



Your 2027 Prescription Drug List

Texas Access 4-Tier

Effective January 1, 2027



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare and Student Resources medical plans with corporate offices located in Texas with a pharmacy benefit subject to the Access 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and when your plan renews.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	5
Questions	7
Analgesics	
Drugs for pain.....	8
Drugs for pain and inflammation	8
Anti-addiction / Substance abuse treatment agents.....	9
Antibacterials	
Drugs for infections	10
Anticoagulants	
Drugs to treat or prevent blood clots.....	12
Anticonvulsants	
Drugs for seizures	12
Antidementia agents	
Drugs for Alzheimer’s disease and dementia.....	13
Antidepressants	
Drugs for depression	13
Antiemetics	
Drugs for nausea and vomiting	14
Antifungals	
Drugs for fungal infections	14
Antigout agents	
Drugs for gout.....	14
Antimigraine agents	
Drugs for migraines	14
Antimyasthenic agents	
Drugs to treat myasthenia gravis.....	15
Antimycobacterials	
Drugs to treat infections	15
Antineoplastics	
Drugs for cancer.....	15
Antiparasitics	
Drugs for parasitic infections.....	16
Antiparkinson agents	
Drugs for Parkinson’s disease.....	16
Antiplatelets	
Drugs for heart attack and stroke prevention	16
Antipsychotics	
Drugs for mood disorders.....	16
Antivirals	
Drugs for viral infections	17
Anxiolytics	
Drugs for anxiety	17
Bipolar agents	
Drugs for mood disorders.....	17
Cardiovascular agents	
Drugs for heart and circulation conditions.....	18
Central nervous system agents	
Drugs for attention deficit disorder	20
Drugs for multiple sclerosis.....	21
Miscellaneous.....	21



Dental and oral agents	
Drugs for mouth and throat conditions	21
Dermatological agents	
Drugs for skin conditions	22
Diabetes	
Glucose monitoring and supplies	24
Insulin	26
Non-insulin agents	26
Drugs for blood disorders	27
Drugs for sexual dysfunction	27
Electrolytes / Vitamins	28
Gastrointestinal agents	
Drugs for acid reflux and ulcer	29
Drugs for bowel, intestine and stomach conditions	29
Genetic or enzyme disorder	
Drugs for replacement, modification, treatment	30
Genitourinary agents	
Drugs for bladder, genital and kidney conditions	30
Drugs for prostate conditions	30
Hormonal agents	
Hormone replacement and birth control	31
Oral steroids	34
Other	34
Testosterone replacement	34
Thyroid	35
Immunological agents	
Drugs for immune system stimulation or suppression	35
Drugs for vaccination	36
Infertility agents	37
Inflammatory bowel disease agents	37
Metabolic bone disease agents	
Drugs for osteoporosis	38
Other	38
Ophthalmic agents	
Drugs for eye allergy, infection and inflammation	38
Drugs for glaucoma	39
Drugs for miscellaneous eye conditions	39
Otic agents	
Drugs for ear conditions	39
Respiratory	
Drugs for anaphylaxis	40
Respiratory tract / Pulmonary agents	
Drugs for allergies, cough, cold	40
Drugs for asthma and COPD	40
Drugs for cystic fibrosis	42
Drugs for pulmonary fibrosis	42
Drugs for pulmonary hypertension	42
Skeletal muscle relaxants	
Drugs for muscle pain and spasm	42
Sleep disorder agents	42
Index	43

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 5 for more information.

When does the PDL change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier or be excluded from coverage most often upon your group's renewal.

You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage – There may be 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 covered 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)¹ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy² – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
Coverage is set by your prescription drug benefit plan.

1. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

2. Not applicable to certain Student Resources plans.



Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug name	Drug tier	Requirements & limits
Analgesics - Drugs for pain		
acetaminophen-codeine oral tablet	1	
ALLZITAL	4	
apap-caff-dihydrocodeine	1	
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	
endocet	1	
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl	1	PA, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
JOURNAVX	4	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	

Drug name	Drug tier	Requirements & limits
methadone hcl oral tablet	1	PA, QL
morphine sulfate er	1	PA, QL
morphine sulfate oral tablet	1	
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
premium lidocaine external ointment 5 %	1	QL
tapentadol hcl	1	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tramadol-acetaminophen	1	
TREZIX	3	
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	1	H
aspirin adult low dose	1	H
aspirin adult low strength	1	H
aspirin childrens	1	H
aspirin ec adult low dose	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
aspirin ec low dose	1	H
aspirin ec low strength	1	H
aspirin low dose	1	H
aspirin oral tablet chewable	1	H
aspirin oral tablet delayed release 81 mg	1	H
aspirin regimen	1	H
celecoxib oral	1	
cvs aspirin adult low dose	1	H
cvs aspirin adult low strength	1	H
cvs aspirin ec	1	H
cvs aspirin low dose	1	H
cvs aspirin low strength	1	H
DAYPRO ORAL TABLET 600 MG	4	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
eq aspirin adult low dose	1	H
eq aspirin low dose	1	H
eq aspirin low dose	1	H
etodolac	1	
ft aspirin low dose	1	H
ft aspirin oral tablet chewable	1	H
gnp adult aspirin low strength	1	H
gnp aspirin low dose	1	H
gnp aspirin oral tablet delayed release 81 mg	1	H
goodsense aspirin low dose	1	H
goodsense aspirin oral tablet chewable	1	H
h-e-b aspirin	1	H

