-25 ORAL TABLET 37.5-25 MG ..	24	methazolamide oral	58	metronidazole external gel 0.75 %	31
MAXZIDE ORAL TABLET 75-50 MG	24	methenamine hippurate	12	metronidazole external gel 1 %	31
MAYZENT ORAL TABLET 0.25 MG, 2 MG ..	27	METHERGINE.....	50	metronidazole external lotion	31
MAYZENT ORAL TABLET 1 MG	27	methimazole oral.....	50	metronidazole oral capsule	12
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	27	methocarbamol oral tablet 500 mg, 750 mg.....	63	metronidazole oral tablet 125 mg	12
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ...	27	methocarbamol oral tablet 1000 mg.....	63	metronidazole oral tablet 250 mg, 500 mg	12
meclizine hcl oral tablet	16	methotrexate sodium injection solution	53	metronidazole vaginal	12
MEDROL ORAL TABLET 2 MG	49	methotrexate sodium oral	54	mexiletine hcl oral.....	24
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	49	methotrexate sodium (pf).....	53	MIACALCIN.....	56
MEDROL ORAL TABLET THERAPY PACK ..	49	methscopolamine bromide oral.....	43	mibelas 24 fe	47
medroxyprogesterone acetate intramuscular	47	methylergonovine maleate oral	50	MICARDIS.....	24
medroxyprogesterone acetate oral.....	47	METHYLIN	26	MICARDIS HCT	24
mefenamic acid oral	9	methylphenidate hcl er (cd)	27	MICROCHAMBER	61
mefloquine hcl	19	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg.....	27	MICRODOT TEST	35
megestrol acetate oral suspension 40 mg/ml	50	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	27	microgestin 1.5/30.....	47
megestrol acetate oral tablet.....	47	methylphenidate hcl er oral tablet extended release	27	microgestin 1/20	47
MEKINIST ORAL TABLET	18	methylphenidate hcl er oral tablet extended release 24 hour	27	microgestin 24 fe oral tablet 1-20 mg- mcg	47
meloxicam oral tablet	9	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	27	microgestin fe 1.5/30	47
memantine hcl er.....	14	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	27	microgestin fe 1/20	47
memantine hcl oral tablet.....	14	methylphenidate hcl er (osm) oral tablet extended release 72 mg	27	midodrine hcl	24
me/naphos/mb/hyo1	44			MIEBO	59
MENOPUR	55			mili	47
MENOSTAR.....	47			mimvey	47
MENQUADFI.....	55			MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24).....	47
MENVEO	55				
MEPRON.....	19				
mercaptopurine oral tablet	18				

MINILINK REAL-TIME TRANSMITTER.....	35	multivitamin w/fluoride tablet chewable 0.5 mg oral.....	40	naproxen sodium oral tablet 275 mg, 550 mg.....	10
MINIMED 630G GUARDIAN PRESS.....	35	multivitamin w/fluoride tablet chewable 0.5 mg oral.....	40	naratriptan hcl.....	17
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG.....	24	multivitamin w/fluoride tablet chewable 0.25 mg oral.....	40	NARCAN.....	10
MINIVELLE.....	47	multivitamin w/fluoride tablet chewable 0.25 mg oral.....	40	NASCOBAL.....	40
minocycline hcl oral capsule.....	12	multivitamin w/fluoride tablet chewable 0.25 mg oral.....	40	na sulfate-k sulfate-mg sulf.....	43
minoxidil oral.....	24	multivitamin w/fluoride tablet chewable 1 mg oral.....	40	NATALVIT.....	40
mirabegron er.....	44	multivitamin w/fluoride tablet chewable 1 mg oral.....	40	NATAZIA.....	47
MIRCETTE ORAL TABLET 0.15- 0.02/0.01 MG (21/5).....	47	multivitamin w/fluoride tablet chewable 1 mg oral.....	40	nateglinide.....	38
mirtazapine oral.....	15	MULTI-VIT-FLOR.....	40	NATESTO.....	50
MIRVASO.....	31	mupirocin cream.....	12	NAYZILAM.....	14
misoprostol oral.....	42	mupirocin ointment.....	12	nebivolol hcl.....	24
MITIGARE.....	17	MYAMBUTOL ORAL TABLET 400 MG.....	17	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %.....	60
MM BLOOD GLUCOSE SYSTEM.....	35	my choice.....	47	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %.....	60
MM BLOOD GLUCOSE SYSTEM REFILL.....	35	MYCOBUTIN ORAL CAPSULE 150 MG.....	18	necon 0.5/35 (28).....	47
MM BLULINK GLUCOSE TEST.....	35	mycophenolate mofetil oral.....	54	NEFFY.....	59
MM EASY TOUCH GLUCOSE METER.....	35	mycophenolate sodium.....	54	neomycin-bacitracin zn-polymyx.....	58
M-M-R II.....	55	mycophenolic acid.....	54	neomycin-polymyxin-dexameth ophthalmic ointment.....	57
M-NATAL PLUS.....	40	MYDAYIS.....	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 ..	57
modafinil oral.....	63	MYFEMBREE.....	47	neomycin-polymyxin-hc ophthalmic ..	58
MODERNA COVID-19 VAC 6M-11Y.....	55	MYFORTIC.....	54	neomycin-polymyxin-hc otic.....	59
moexipril hcl.....	24	MYHIBBIN.....	54	neomycin sulfate oral.....	12
mometasone furoate external.....	31	myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	31	NEONATAL COMPLETE.....	40
mometasone furoate nasal.....	60	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR.....	44	NEONATAL PLUS.....	40
MONDOXYNE NL.....	12	MYSOLINE.....	13	NEONATAL PRENATAL.....	40
MONOJECT HYPODERMIC NEEDLE 18G X 1".....	35	my way.....	47	NEONATAL VITAMIN.....	40
mono-lynyah.....	47	nabumetone oral.....	9	NEO-POLYCIN.....	58
montelukast sodium oral packet.....	61	nadolol oral.....	24	NEORAL ORAL CAPSULE.....	54
montelukast sodium oral tablet.....	61	nafrinse drops oral solution 0.275 (0.125 f) mg/drop.....	40	NERLYNX.....	18
montelukast sodium oral tablet chewable.....	61	NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG.....	40	neuac.....	31
morphine sulfate (concentrate).....	8	NALOCET.....	8	NEULASTA.....	39
morphine sulfate er oral tablet extended release.....	8	naloxone hcl injection solution prefilled syringe.....	10	NEUPRO.....	19
morphine sulfate oral.....	8	naloxone hcl nasal.....	10	NEURONTIN.....	14
MOTEGRITY.....	43	naltrexone hcl oral.....	10	NEUTEK 2TEK TEST.....	35
MOTPOLY XR.....	13	NAMENDA ORAL TABLET 10 MG, 5 MG.....	14	NEVANAC.....	57
MOUNJARO.....	38	NAMENDA TITRATION PAK.....	14	new day.....	47
MOVIPREP.....	43	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG.....	14	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	42
moxifloxacin hcl (2x day).....	57	NAPROSYN.....	9	NEXIUM ORAL PACKET.....	42
moxifloxacin hcl ophthalmic.....	57	naproxen dr.....	9	NEXLETOL.....	24
moxifloxacin hcl oral.....	12	naproxen oral tablet.....	10	NEXLIZET.....	24
MS CONTIN.....	8	naproxen oral tablet delayed release ..	10	NEXTSTELLIS.....	47
MULTAQ.....	24			NGENLA.....	50
multi-vitamin/fluoride.....	40			niacin er (antihyperlipidemic)	24
multivitamin/fluoride oral tablet chewable.....	40			NICODERM CQ.....	10

NICORETTE MINI	10	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	48	NUCALA SUBCUTANEOUS SOLUTION REFILLED SYRINGE 100 MG/ML	61
NICORETTE MOUTH/THROAT GUM	10	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	48	NUCYNTA	8
NICORETTE MOUTH/THROAT LOZENGE	10	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	48	NUCYNTA ER	8
NICORETTE STARTER KIT	10	NORITATE	31	NUDEXTA	28
nicotine mini	10	NORLIQVA	25	NULEV	43
nicotine polacrilex mini	10	norlyroc	48	NUPLAZID ORAL CAPSULE	20
nicotine polacrilex mouth/throat	10	NORPRAMIN	15	NURTEC	17
nicotine step 1	10	nortrel 0.5/35 (28)	48	NUTROPIN AQ NUSPIN 5	50
nicotine step 2	10	nortrel 1/35 (21)	48	NUTROPIN AQ NUSPIN 10	50
nicotine step 3	10	nortrel 1/35 (28)	48	NUTROPIN AQ NUSPIN 20	50
nicotine transdermal patch 24 hour.	10	nortrel 7/7/7	48	NUVARING	48
NICOTROL	10	nortriptyline hcl oral capsule	15	NUVESSA	12
nifedipine er	24	NORVASC	25	NUVIGIL	63
nifedipine er osmotic release	25	NOVAREL	55	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	39
nifedipine oral	25	NOVOEIGHT	39	NUWIQ INTRAVENOUS KIT 1500 UNIT	39
nikki	47	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	35	NUZYRA ORAL	12
NINLARO	18	NOVOFINE PEN NEEDLE	35	nyamyc	16
nisoldipine er	25	NOVOFINE PLUS PEN NEEDLE	35	nylia 1/35	48
nitazoxanide oral	19	NOVOLIN 70/30 FLEXPEN	37	nylia 7/7/7	48
NITRO-BID	25	NOVOLIN 70/30 FLEXPEN RELION	37	nymyo oral tablet 0.25-35 mg-mcg	48
NITRO-DUR	25	NOVOLIN 70/30 RELION	37	nystatin external	16
nitrofurantoin macrocrystal	12	NOVOLIN 70/30 VIAL	37	nystatin mouth/throat	16
nitrofurantoin monohydrate macrocrystals	12	NOVOLIN N FLEXPEN	37	nystatin oral	16
nitrofurantoin oral suspension 25 mg/5ml	12	NOVOLIN N FLEXPEN RELION	37	nystatin-triamcinolone	16
nitroglycerin rectal	25	NOVOLIN N RELION	37	nystop	16
nitroglycerin sublingual	25	NOVOLIN N VIAL	37	NYVEPRIA	39
nitroglycerin transdermal	25	NOVOLIN R FLEXPEN	37	OB COMPLETE	40
NITROSTAT	25	NOVOLIN R FLEXPEN RELION	37	OCALIVA	43
NIVA-PLUS	40	NOVOLIN R RELION	37	ocella	48
NIVA THYROID	50	NOVOLIN R VIAL	37	OCUFLOX	57
NIVESTYM	39	NOVOLOG FLEXPEN	37	ODACTRA	60
NOC DURNA	50	NOVOLOG FLEXPEN RELION	37	ODEFSEY	21
nora-be	47	NOVOLOG RELION	37	ODOMZO	18
NORDITROPIN FLEXPEN	50	NOVOLOG U-100 VIAL	37	OFEV	62
norelgestromin-eth estradiol	47	NOVOPEN ECHO	35	ofloxacin ophthalmic	57
norethin ace-eth estrad-fe oral tablet	47	NOXAFIL ORAL TABLET DELAYED RELEASE	16	ofloxacin otic	59
norethin ace-eth estrad-fe oral tablet chewable	47	np thyroid	50	olanzapine-fluoxetine hcl	15
norethindrone acetate oral	48	NUBEQA	18	olanzapine oral tablet	20
norethindrone acet-ethinyl est	48	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	61	olanzapine oral tablet dispersible	20
norethindrone-eth estradiol	48	NUCALA SUBCUTANEOUS SOLUTION REFILLED SYRINGE 40 MG/0.4ML	61	olmesartan-amlo地平ine-hctz	25
norethindrone oral	48			olmesartan medoxomil-hctz	25
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	48			olmesartan medoxomil oral	25
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	48			olopatadine hcl nasal	60
				olopatadine hcl ophthalmic solution 0.1 %	57
				OLUMIANT ORAL TABLET 1 MG, 4 MG	54