Drug name	Drug tier	Requirements & limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
kls aspirin low dose	1	H
kp aspirin	1	H
meloxicam oral tablet	1	
mm aspirin	1	H
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
qc aspirin low dose	1	H
qc childrens aspirin	1	H
ra aspirin adult low dose oral tablet chewable 81 mg	1	H
ra aspirin adult low strength oral tablet chewable 81 mg	1	H
ra aspirin childrens oral tablet chewable 81 mg	1	H
ra aspirin ec adult low st oral tablet delayed release 81 mg	1	H
ra aspirin ec oral tablet delayed release 81 mg	1	H
sm aspirin low dose oral tablet chewable 81 mg	1	H
sm childrens aspirin oral tablet chewable 81 mg	1	H
sulindac oral	1	
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
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
ft naloxone hcl	1	
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
goodsense nicotine polacrilex	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
KLOXXADO	1	
kls quit2	1	H
kls quit4	1	H
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	1	(Includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H

Drug name	Drug tier	Requirements & limits
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	
qc nicotine transdermal system	1	H
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	
REZENOPY	3	
sm nicotine mouth/throat gum	1	H
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	1	H
THRIVE	4	H
varenicline tartrate	1	H
ZUBSOLV	1	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	4	
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
BLUJEPA	4	
cefadroxil oral capsule	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
cefadroxil oral suspension reconstituted	1		levofloxacin oral tablet	1	
cefdinir	1		linezolid oral tablet	1	
cefixime oral capsule	1		MACROBID	4	
cefpodoxime proxetil oral tablet	1		MACRODANTIN	4	
cefprozil	1		methenamine hippurate	1	
cefuroxime axetil	1		metronidazole oral tablet 250 mg, 500 mg	1	
cephalexin	1		metronidazole vaginal	1	
CIPRO ORAL TABLET	4		minocycline hcl oral capsule	1	
ciprofloxacin hcl oral	1		moxifloxacin hcl oral	1	
clarithromycin oral tablet	1		mupirocin cream	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		mupirocin ointment	1	
CLEOCIN ORAL CAPSULE 75 MG	2		neomycin sulfate oral	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		nitrofurantoin macrocrystal	1	
CLEOCIN VAGINAL CREAM	4		nitrofurantoin monohydrate macrocrystals	1	
clindamycin hcl oral	1		NUVESSA	4	
clindamycin palmitate hcl	1		NUZYRA ORAL	4	
clindamycin phosphate vaginal	1		ORLYNVAH	4	
CLINDESSE	2		penicillin v potassium	1	
dicloxacillin sodium	1		PIVYA	4	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL	SILVADENE	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	1		silver sulfadiazine external	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		ssd	1	
doxycycline monohydrate oral	1		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
E.E.S. GRANULES	3		sulfamethoxazole-trimethoprim oral tablet	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		sulfatrim pediatric	1	
ERYPED 400	4		tetracycline hcl oral capsule	1	
erythromycin base oral tablet	1		tinidazole oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		trimethoprim oral	1	
fidaxomicin	1	QL	VANCOCIN	4	
fosfomycin tromethamine	1		vancomycin hcl oral capsule	1	
gentamicin sulfate external	1		VANDAZOLE	4	
HIPREX	4		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
			XACIATO	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	PA
XIFAXAN ORAL TABLET 550 MG	3	PA, QL
ZITHROMAX	4	
Anticoagulants - Drugs to treat or prevent blood clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral tablet	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for seizures		
APTOM	4	PA
brivaracetam oral tablet	1	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	1	PA

Drug name	Drug tier	Requirements & limits
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	4	
KEPPRA XR	4	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	4	
ONFI	4	
oxcarbazepine	1	
perampanel oral tablet	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
primidone oral	1	
roweepra	1	
subvenite oral tablet	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO 10 MG DOSE	3	PA, QL
VALTOCO 15 MG DOSE	3	PA, QL
VALTOCO 20 MG DOSE	3	PA, QL
VALTOCO 5 MG DOSE	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	

Antidementia agents - Drugs for Alzheimer's disease and dementia

donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	

Antidepressants - Drugs for depression

amitriptyline hcl oral	1	
AUVELITY	4	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

Drug name	Drug tier	Requirements & limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
EXXUA	4	ST, QL
EXXUA TITRATION PACK	4	ST, QL
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	QL
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
RALDESY	4	PA
sertraline hcl oral	1	
SPRAVATO	4	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
venlafaxine hcl	1	
venlafaxine hcl er	1	
vilazodone hcl	1	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule	1	
doxylamine-pyridoxine	1	PA
dronabinol oral capsule	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	1	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	