OLUMIANT ORAL TABLET 2 MG	54	ORACEA	31	PACERONE ORAL TABLET 100 MG, 400 MG	25
OLUX EXTERNAL FOAM 0.05 %	31	ORACIT	40	PACERONE ORAL TABLET 200 MG.	25
OMECLAMOX-PAK	42	ORAL CITRATE	40	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	54
omega-3-acid ethyl esters	25	ORALONE	28	paliperidone er	20
omeprazole oral capsule delayed release	42	ORAPRED ODT	49	PAMELOR	15
OMNIPOD 5 DEXG7G6 INTRO GEN 5.	35	ORENCIA CLICKJECT	54	PANCREAZE	43
OMNIPOD 5 DEXG7G6 PODS GEN 5	35	ORENCIA SUBCUTANEOUS	54	PANRETIN	31
OMNIPOD 5 DEXG7G6 PODS GEN 5	35	ORENITRAM	62	pantoprazole sodium oral tablet delayed release	42
OMNIPOD 5 G7 INTRO (GEN 5) KIT	35	ORFADIN	43	PARADIGM REAL-TIME TRANSMITTER ..	35
OMNIPOD 5 G7 PODS (GEN 5)	35	ORGOVYX	19	paricalcitol oral	57
OMNIPOD 5 LIBRE2 PLUS G6	35	ORIAHNN	50	PARLODEL ORAL TABLET	19
OMNIPOD 5 LIBRE2 PLUS G6 PODS	35	ORILISSA	50	PARNATE	15
OMNITROPE	50	orphenadrine citrate er	63	paroxetine hcl er	15
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	54	OSCIMIN	43	paroxetine hcl oral tablet	15
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	54	oseltamivir phosphate oral	21	PATANASE NASAL SOLUTION 0.6 %	60
ON CALL EXPRESS BLOOD GLUCOSE ..	35	OSPHENA	39	PAXIL CR	15
ON CALL EXPRESS MONITORING SYS ..	35	OTEZLA ORAL TABLET 20 MG.	54	PAXIL ORAL TABLET	15
ondansetron hcl oral	16	OTEZLA ORAL TABLET 30 MG.	54	PAXLOVID (150/100)	21
ondansetron odt oral tablet dispersible 4 mg, 8 mg	16	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	54	PAXLOVID (300/100)	21
ondansetron odt oral tablet dispersible 16 mg	16	OTREXUP	54	pazopanib hcl	19
ONETOUCH DELICA LANCETS	35	OVACE PLUS WASH EXTERNAL LIQUID ..	31	PEDIAPRED	49
ONETOUCH ULTRA 2 KIT W/DEVICE	35	OVACE WASH	31	peg-3350/electrolytes	43
ONETOUCH ULTRA BLUE TEST	35	OVIDREL	55	peg-3350/electrolytes/ascorbat	43
ONETOUCH ULTRASOFT LANCETS	35	oxaprozin oral tablet	10	peg 3350-kcl-na bicarb-nacl	43
ONETOUCH ULTRA TEST STRIPS	35	OXAYDO ORAL TABLET 5 MG, 7.5 MG	9	peg-kcl-nacl-nasulf-na asc-c	43
ONETOUCH VERIO FLEX SYSTEM KIT	35	oxazepam	22	penicillin v potassium	12
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	35	oxcarbazepine	14	pentoxifylline er	25
ONETOUCH VERIO KIT W/DEVICE	35	oxcarbazepine er	14	PEPCID	42
ONETOUCH VERIO REFLECT KIT W/DEVICE	35	OXTELLAR XR	14	PERCOCET	9
ONETOUCH VERIO TEST STRIPS	35	oxybutynin chloride er	44	PERFOROMIST	62
ONE VITE WOMENS	40	oxybutynin chloride oral tablet 2.5 mg ..	44	PERIDEX	28
ONE VITE WOMENS PLUS	40	oxybutynin chloride oral tablet 5 mg ..	44	perindopril erbumine	25
ONEXTON	31	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	9	periogard	28
ONFI	14	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9	permethrin external	19
ONGLYZA	38	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	9	perphenazine oral	16
ONYDA XR	27	oxycodone hcl oral capsule	9	PERTZYE	43
opcicon one-step	48	oxycodone hcl oral solution	9	PFIZER COVID-19 VAC-TRIS 5-11Y	55
opium	43	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	9	PFIZER COVID-19 VAC-TRIS 6M-4Y	55
OPSUMIT	62	OXYCONTIN	9	phenazo oral tablet 200 mg	44
option 2	48	oxymorphone hcl er	9	phenazopyridine hcl oral tablet 100 mg, 200 mg	44
OPTIUMEZ TEST	35	OZEMPIC	38	phenobarbital oral	14
OPZELURA	31			phenytek	14
				phenytoin infatabs	14