Drug name	Drug tier	Requirements & limits
klayesta	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	
Antigout agents - Drugs for gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA, QL
rizatriptan benzoate oral	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	4	
UBRELVI	2	PA, ST, QL
ZAVZPRET	4	PA, ST
ZEMBRACE SYMTOUCH	4	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abirtega	1	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
BRUKINSA ORAL CAPSULE	3	PA, ST, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ENSACOVE	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
GAVRETO	4	PA, QL, SP
hydroxyurea oral	1	
HYRNUO	2	PA, QL, SP
IBRANCE ORAL TABLET	4	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL SUSPENSION	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	4	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	2	PA, QL, SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA, QL, SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA, QL, SP
KOSELUGO ORAL CAPSULE	3	PA, QL, SP
lederle leucovorin	1	
lenalidomide	1	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
leuprolide acetate injection	1	PA, SP
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
pomalidomide	1	PA, QL, SP
RETEVMO	4	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
TEPMETKO	4	PA, QL, SP
torpenz	1	PA, QL, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
yulithira	1	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for parasitic infections		
ARAKODA	4	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE EXTERNAL CREAM 5 %	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
MALARONE	4	
mefloquine hcl	1	
permethrin external	1	
STROMECTOL	4	PA, QL

Drug name	Drug tier	Requirements & limits
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	4	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
risperidone	1	
VRAYLAR	4	QL
ziprasidone hcl	1	
Antivirals - Drugs for viral infections		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
famciclovir oral	1	
GENVOYA	4	QL
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	4	QL
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
valacyclovir hcl oral	1	
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION ORAL TABLET 0.25 MG	4	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ARB LI	4	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
azilsartan medoxomil	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDURA	4	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	

Drug name	Drug tier	Requirements & limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine patch weekly	1	
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
CORLANOR ORAL TABLET	3	PA, QL
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBYCLOR	4	
enalapril maleate oral solution	1	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fosinopril sodium	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
HEMICLOR	4	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
indapamide	1		NEXLETOL	2	PA, ST, QL
INZIRQO	4	PA	NEXLIZET	2	PA, ST, QL
irbesartan	1		niacin er (antihyperlipidemic)	1	
irbesartan-hydrochlorothiazide	1		nifedipine er	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		nifedipine er osmotic release	1	
isosorbide mononitrate er	1		nifedipine oral	1	
ivabradine hcl	1	PA, QL	nitro-bid	1	
KAPSPARGO SPRINKLE	4		NITRO-DUR	3	
KERENDIA	4	PA, QL	nitroglycerin rectal	1	QL
labetalol hcl oral	1		nitroglycerin sublingual	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nitroglycerin transdermal	1	
LANOXIN ORAL TABLET 62.5 MCG	4		NITROSTAT	4	
LASIX	4		NORLIQVA	4	PA
lisinopril oral	1		olmesartan medoxomil oral	1	
lisinopril-hydrochlorothiazide	1		olmesartan medoxomil-hctz	1	
LODOCO	4	QL	olmesartan-amlodipine-hctz	1	
LOPID	4		omega-3-acid ethyl esters	1	
LOPRESSOR ORAL SOLUTION	4	PA	PACERONE ORAL TABLET 100 MG, 400 MG	3	
losartan potassium oral	1		PACERONE ORAL TABLET 200 MG	4	
losartan potassium-hctz	1		pentoxifylline er	1	
LOTENSIN	4		pravastatin sodium	1	
LOTENSIN HCT	4		prazosin hcl oral	1	
lovastatin oral	1	H	prevalite	1	
matzim la	1		propafenone hcl	1	
metolazone	1		propafenone hcl er	1	
metoprolol succinate er	1		propranolol hcl er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1		propranolol hcl oral	1	
metoprolol-hydrochlorothiazide	1		QUESTRAN	4	
mexiletine hcl oral	1		QUESTRAN LIGHT	4	
midodrine hcl	1		ramipril	1	
minoxidil oral	1		ranolazine er	1	
MULTAQ	4	PA	RECTIV	4	QL
nadolol oral	1		REPATHA	2	QL
nebivolol hcl	1		REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ ORAL TABLET 20 MG, 40 MG	4	QL
SOAANZ ORAL TABLET 60 MG	4	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
TEKTURNA	3	
telmisartan	1	
telmisartan-hctz	1	
THALITONE	4	
tiadylt er	1	
TIAZAC	4	
TIKOSYN	4	
torseamide	1	
trandolapril	1	
triamterene-hctz	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	4	PA, QL, SP
valsartan oral solution	1	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA, QL
VYNDAQEL ORAL CAPSULE 20 MG	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
ZESTRIL TABLET 10 MG ORAL	4	
ZESTRIL TABLET 20 MG ORAL	4	
ZESTRIL TABLET 5 MG ORAL	4	
Central nervous system agents - Drugs for attention deficit disorder		
ADZENYS XR-ODT	4	QL
amphetamine er	1	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	QL
atomoxetine hcl oral capsule	1	QL
AZSTARYS	2	ST, QL
clonidine hcl er	1	
COTEMPLA XR-ODT	4	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	4	QL
EVEKEO	4	
FOCALIN	4	
guanfacine hcl er	1	
JORNAY PM	2	ST, QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	4	
METHYLPHENIDATE ER	4	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er(diffus)	1	QL
methylphenidate hcl oral	1	
MYDAYIS	4	QL
ONYDA XR	3	QL
QUILLICHEW ER	4	QL
QUILLIVANT XR	4	QL

Central nervous system agents - Drugs for multiple sclerosis

AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	1	PA, QL, SP

Central nervous system agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYNKUET	4	PA, QL
LYRICA ORAL CAPSULE	4	
milnacipran hcl oral tablet	1	QL
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA, SP

Drug name	Drug tier	Requirements & limits
TIGLUTIK	3	PA, SP
VEOZAH	4	PA, QL
ZEPOSIA	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	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
JUST RIGHT 5000	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological agents - Drugs for skin conditions		
ACANYA	4	
accutane	1	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
ADBRY	2	PA, QL, SP
AKLIEF	4	PA
alclometasone dipropionate	1	
amnestem	1	
AMZEEQ	4	
ANZUPGO	4	PA, SP
AVAR CLEANSER	4	
AVAR LS CLEANSER	3	
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	

Drug name	Drug tier	Requirements & limits
CALCITRENE	3	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	4	
clindacin etz	1	
clindacin-p	1	
CLINDAGEL	4	
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos (twice-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	4	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
clobetasol propionate external shampoo	1		halobetasol propionate external cream	1	
clobetasol propionate external solution	1		halobetasol propionate external ointment	1	
clodan	1		hydrocortisone external cream 2.5 %	1	
clotrimazole-betamethasone	1		hydrocortisone external lotion 2.5 %	1	
dapsone external	1		hydrocortisone external ointment 1 %, 2.5 %	1	
DERMACINRX UREA	4		hydrocortisone valerate external cream	1	
DERMACURE	4		ICOTYDE	2	PA, QL, SP
DERMA-SMOOTH/FS BODY	4		imiquimod external cream 5 %	1	
DERMA-SMOOTH/FS SCALP	4		IMPOYZ	4	
desonide external cream	1		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
desonide external lotion	1		KLARON	4	
desonide external ointment	1		KLISYRI	4	ST
DESOWEN EXTERNAL CREAM 0.05 %	3		METROCREAM EXTERNAL CREAM 0.75 %	4	
desoximetasone external cream	1		METROLOTION EXTERNAL LOTION 0.75 %	4	
desoximetasone external ointment	1		metronidazole external	1	
diclofenac sodium external gel 3 %	1	PA	MIRVASO	2	PA
DIPROLENE	4		mometasone furoate external	1	
DRYSOL	2		NEMLUVIO	2	PA, QL, SP
DUPIXENT	2	PA, QL, SP	neuac	1	QL
EBGLYSS	2	PA, QL, SP	ONEXTON	4	
EFUDEX EXTERNAL CREAM 5 %	4		OPZELURA	4	PA, QL, SP
ENSTILAR	4		OVACE PLUS WASH EXTERNAL LIQUID 10 %	4	
ERYGEL EXTERNAL GEL 2 %	3		OVACE WASH EXTERNAL LIQUID 10 %	4	
erythromycin external	1		PANRETIN	3	
EUCRISA	3	ST	PELLIX	4	
FINACEA EXTERNAL FOAM	2		pimecrolimus	1	
fluocinolone acetonide body	1		PLEXION CLEANSER	4	
fluocinolone acetonide external	1		podofilox external solution	1	
fluocinolone acetonide scalp	1		RHOFADE	4	PA
fluocinonide external	1				
fluorouracil external cream 5 %	1				
fluticasone propionate external cream	1				
fluticasone propionate external ointment	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS SOLUTION	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
SYNALAR	4	
tacrolimus external	1	
tazarotene external cream	1	PA
TAZORAC EXTERNAL CREAM	4	PA
TOLAK	4	
TOPICORT	4	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	
TREMFYA	2	PA, QL, SP
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	

Drug name	Drug tier	Requirements & limits
VTAMA	4	PA
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	4	
zenatane	1	
ZILXI	4	PA, ST
ZORYVE	4	PA
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA
Diabetes - Glucose monitoring and supplies		
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	QL
ACCU-CHEK GUIDE KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE ME KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BIGFOOT UNITY PROGRAM	3	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT PRECISION POLY HUB	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CEQUR SIMPLICITY 2U 10PK	3	ST