phenytoin oral tablet chewable	14	PRADAXA ORAL CAPSULE	13	PRENATRYL	41
phenytoin sodium extended	14	PRALUENT	25	PREVACID	42
PHEXXI	48	pramipexole dihydrochloride	19	PREVACID SOLUTAB	42
philith	48	PRAMOSONE EXTERNAL CREAM 1-1 %	31	prevalite	25
PHOSPHA 250 NEUTRAL	40	PRAMOSONE EXTERNAL CREAM 1-2.5 %	31	PREVIDENT 5000 BOOSTER PLUS	28
phosphorous	40	prasugrel hcl	20	PREVIDENT 5000 DRY MOUTH	28
phospho-trin 250 neutral	40	pravastatin sodium	25	PREVIDENT 5000 ENAMEL PROTECT	41
PIFELTRO	21	prazosin hcl oral	25	PREVIDENT 5000 KIDS	28
pilocarpine hcl ophthalmic	58	PRECISION XTRA	35	PREVIDENT 5000 ORTHO DEFENSE	28
pilocarpine hcl oral	28	PRECISION XTRA BLOOD GLUCOSE	35	PREVIDENT 5000 PLUS	28
pimecrolimus	31	PRED FORTE	57	PREVIDENT 5000 SENSITIVE	41
pimozide	20	PRED MILD	57	PREVIDENT DENTAL	28
pimtreea	48	prednisolone acetate ophthalmic	57	PREVIDENT MOUTH/THROAT	41
pindolol	25	PREDNISOLONE ACETATE P-F	57	PREVNAR 20	55
pioglitazone hcl	38	prednisolone oral solution	49	PREVYMIS ORAL TABLET	21
pioglitazone hcl-metformin hcl	38	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	49	PREZCOBIX	21
PIP BLOOD GLUCOSE TEST STRIP	35	prednisolone sodium phosphate oral solution 15 mg/5ml	49	PREZISTA ORAL TABLET 150 MG, 75 MG	21
PIQRAY	19	prednisolone sodium phosphate oral solution 20 mg/5ml	49	primidone oral tablet 125 mg	14
pirfenidone oral tablet 267 mg, 801 mg	62	prednisolone sodium phosphate oral tablet dispersible	49	primidone oral tablet 250 mg, 50 mg	14
pirfenidone oral tablet 534 mg	62	prednisone oral	49	PRISTIQ	15
piroxicam oral	10	pregabalin oral capsule	28	probenecid	17
pitavastatin calcium	25	PREGNYL	55	PROCARDIA XL	25
PLAN B ONE-STEP	48	PREMARIN ORAL	48	PROCHAMBER VHC	62
PLAQUENIL	19	PREMARIN VAGINAL	48	prochlorperazine	16
PLAVIX	20	PREMIUM BLOOD GLUCOSE TEST	35	prochlorperazine maleate oral	16
PLEGRIDY INTRAMUSCULAR	27	premium lidocaine	9	PROCORT	56
PLEGRIDY STARTER PACK	27	PREMPHASE	48	PROCTOCORT	56
PLEGRIDY SUBCUTANEOUS	27	PREMPRO	48	PROCTOFOAM HC	56
PLENVU	43	PRENA1 PEARL	40	procto-med hc	56
PLEXION CLEANSER	31	prenatal 19 oral tablet 29-1 mg	40	PROCTOSOL HC	56
PNEUMOVAX 23	55	prenatal 19 oral tablet chewable	40	PROCTOZONE-HC	56
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	55	prenatal oral tablet 27-0.8 mg	40	progesterone intramuscular	48
pnv-dha	40	prenatal oral tablet 27-1 mg	40	progesterone oral	48
podofilox external solution	31	prenatal plus	41	PROGRAF ORAL CAPSULE	54
POKONZA	40	prenatal plus vitamin/mineral	41	PROLATE ORAL TABLET	9
POLYCIN	57	prenatal vitamins oral tablet 27-0.8 mg	41	PROLENSA	58
polymyxin b-trimethoprim	57	PRENATE DHA	41	PROMACTA ORAL TABLET	39
POLY-VI-FLOR ORAL TABLET CHEWABLE	40	PRENATE ENHANCE	41	promethazine-codeine	60
POMALYST	19	PRENATE ESSENTIAL	41	promethazine-dm	60
portia-28	48	PRENATE MINI	41	promethazine hcl oral	16
posaconazole oral tablet delayed release	16	PRENATE PIXIE	41	promethazine hcl rectal	16
potassium chloride crys er	40	PRENATE RESTORE	41	PROMETHEGAN	16
potassium chloride er	40	PRENATOL-M	41	PROMETRIUM	48
potassium chloride oral	40	PRENATRIX	41	propafenone hcl	25
potassium citrate-citric acid	40			propafenone hcl er	25
potassium citrate er	40			propranolol hcl er	25
				propranolol hcl oral	25
				propylthiouracil oral	50

PROSCAR	44	ra mini nicotine	10	RETIN-A	31
PROTONIX ORAL TABLET DELAYED RELEASE	42	ramipril	25	REVATIO ORAL	62
protriptyline hcl	15	ra nicotine mouth/throat gum 4 mg	10	REVLIMID	19
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	62	ra nicotine polacrilex	10	REXTOVY	11
PROVERA	48	ra nicotine transdermal patch 24 hour 21 mg/24hr	11	REXULTI	20
PROVIGIL	63	ranolazine er	25	REYVOW	17
PROZAC	15	RAPAFLO	44	RHOFADE	31
prucalopride succinate	43	RAPAMUNE ORAL SOLUTION 1 MG/ML ..	54	RHOPRESSA	58
pseudoephedrine-bromphen-dm	60	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	54	rifabutin	18
PTS PANELS EGLU TEST	36	rasagiline mesylate oral	19	rifampin oral	18
PULMICORT FLEXHALER	62	RASUVO	54	RIGHTEST GT333 GLUCOSE TEST	36
PULMICORT SUSPENSION	62	RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	14	riluzole	28
PULMOSAL	60	react	48	RINVOQ	54
PULMOZYME	62	reclipsen	48	risedronate sodium oral tablet 30 mg, 5 mg	56
PYLERA	42	RECOMBINATE	39	risedronate sodium oral tablet 150 mg, 35 mg	56
PYRIDIUM	44	RECOMBIVAX HB	55	RISPERDAL	20
pyridostigmine bromide er	17	RECTIV	25	risperidone	20
pyridostigmine bromide oral tablet 30 mg	17	REGLAN	16	RITALIN	27
pyridostigmine bromide oral tablet 60 mg	17	RELAFEN DS	10	RITALIN LA	27
qc nicotine transdermal system	10	RELEXII	27	ritonavir	21
QELBREE	27	RELION GLUCOSE TEST STRIPS	36	rivastigmine	14
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	48	RELION TRUE MET AIR GLUC METER ...	36	rivastigmine tartrate	14
QUESTRAN	25	RELION TRUE METRIX TEST STRIPS	36	rivelsa	48
QUESTRAN LIGHT	25	RELION ULTIMA GLUCOSE SYSTEM	36	rizatriptan benzoate oral tablet 5 mg ...	17
quetiapine fumarate	20	RELION ULTIMA TEST	36	rizatriptan benzoate oral tablet 10 mg ..	17
quetiapine fumarate er	20	RELPAK	17	rizatriptan benzoate oral tablet dispersible 5 mg	17
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	41	RELTONE	43	rizatriptan benzoate oral tablet dispersible 10 mg	17
QUFLORA PEDIATRIC	41	RELYVRIO ORAL PACKET 3-1 GM	28	ROBINUL-FORTE ORAL TABLET 2 MG. ...	43
QUICK TOUCH BLOOD GLUCOSE	36	REMERON	15	ROBINUL ORAL TABLET 1 MG	43
QUICK TOUCH BLOOD GLUCOSE TEST ..	36	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15	ROCALTROL	57
QUILLICHEW ER	27	REVELA ORAL TABLET	44	ROCKLATAN	58
QUILLIVANT XR	27	repaglinide	38	roflumilast	62
quinapril hcl	25	REPATHA	25	ropinirole hcl	19
QUINTET AC BLOOD GLUCOSE TEST	36	REPATHA PUSHTRONEX SYSTEM	25	rosadan external cream 0.75 %	31
QUINTET BLOOD GLUCOSE TEST	36	REPATHA SURECLICK	25	rosadan external gel 0.75 %	31
QULIPTA	17	RESTASIS	59	rosuvastatin calcium oral	25
QVAR REDIHALER	62	RESTASIS MULTIDOSE	59	ROWASA	56
rabeprazole sodium oral tablet delayed release	42	RESTORIL	63	roweepra	14
RADICAVA ORS	28	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	39	ROXICODONE	9
RADICAVA ORS STARTER KIT	28	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	39	ROZEREM	63
raloxifene hcl	56	RETEVMO ORAL CAPSULE 40 MG	19	ROZLYTREK	19
ramelteon	63	RETEVMO ORAL CAPSULE 80 MG	19	RUCONEST	54
				rufinamide oral suspension	14
				rufinamide oral tablet	14
				RUKOBIA	21

RYALTRIS.....	60	SIMPONI.....	54	spironolactone oral tablet.....	25
RYTARY.....	19	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	25	SPORANOX ORAL CAPSULE.....	16
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	25	simvastatin oral tablet 80 mg.....	25	SPRAVATO (56 MG DOSE).....	15
ryvent.....	60	SINEMET.....	19	SPRAVATO (84 MG DOSE).....	15
SAFYRAL.....	48	SINGULAIR ORAL PACKET.....	62	sprintec 28.....	48
SALAGEN.....	28	SINGULAIR ORAL TABLET.....	62	SPRYCEL.....	19
SANTYL.....	31	SINGULAIR ORAL TABLET CHEWABLE.....	62	SPS (SODIUM POLYSTYRENE SULF).....	41
SAPHRIS.....	20	sirolimus oral solution.....	54	sronyx.....	48
sapropterin dihydrochloride oral packet	43	sirolimus oral tablet.....	54	ssd.....	12
SAVELLA.....	28	SITAVIG.....	21	sss 10-5 external cream.....	31
saxagliptin hcl.....	38	SKYRIZI PEN.....	54	STALEVO 50 ORAL TABLET 12.5-50- 200 MG.....	20
saxagliptin-metformin er.....	38	SKYRIZI SUBCUTANEOUS.....	54	STALEVO 75 ORAL TABLET 18.75-75- 200 MG.....	20
scopolamine.....	16	SKYTROFA.....	50	STALEVO 100 ORAL TABLET 25-100- 200 MG.....	19
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG.....	48	SLYND.....	48	STALEVO 125 ORAL TABLET 31.25- 125-200 MG.....	20
selenium sulfide external lotion.....	31	sm nicotine.....	11	STALEVO 150 ORAL TABLET 37.5-150- 200 MG.....	20
SE-NATAL 19.....	41	sm nicotine polacrilex.....	11	STALEVO 200 ORAL TABLET 50-200- 200 MG.....	20
SENSIPAR.....	57	SOANZ.....	25	STELARA SUBCUTANEOUS.....	54
SEREVENT DISKUS.....	62	sod citrate-citric acid oral solution 500-334 mg/5ml.....	41	STENDRA.....	39
SEROQUEL.....	20	sod fluoride-potassium nitrate.....	41	STEQEYMA SUBCUTANEOUS.....	54
SEROQUEL XR.....	20	sodium chloride inhalation.....	60	STIOLTO RESPIMAT.....	62
SERTRALINE HCL ORAL CAPSULE.....	15	sodium fluoride 5000 enamel.....	41	STIVARGA.....	19
sertraline hcl oral concentrate.....	15	sodium fluoride 5000 plus.....	28	STRATTERA.....	27
sertraline hcl oral tablet.....	15	sodium fluoride 5000 ppm.....	28	STRENSIQ.....	43
setlakin.....	48	sodium fluoride 5000 sensitive.....	41	STRIBILD.....	21
sevelamer carbonate oral tablet.....	44	sodium fluoride dental.....	28	STRIVERDI RESPIMAT.....	62
SEYSARA.....	12	sodium fluoride mouth/throat.....	41	STROMEKTOL.....	19
sf 5000 plus.....	28	sodium fluoride oral solution.....	41	SUBOXONE.....	11
sf gel 1.1%.....	28	sodium fluoride oral tablet chewable.....	41	subvenite.....	14
SFROWASA.....	56	SODIUM OXYBATE SOLUTION 500 MG/ ML ORAL.....	63	SUCRAID.....	43
sharobel.....	48	SODIUM OXYBATE SOLUTION 500 MG/ ML ORAL.....	63	sucralfate oral suspension.....	42
SHARPS COLLECTOR.....	36	sodium sulfacetamide wash.....	31	sucralfate oral tablet.....	42
SHARPS CONTAINER.....	36	SOFOSBUVIR-VELPATASVIR.....	21	SUFLAVE.....	43
SHINGRIX.....	55	solifenacin succinate.....	44	SULAR.....	25
sildenafil citrate oral tablet 20 mg.....	62	SOLIQUA.....	38	SULCONAZOLE NITRATE EXTERNAL CREAM.....	16
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	39	SOMA.....	63	sulfacetamide-prednisolone.....	58
SILENOR.....	63	SOOLANTRA.....	31	sulfacetamide sodium (acne).....	31
silodosin.....	44	sotalol hcl (af).....	25	sulfacetamide sodium external.....	32
SILVADENE.....	12	sotalol hcl oral.....	25	sulfacetamide sodium ophthalmic solution.....	58
silver sulfadiazine external.....	12	SOTYKTU.....	54	sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %.....	32
SIMLANDI (1 PEN).....	54	SOVUNA.....	19	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %.....	32
SIMLANDI (1 SYRINGE).....	54	SPIKEVAX.....	55		
SIMLANDI (2 PEN).....	54	spinosad.....	31		
SIMLANDI (2 SYRINGE).....	54	SPIRIVA HANDIHALER.....	62		
simliya.....	48	SPIRIVA RESPIMAT.....	62		
simpesse.....	48	spironolactone-hctz.....	25		

sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	32	TAFINLAR ORAL CAPSULE	19	tenofovir disoproxil fumarate	21
sulfacetamide sodium-sulfur external suspension 10-5 %	32	tafluprost (pf)	58	TENORETIC 50	25
sulfacetamide sod-sulfur wash external liquid 9-4 %	32	TAGRISO	19	TENORETIC 100	25
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	32	take action	48	TENORMIN	25
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	12	TAKHZYRO	54	terazosin hcl	44
sulfamethoxazole-trimethoprim oral tablet	12	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	54	terbinafine hcl oral	16
sulfasalazine oral	56	TAMIFLU	21	terconazole	16
sulfatrim pediatric	12	tamoxifen citrate oral tablet 10 mg	19	teriflunomide	27
sulindac oral	10	tamoxifen citrate oral tablet 20 mg	19	teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	56
SUMADAN WASH	32	tamsulosin hcl	44	TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	56
sumatriptan nasal	17	TANLOR	63	TESTIM	50
sumatriptan succinate oral	17	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	49	TESTOSTERONE CYPIONATE INJECTION 50	50
sumatriptan succinate refill subcutaneous solution cartridge	17	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	49	testosterone cypionate intramuscular	50
sumatriptan succinate subcutaneous	17	TAPERDEX 7-DAY	49	testosterone enanthate intramuscular	50
SUNOSI	63	TAPERDEX 12-DAY	49	testosterone gel 12.5 mg/act (1%) transdermal	50
SUPREP BOWEL PREP KIT	43	TARGADOX	12	testosterone gel 12.5 mg/act (1%) transdermal	50
SUTAB	43	tarina 24 fe	48	testosterone gel 20.25 mg/act (1.62%) transdermal	50
syeda	48	tarina fe 1/20 eq	48	testosterone gel 20.25 mg/act (1.62%) transdermal	50
SYMBICORT	62	TARON-C DHA	41	testosterone gel 20.25 mg/act (1.62%) transdermal	50
SYMBYAX	15	TASIGNA	19	testosterone transdermal gel 1.62 %	50
SYMFI	21	TAVALISSE	39	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%)	50
SYMFI LO	21	tazarotene external cream 0.1 %	32	tetracycline hcl oral capsule	12
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	59	TAZORAC EXTERNAL CREAM	32	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	62
SYMLINPEN 60	38	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	25	THALITONE	25
SYMLINPEN 120	38	TECFIDERA ORAL CAPSULE DELAYED RELEASE	27	theophylline er	62
SYMPAZAN	14	TECHLITE INSULIN SYRINGES	36	THIOLA	44
SYMPROIC	43	TECHLITE PEN NEEDLES	36	THIOLA EC	44
SYNALAR EXTERNAL OINTMENT	32	TECHLITE PLUS PEN NEEDLES	36	THRIVE	11
SYNALAR EXTERNAL SOLUTION 0.01 %	32	TEGLUTIK	28	THRIVITE RX	41
SYNJARDY	38	TEGRETOL ORAL TABLET	14	THYQUIDITY	50
SYNJARDY XR	38	TEGRETOL-XR	14	thyroid oral	50
SYNTHROID	50	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	43	tiadylt er	25
TABRECTA	19	TEKTURNA	25	TIAZAC	25
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	32	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	25	TIGLUTIK	28
TACLONEX EXTERNAL SUSPENSION	32	telmisartan	25	TIKOSYN	25
tacrolimus external	32	telmisartan-hctz	25	tilia fe	48
tacrolimus oral	54	temazepam	63	timolol hemihydrate	58
tadalafil oral	39	temozolomide	19	timolol maleate ocudose	58
tadalafil (pah)	62	TEMPO REFILL	36	timolol maleate (once-daily)	58
TADLIQ	62	TEMPO WELCOME	36	timolol maleate ophthalmic	58
		TENCON	9	timolol maleate pf	58
		TENIVAC	55		