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
CONTOUR NEXT EZ KIT W/ DEVICE	1	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL	GUARDIAN 4 TRANSMITTER	3	PA, QL
CONTOUR NEXT GEN TEST STRIPS	1	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
CONTOUR NEXT ONE KIT	1	QL	GUARDIAN SENSOR 3	3	PA, QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL	INPEN 100-BLUE-LILLY-HUMALOG	3	ST
CONTOUR PLUS TEST STRIP	1	QL	INPEN 100-BLUE-NOVOLOG-FIASP	3	ST
DEXCOM G6 RECEIVER	3	PA, QL	INPEN 100-GREY-LILLY-HUMALOG	3	ST
DEXCOM G6 SENSOR	3	PA, QL	INPEN 100-GREY-NOVOLOG-FIASP	3	ST
DEXCOM G6 TRANSMITTER	3	PA, QL	INPEN 100-PINK-LILLY-HUMALOG	3	ST
DEXCOM G7 15 DAY SENSOR	3	PA, QL	INPEN 100-PINK-NOVOLOG-FIASP	3	ST
DEXCOM G7 RECEIVER	3	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
DEXCOM G7 SENSOR	3	PA, QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL	LANCETS	1	
DROPSAFE SICURA	2		MINIMED 630G GUARDIAN PRESS	3	PA
EMBECTA AUTOSHIELD 30GX5MM	2	QL	MINIMED INSTINCT GLUC SENSOR	3	PA, QL
EMBECTA INSULIN SYRINGE	2	QL	MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
EMBECTA INSULIN SYRINGE U-500	2	QL	NOVOFINE PEN NEEDLE	2	QL
EMBECTA PEN NEEDLE/ NANO/32G X 4MM	2	QL	NOVOFINE PLUS PEN NEEDLE	2	QL
ENLITE GLUCOSE SENSOR	3	PA	OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	OMNIPOD 5 DEXCOM PODS	2	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	OMNIPOD 5 LIBRE INTRO	2	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL			
FREESTYLE LIBRE 2 READER	3	PA, QL			
FREESTYLE LIBRE 2 SENSOR	3	PA, QL			
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL			
FREESTYLE LIBRE 3 READER	3	PA, QL			
FREESTYLE LIBRE 3 SENSOR	3	PA, QL			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
OMNIPOD 5 LIBRE PODS	2	PA
RELION GLUCOSE TEST STRIPS	4	QL
SIMPLERA SYNC SENSOR	3	PA
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R VIAL	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	

Drug name	Drug tier	Requirements & limits
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-insulin agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	
CYCLOSET	3	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLUCAGON EMERGENCY KIT	2	(manufactured by Fresenius)
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCOTROL XL	4	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
GVOKE KIT	2	
GVOKE PFS	2	
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA, QL
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	1	
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
sitagliptin phos-metformin hcl	1	QL
sitagliptin phosphate	1	QL
SOLIQUA	2	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	2	SP
AFSTYLA	2	SP
ALPROLIX	3	SP

Drug name	Drug tier	Requirements & limits
ALTUVIIIO	2	SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTelet	4	PA, QL, SP
ELOCTATE	2	SP
eltrombopag olamine oral tablet	1	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA, QL, SP
IDELVION	3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
tranexamic acid oral	1	QL
UDENYCA	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	4	PA, QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	4	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	4	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	4	
FLORIVA PLUS	4	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	4	
FLOTREX ORAL TABLET CHEWABLE 1 MG	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	

Drug name	Drug tier	Requirements & limits
multivitamin w/fluoride	1	
multivitamin/fluoride	1	
multi-vitamin/fluoride	1	
MULTI-VIT-FLOR	4	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POLY-VI-FLOR	4	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	4	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
tolvaptan oral tablet therapy pack	1	PA, QL, SP
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
TRI-VI-FLOR	3	
TRI-VITAMIN WITH FLUORIDE	4	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
cimetidine oral	1	
CYTOTEC	4	
esomeprazole magnesium oral packet	1	PA, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	1	PA, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	

Drug name	Drug tier	Requirements & limits
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
AMITIZA	4	PA, QL
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	1	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
lubiprostone	1	PA, QL
MOVIPREP	4	
na sulfate-k sulfate-mg sulf	1	
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
prucalopride succinate	1	PA, QL
REZDIFFRA	4	PA, QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	4	PA, ST, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or enzyme disorder - Drugs for replacement, modification, treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	4	
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
SUCRAID	2	PA, SP
VYNDAMAX	2	PA, QL, SP
YUWIWEL	4	PA, QL, SP
ZENPEP	2	
Genitourinary agents - Drugs for bladder, genital and kidney conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	4	ST
FILSPARI	4	PA, QL, SP
GEMTESA	4	
mirabegron er oral tablet extended release 24 hour	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	4	PA, QL, SP
VELPHORO	4	ST
VESICARE	4	
VOYXACT	4	PA, QL, SP
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
TEZRULY	4	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	1	
ACTIVEVILLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	

Drug name	Drug tier	Requirements & limits
COVARYX HS	3	
cryselle	1	H
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
estradiol patch twice weekly	1	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
estrogens conjugated	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H

Drug name	Drug tier	Requirements & limits
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
lo-zumandimine	1	H
luizza 1.5/30	1	H
luizza 1/20	1	H
luteria	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	4	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

Drug name	Drug tier	Requirements & limits
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
ocella oral tablet 3-0.03 mg	1	H
orquidea	1	H
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROVERA	4	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	4	
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H

Drug name	Drug tier	Requirements & limits
Hormonal agents - Oral steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NORDITROPIN FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOGROYA	4	PA, QL, SP
Hormonal agents - Testosterone replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %	1	PA, QL (generic Androgel Pump)

Hormonal agents - Thyroid

ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	4	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	

Drug name	Drug tier	Requirements & limits
THYQUIDITY	4	PA
thyroid oral	1	
TIROSINT	4	
TIROSINT-SOL	2	PA
unithroid	1	

Immunological agents - Drugs for immune system stimulation or suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AVTOZMA SUBCUTANEOUS	3	PA, ST, QL, SP
AZASAN	4	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	SP
gengraf	1	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP
HYFTOR	4	PA, QL
JYLAMVO	4	PA
KEVZARA	4	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RINVOQ LQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	2	PA, QL, SP
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	H
TENIVAC	3	H
tofacitinib citrate er	1	PA, QL, SP
tofacitinib citrate oral tablet	1	PA, QL, SP
TREXALL	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	H
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
XOLAIR	2	PA, QL, SP
YESINTEK	2	PA, QL, SP
Immunological agents - Drugs for vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
COMIRNATY 5-11 YEARS	3	H
ENGERIX-B	2	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
FLUAD	3	H
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE	3	H
FLUZONE HIGH-DOSE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MNEXSPIKE	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
clomid	1	

Drug name	Drug tier	Requirements & limits
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	ST, SP
MENOPUR	4	QL, SP
milophene	1	
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
progesterone vaginal	1	
Inflammatory bowel disease agents		
ANALPRAM HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	4	
ANUCORT-HC	2	
ANUSOL-HC	4	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
EOHILIA	4	PA, QL
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	4	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	QL
PROCORT	4	
PROCTOCORT RECTAL	4	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA RECTAL ENEMA 4 GM/60ML	4	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	4	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	4	
YORVIPATH	4	PA, QL, SP

Drug name	Drug tier	Requirements & limits
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
ALREX	4	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	4	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PROLENSA	4	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
XDEMVY	4	PA, QL
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	
bimatoprost ophthalmic solution 0.03 %	1	
bimatoprost solution 0.01 % ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brinzolamide	1	
COMBIGAN	1	
COSOPT	4	
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	

Drug name	Drug tier	Requirements & limits
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	4	
IYUZEH	4	
latanoprost ophthalmic	1	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	4	
travoprost (bak free)	1	
VYZULTA	4	
ZIOPTAN	3	ST
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
MIEBO	4	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	4	PA, QL
TRYPTYR	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	2	PA, QL
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for anaphylaxis		
AUVI-Q	2	
epinephrine solution auto-injector	1	
NEFFY	4	
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
desloratadine oral tablet	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	4	PA, QL
olopatadine hcl nasal	1	

Drug name	Drug tier	Requirements & limits
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RHAPSIDO	2	PA, QL, SP
RYALTRIS	4	
sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
ACCOLATE ORAL TABLET 10 MG, 20 MG	4	
ADVAIR HFA	2	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	4	ST, QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	4	PA, QL, SP
FLEXICHAMBER	2	
FLUTICASONE FUROATE-VILANTEROL	4	QL, RS
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	4	QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	4	QL, RS

Drug name	Drug tier	Requirements & limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INSPIREASE	2	
ipratropium bromide hfa	1	QL
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	4	QL
PROCHAMBER VHC	2	
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOPENEX HFA	3	
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
nintedanib esylate	1	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
macitentan	1	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL, SP
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, QL, SP
YUTREPIA	2	PA, QL, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	

Drug name	Drug tier	Requirements & limits
TANLOR	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	1	QL
BELSOMRA	4	QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUMRYZ STARTER PACK	4	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	4	
SILENOR	4	QL
sodium oxybate solution 500 mg/ml oral	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 5-7 for coverage details.



Index

A

abigale	31	acyclovir oral suspension 200 mg/5ml	17	AIMOVIG.....	14
abigale lo.....	31	acyclovir oral tablet.....	17	AIRSUPRA.....	40
abiraterone acetate oral tablet 250 mg	15	ADACEL	36	AKLIEF	22
abirtega	15	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	35	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	40
ABRYSCO.....	36	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	35	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	40
acamprosate calcium	9	ADALIMUMAB-AATY (2 PEN).....	35	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	40
ACANYA	22	ADALIMUMAB-AATY (2 SYRINGE)	35	albuterol sulfate oral syrup 2 mg/5ml	40
acarbose oral	26	ADALIMUMAB-AATY CD/UC/HS START	35	alclometasone dipropionate.....	22
ACCOLATE ORAL TABLET 10 MG, 20 MG	40	ADALIMUMAB-ADAZ	35	ALECENSA	15
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	24	adapalene-benzoyl peroxide external gel 0.1-2.5 %	22	alendronate sodium oral tablet ...	38
ACCU-CHEK GUIDE	24	ADBRY.....	22	alfuzosin hcl er.....	30
ACCU-CHEK GUIDE KIT W/ DEVICE.....	24	ADDYI.....	27	allopurinol oral.....	14
ACCU-CHEK GUIDE ME KIT W/ DEVICE.....	24	ADEMPAS	42	ALLZITAL	8
ACCU-CHEK GUIDE TEST STRIPS	24	ADVAIR HFA.....	40	ALOGLIPTIN BENZOATE	26
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	24	ADVATE.....	27	ALORA	31
accutane	22	ADYNOVATE	27	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	39
acebutolol hcl oral.....	18	ADZENYS XR-ODT	20	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	39
acetaminophen-codeine oral tablet.....	8	AEROCHAMBER HOLDING CHAMBER.....	40	alprazolam er	17
acetazolamide er	18	AEROCHAMBER PLS FLOVU MTHPIECE	40	alprazolam oral	17
acetazolamide oral	18	AEROCHAMBER PLUS FLO-VU INTERM	40	alprazolam xr	17
acetic acid otic.....	39	AEROCHAMBER PLUS FLO-VU LARGE DEVICE	40	ALPROLIX.....	27
acitretin	22	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	40	ALREX.....	38
ACTEMRA ACTPEN	35	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	40	altavera.....	31
ACTEMRA SUBCUTANEOUS.....	35	AEROCHAMBER2GO ANTI-STATIC	40	ALTUVIIIO	27
ACTIVELLA	31	afirmelle.....	31	ALUNBRIG	15
ACTOPLUS MET.....	26	AFLURIA PRESERVATIVE FREE ...	36	ALVAIZ.....	27
ACULAR	38	AFSTYLA.....	27	alyacen 1/35	31
ACULAR LS.....	38			alyacen 7/7/7	31
ACUVAIL	38			alyq.....	42
acyclovir external ointment.....	17			amantadine hcl oral capsule	16
acyclovir oral capsule.....	17			amantadine hcl oral tablet	16



amiloride hcl oral	18	APTIOM	12	atovaquone-proguanil hcl.....	16
amiodarone hcl oral	18	AQ INSULIN SYRINGE.....	24	atropine sulfate ophthalmic solution 1 %.....	39
AMITIZA	29	AQINJECT PEN NEEDLE.....	24	ATTRUBY	30
amitriptyline hcl oral	13	ARAKODA	16	aubra eq.....	31
AMJEVITA	35	aranelle.....	31	AUGMENTIN	10
amlodipine besylate oral	18	ARANESP (ALBUMIN FREE)	27	AUGTYRO	15
amlodipine besylate-benazepril hcl	18	ARBLI.....	18	aurovela 1/20	31
amlodipine besylate-valsartan....	18	AREXVY	36	aurovela 1.5/30	31
amlodipine-olmesartan	18	aripiprazole oral solution.....	16	aurovela 24 fe.....	31
amnesteam.....	22	aripiprazole oral tablet	16	aurovela fe 1/20.....	31
amoxicillin.....	10	armodafinil.....	42	aurovela fe 1.5/30	31
amoxicillin-potassium clavulanate	10	ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG.....	35	AUSTEDO	21
amphet-dextroamphet 3-bead er	20	ARMOUR THYROID TABLET 15 MG ORAL.....	35	AUSTEDO XR.....	21
amphetamine er.....	20	ARNUITY ELLIPTA.....	41	AUVELITY	13
amphetamine sulfate.....	20	ascomp-codeine.....	8	AUVI-Q.....	40
amphetamine- dextroamphetamine	20	asenapine maleate	16	AVAR CLEANSER.....	22
amphetamine- dextroamphetamine er	20	ashlyna	31	AVAR LS CLEANSER	22
ampicillin.....	10	aspirin 81 oral tablet delayed release	8	aviane	31
AMZEEQ	22	aspirin adult low dose	8, 9	AVIDOXY.....	10
ANALPRAM HC EXTERNAL CREAM	37	aspirin adult low strength	8, 9	AVONEX.....	21
ANALPRAM-HC EXTERNAL CREAM 1-1 %	37	aspirin childrens	8, 9	AVTOZMA SUBCUTANEOUS.....	35
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	29	aspirin ec adult low dose	8	ayuna.....	31
anastrozole oral.....	15	aspirin ec low dose.....	9	AZASAN	35
ANDEMBRY	35	aspirin ec low strength	9	AZASITE.....	38
ANNOVERA	31	aspirin low dose.....	9	azathioprine oral.....	35
ANORO ELLIPTA.....	41	aspirin oral tablet chewable.....	9	azelaic acid external.....	22
ANUCORT-HC.....	37	aspirin oral tablet delayed release 81 mg	9	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	40
ANUSOL-HC.....	37	aspirin regimen	9	azelastine hcl ophthalmic	38
ANZUPGO.....	22	atenolol oral.....	18	AZELEX.....	22
apap-caff-dihydrocodeine.....	8	atenolol-chlorthalidone.....	18	azilsartan medoxomil.....	18
aprepitant oral capsule.....	14	atomoxetine hcl oral capsule	20	azithromycin oral packet 1 gm	10
apri	31	ATORVALIQ	18	AZSTARYS.....	20
APRISO.....	37	atorvastatin calcium oral tablet 10 mg, 20 mg.....	18	AZULFIDINE	37
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG.....	20	atorvastatin calcium oral tablet 40 mg, 80 mg	18	AZULFIDINE EN-TABS.....	37
		atovaquone	16	azurette	31

B

bac (butalbital-acetamin-caff)	8
bacitracin-polymyxin b.....	38
baclofen oral tablet.....	42



BACTRIM.....	10	BETIMOL OPHTHALMIC SOLUTION 0.5 %.....	39	BRIVIACT ORAL SOLUTION	12
BACTRIM DS	10	BEVESPI AEROSPHERE.....	41	BRIVIACT ORAL TABLET	12
BAFIERTAM	21	bicalutamide.....	15	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	40
balsalazide disodium	37	BIGFOOT UNITY PROGRAM	24	bromfenac sodium (once-daily) ..	38
balziva	31	BIJUVA.....	31	bromfenac sodium ophthalmic ...	38
BAQSIMI ONE PACK	26	BIKTARVY	17	bromocriptine mesylate oral tablet.....	16
BAQSIMI TWO PACK.....	26	bimatoprost ophthalmic solution 0.03 %.....	39	BROMSITE	38
BD AUTOSHIELD DUO PEN NEEDLES.....	24	bimatoprost solution 0.01 % ophthalmic.....	39	BRUKINSA ORAL CAPSULE	15
BD ULTRA-FINE INSULIN SYRINGES.....	24	BIMZELX	35	budesonide inhalation.....	41
BD ULTRA-FINE PEN NEEDLES ...	24	bisoprolol fumarate oral.....	18	budesonide oral	37
BELBUCA.....	8	bisoprolol-hydrochlorothiazide... 18		bumetanide oral	18
BELSOMRA.....	42	blisovi 24 fe	31	BUMEX	18
benazepril hcl oral	18	blisovi fe 1/20	31	buprenorphine.....	8-10
benazepril-hydrochlorothiazide .. 18		blisovi fe 1.5/30	31	buprenorphine hcl sublingual.....	9
BENEFIX	27	BLUJEPa	10	buprenorphine hcl-naloxone hcl sublingual film	9
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	35	BONSITY.....	38	buprenorphine hcl-naloxone hcl sublingual tablet sublingual.....	10
BENZAMYCIN.....	22	BOOSTRIX	36	bupropion hcl er (smoking det) ...	10
benzonatate	40	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5	36	bupropion hcl er (sr)	13
benzoyl peroxide-erythromycin .. 22		BREATHE COMFORT CHAMBER/ ADULT.....	41	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	13
benztropine mesylate oral	16	BREATHE COMFORT CHAMBER/ CHILD	41	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	13
BESIVANCE	38	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	41	bupropion hcl oral	13
BESREMI	15	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	41	buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg.....	17
betamethasone dipropionate aug external cream.....	22	BREZTRI AEROSPHERE INHALATION AEROSOL 160-18- 4.8 MCG/ACT	41	butalbital-acetaminophen oral tablet 50-325 mg	8
betamethasone dipropionate aug external lotion.....	22	briellyn	31	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.....	8
betamethasone dipropionate aug external ointment.....	22	brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	39	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	8
betamethasone dipropionate external	22	brinzolamide.....	39	butalbital-apap-caffeine oral capsule.....	8
betamethasone valerate external cream.....	22	brivaracetam oral tablet	12	butalbital-apap-caffeine oral tablet.....	8
betamethasone valerate external lotion	22			butalbital-asa-caff-codeine.....	8
betamethasone valerate external ointment	22			butalbital-aspirin-caffeine.....	8
BETASERON.....	21			butorphanol tartrate nasal.....	8
bethanechol chloride oral.....	30				
BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	39				

BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML.....	26
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ..	26
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ..	26
BYLVAY.....	29
BYLVAY (PELLETS).....	29

C

cabergoline	34
CABOMETYX.....	15
calcipotriene external cream	22
calcipotriene external ointment ..	22
calcipotriene external solution ...	22
CALCITRENE.....	22
calcitriol oral capsule.....	38
calcium acetate (phos binder) oral capsule	30
CALQUENCE.....	15
camila	31
camrese.....	31
camrese lo	31
CAMZYOS.....	18
candesartan cilexetil	18
candesartan cilexetil-hctz	18
capecitabine.....	15
CAPLYTA.....	16
captopril oral.....	18
CAPVAXIVE.....	36
carbamazepine er	12
carbamazepine oral tablet	12
carbamazepine oral tablet chewable.....	12
CARBATROL.....	12
carbidopa-levodopa er oral tablet extended release.....	16
carbidopa-levodopa oral tablet...	16

carbinoxamine maleate oral tablet 4 mg.....	40
CARDURA.....	18
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 1-1/2", 25G X 5/8".....	24
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	24
CAREPOINT PRECISION POLY HUB.....	24
CAREPOINT SAFETY 1ST NEEDLE	24
carisoprodol oral.....	42
CARNITOR ORAL SOLUTION	28
CARNITOR ORAL TABLET	30
CARNITOR SF	28
cartia xt	18
carvedilol.....	18