TIMOPTIC OCUDOSE.....	58	TRANSDERM-SCOP	16	tri-lo-estarylla.....	48
TIMOPTIC OPHTHALMIC SOLUTION		tranylcypromine sulfate.....	15	tri-lo-marzia	48
0.25 %, 0.5 %.....	58	TRAVATAN Z.....	58	tri-lo-mili.....	48
TIMOPTIC-XE OPHTHALMIC GEL		travoprost (bak free).....	58	tri-lo-sprintec	48
FORMING SOLUTION 0.25 %, 0.5 %	58	trazodone hcl oral.....	15	trimethoprim oral	12
tinidazole oral.....	12	TRELEGY ELLIPTA.....	62	tri-mili	48
tiopronin oral tablet delayed release.	44	TREMFYA SUBCUTANEOUS SOLUTION		TRINATAL RX 1.....	41
tiotropium bromide monohydrate	62	AUTO-INJECTOR 100 MG/ML	54	TRINATE	41
TIROSINT	50	TREMFYA SUBCUTANEOUS SOLUTION		TRINTELLIX	15
TIROSINT-SOL.....	50	AUTO-INJECTOR 200 MG/2ML	54	tri-nymyo oral tablet 0.18/0.215/0.25	
TIVICAY	21	TREMFYA SUBCUTANEOUS SOLUTION		mg-35 mcg.....	48
tizanidine hcl oral capsule	63	PREFILLED SYRINGE 100 MG/ML	54	tri-sprintec.....	48
tizanidine hcl oral tablet	63	TREMFYA SUBCUTANEOUS SOLUTION		tritocin external ointment 0.05 %	32
TOBI PODHALER	62	PREFILLED SYRINGE 200 MG/2ML	54	TRIUMEQ	21
TOBRADEX OPHTHALMIC OINTMENT	58	TRESIBA FLEXTOUCH.....	37	tri-vite/fluoride.....	41
TOBRADEX OPHTHALMIC		tretinoin external cream	32	trivora (28)	49
SUSPENSION 0.3-0.1 %	58	tretinoin external gel 0.01 %, 0.025 %	32	tri-vylibra	49
TOBRADEX ST.....	58	tretinoin external gel 0.05 %.....	32	tri-vylibra lo.....	49
tobramycin-dexamethasone	58	TREXALL.....	54	TROKENDI XR	14
tobramycin inhalation nebulization		TREZIX.....	9	trospium chloride	44
solution 300 mg/4ml	62	triamcinolone acetonide external		trospium chloride er.....	44
tobramycin ophthalmic.....	58	cream 0.5 %.....	32	TRUE FOCUS BLOOD GLUCOSE STRIP ..	36
TOLAK	32	triamcinolone acetonide external		TRUE METRIX AIR GLUCOSE METER KIT ..	36
TOLSURA	16	cream 0.025 %, 0.1 %	32	TRUE METRIX BLOOD GLUCOSE TEST....	36
tolterodine tartrate.....	44	triamcinolone acetonide external lotion	32	TRUE METRIX GO GLUCOSE METER.....	36
tolterodine tartrate er.....	44	triamcinolone acetonide external		TRUE METRIX METER	36
TOPAMAX	14	ointment 0.05 %.....	32	TRUE METRIX PRO BLOOD GLUCOSE....	36
TOPAMAX SPRINKLE	14	triamcinolone acetonide external		TRULANCE.....	43
TOPICORT EXTERNAL CREAM	32	ointment 0.025 %, 0.1 %, 0.5 %	32	TRULICITY	38
TOPICORT EXTERNAL OINTMENT.....	32	triamcinolone acetonide mouth/throat ..	28	TRUMENBA	55
topiramate er oral capsule extended		triamcinolone in absorbase	32	TRUQAP ORAL TABLET.....	19
release 24 hour.....	14	triamterene-hctz	26	TRUSOPT OPHTHALMIC SOLUTION 2 %..	58
topiramate oral.....	14	triamterene oral	26	TRUVADA ORAL TABLET 100-150 MG,	
TOPROL XL.....	25	TRIANEX EXTERNAL OINTMENT 0.05 % ..	32	133-200 MG, 167-250 MG	21
torpenz.....	19	triazolam	22	TRUVADA ORAL TABLET 200-300 MG....	21
torsemide.....	25	TRIBENZOR	26	turqoz	49
TOSYMRA	17	TRICARE ORAL TABLET	41	TWINRIX	55
TOUJEO MAX SOLOSTAR.....	37	TRICOR	26	TWIRLA	49
TOUJEO SOLOSTAR.....	37	TRIDACAINE II	9	TYBLUME	49
TRACLEER	63	TRIDACAINE III.....	9	tydemy oral tablet 3-0.03-0.451 mg....	49
TRADJENTA.....	38	triderm	32	TYMLOS.....	57
tramadol-acetaminophen	9	TRIDESILON EXTERNAL CREAM 0.05 % ..	32	TYRVAYA	59
tramadol hcl er.....	9	tri-estarylla	48	TYVASO.....	63
tramadol hcl (er biphasic) oral tablet		trihexyphenidyl hcl oral tablet.....	20	TYVASO DPI INSTITUTIONAL KIT	63
extended release 24 hour	9	TRIJARDY XR	38	TYVASO DPI MAINTENANCE KIT	63
tramadol hcl oral tablet 50 mg	9	TRIKAFTA ORAL TABLET THERAPY PACK	62	TYVASO DPI TITRATION KIT	63
tramadol hcl oral tablet 100 mg, 25		tri-legest fe.....	48	TYVASO REFILL KIT	63
mg, 75 mg.....	9	TRILEPTAL	14	TYVASO STARTER KIT.....	63
trandolapril	25	tri-linyah.....	48		
tranexamic acid oral.....	39	TRILIPIX.....	26		

UBRELVY.....	17	VASCEPA.....	26	VIIIBRYD.....	15
UCERIS ORAL.....	56	VASERETIC.....	26	VIIIBRYD STARTER PACK ORAL KIT 10 & 20 MG.....	15
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	39	VASOTEC.....	26	vilazodone hcl.....	15
ULORIC.....	17	velivet.....	49	VIMPAT ORAL.....	14
UNISTRIP1 GENERIC.....	36	VELPHORO.....	44	viorele.....	49
unithroid.....	50	VELTASSA.....	41	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	21
UPTRAVI ORAL.....	63	VEMLIDY.....	21	VIREAD ORAL TABLET 300 MG.....	21
urea external cream 20 %, 40 %, 45 %.....	32	VENCLEXTA.....	19	virt-pn dha oral capsule 27-0.6-0.4- 300 mg.....	41
UREA EXTERNAL CREAM 39.5 %.....	32	venlafaxine hcl.....	15	VISTARIL ORAL CAPSULE 25 MG, 50 MG.....	22
urea external cream 39 %, 41 %, 47 %.....	32	venlafaxine hcl er oral capsule extended release 24 hour.....	15	VITAFOL FE+.....	41
uredeb.....	32	venlafaxine hcl er oral tablet extended release 24 hour.....	15	VITAFOL GUMMIES.....	41
UREMEZ-40.....	32	VENTOLIN HFA.....	62	VITAFOL-OB.....	41
URESOL.....	32	VENXXIVA.....	44	VITAFOL ULTRA.....	41
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	41	VEOZAH.....	28	VITAMEDMD ONE RX/QUATREFOLIC.....	41
UROCIT-K 10.....	41	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg.....	26	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	41
UROCIT-K 15.....	41	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg.....	26	VITAPEARL.....	41
UROGESIC-BLUE.....	44	verapamil hcl er oral tablet extended release.....	26	VITATHELY WITH GINGER.....	41
UROXATRAL.....	44	verapamil hcl oral.....	26	VITRAKVI.....	19
URSO 250 ORAL TABLET 250 MG.....	43	VERELAN.....	26	VIVAGUARD INO GLUCOSE METER KIT.....	36
URSODIOL ORAL CAPSULE 200 MG, 400 MG.....	43	VERELAN PM.....	26	VIVAGUARD INO TEST STRIPS.....	36
ursodiol oral capsule 300 mg.....	43	VERIFINE SHARPS CONTAINER.....	36	VIVELLE-DOT.....	49
ursodiol oral tablet.....	43	VERKAZIA.....	59	VIVJOA.....	16
URSO FORTE.....	43	VERQUVO.....	26	VOGELXO.....	50
VAGIFEM.....	49	VERZENIO.....	19	VOGELXO PUMP.....	50
valacyclovir hcl oral.....	21	VESICARE.....	44	volnea.....	49
VALCYTE ORAL TABLET.....	21	vestura.....	49	VOQUEZNA.....	42
valganciclovir hcl oral tablet.....	21	VEVYE.....	59	VOQUEZNA DUAL PAK.....	42
VALIUM.....	22	VFEND ORAL TABLET 50 MG.....	16	VOQUEZNA TRIPLE PAK.....	42
valproic acid oral capsule.....	14	VFEND ORAL TABLET 200 MG.....	16	voriconazole oral tablet.....	16
valproic acid oral solution 250 mg/5ml.....	14	VIAGRA.....	39	VORTEX HOLD CHMBR/MASK/CHILD.....	62
valsartan-hydrochlorothiazide.....	26	VIBERZI.....	43	VORTEX HOLD CHMBR/MASK/TODDLER.....	62
valsartan oral tablet.....	26	VIBRAMYCIN ORAL CAPSULE 100 MG.....	12	VORTEX VALVE CHAMBER-PEDI MASK.....	62
VALTOCO.....	14	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML.....	12	VORTEX VALVED HOLDING CHAMBER DEVICE.....	62
VALTRESX.....	21	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	38	VORTEX VALVED HOLDING CHAMBER DEVICE.....	62
valtya 1/50.....	49	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	38	VOSEVI.....	21
VANADOM ORAL TABLET 350 MG.....	63	vienva.....	49	VOYDEYA ORAL TABLET.....	39
VANCOCIN.....	12	vigabatrin oral packet.....	14	VOYDEYA ORAL TABLET THERAPY PACK.....	39
vancomycin hcl oral.....	12	VIGADRONE ORAL PACKET.....	14	VRAYLAR.....	20
VANDAZOLE.....	12	VIGAMOX.....	58	VTAMA.....	32
VANOS.....	32	vigpoder.....	14	vyfemla.....	49
VAQTA.....	55			VYLEESI.....	39
vardenafil hcl oral tablet.....	39			vylibra.....	49
varenicline tartrate.....	11			VYNDAMAX.....	43
varenicline tartrate(continue).....	11				
varenicline tartrate (starter).....	11				
VARIVAX.....	55				

VYTORIN.....	26	XTAMPZA ER.....	9	ZIAC ORAL TABLET 5-6.25 MG.....	26
VYVANSE.....	27	XTANDI.....	19	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	26
VYZULTA.....	59	xulane.....	49	ZILBRYSQ.....	17
WAINUA.....	15	xurea.....	32	ZILXI.....	32
WAKIX.....	63	XYOSTED.....	50	ZIMHI.....	11
warfarin sodium oral.....	13	XYREM.....	63	ZIOPTAN.....	59
WELCHOL ORAL TABLET.....	26	XYWAV.....	63	ziprasidone hcl.....	20
WELLBUTRIN SR.....	15	YASMIN 28.....	49	ZIRGAN.....	21
WELLBUTRIN XL.....	15	YAZ.....	49	ZITHROMAX ORAL.....	12
wera.....	49	YESINTEK SUBCUTANEOUS.....	54	ZITHROMAX TRI-PAK.....	12
WESCAP-C DHA.....	41	YORVIPATH.....	57	ZITHROMAX Z-PAK.....	12
WESCAP-PN DHA.....	41	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML.....	54	ZOCOR.....	26
wes-phos 250 neutral.....	41	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	55	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG.....	17
WESTAB PLUS.....	41	YUFLYMA (2 PEN).....	55	zolmitriptan nasal solution 5 mg.....	17
WILATE.....	39	YUFLYMA (2 SYRINGE).....	55	zolmitriptan oral tablet.....	17
WINLEVI.....	32	YUFLYMA-CD/UC/HS STARTER.....	55	zolmitriptan oral tablet dispersible.....	17
wixela inhub.....	62	YUPELRI.....	62	ZOLOFT.....	15
wymzya fe.....	49	YUSIMRY.....	55	zolpidem tartrate er.....	63
XACIATO.....	12	yuvaferm.....	49	zolpidem tartrate oral tablet.....	63
XALATAN.....	59	zafemy.....	49	ZOMIG NASAL SOLUTION 2.5 MG.....	17
XANAX.....	22	zafirlukast.....	62	ZOMIG NASAL SOLUTION 5 MG.....	17
XANAX XR.....	22	zaleplon.....	63	ZOMIG ORAL TABLET 5 MG.....	17
xarah fe.....	49	ZANAFLEX.....	63	ZONEGRAN.....	14
XARELTO.....	13	ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG.....	63	zonisamide oral.....	14
XARELTO STARTER PACK.....	13	ZARONTIN.....	14	ZORTRESS.....	55
XCOPRI.....	14	ZARXIO.....	39	ZORYVE EXTERNAL CREAM 0.3 %.....	32
XDEMVI.....	58	ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG.....	41	ZORYVE EXTERNAL FOAM.....	32
XELJANZ.....	54	ZAVZPRET.....	17	zovia 1/35 (28).....	49
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	54	ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	9	ZOVIRAX EXTERNAL OINTMENT.....	21
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG.....	54	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	38	ZOVIRAX ORAL SUSPENSION 200 MG/5ML.....	21
XELODA.....	19	ZEJULA ORAL CAPSULE 100 MG.....	19	ZTLIDO.....	9
XENLETA ORAL TABLET 600 MG.....	12	ZELBORAF.....	19	ZUBSOLV.....	11
XEPI EXTERNAL CREAM 1 %.....	32	ZEMBRACE SYMTOUCH.....	17	zumandimine.....	49
XHANCE.....	60	ZEMPLAR ORAL.....	57	ZURZUVAE.....	15
XIFAXAN.....	12	zenatane.....	32	ZYCLARA.....	32
XIGDUO XR.....	38	ZENPEP.....	43	ZYCLARA PUMP.....	32
XIIDRA.....	59	ZENZEDI.....	27	ZYLET.....	58
XOFLUZA (40 MG DOSE).....	21	ZEPOSIA.....	28	ZYLOPRIM ORAL TABLET 100 MG, 300 MG.....	17
XOFLUZA (80 MG DOSE).....	21	ZEPOSIA 7-DAY STARTER PACK.....	28	ZYMAXID OPHTHALMIC SOLUTION 0.5 %.....	58
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	54	ZEPOSIA STARTER KIT.....	28	ZYPREXA ORAL.....	20
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML.....	62	ZESTORETIC.....	26	ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG20	
XOPENEX HFA.....	62	ZESTRIL.....	26	ZYTIGA.....	19
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML.....	62	ZETIA.....	26	ZYVOX ORAL TABLET.....	12
		ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT.....	60		

Notice of Availability of Language Assistance Services and Alternate Formats

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

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

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

Administrative services provided by Bind Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA.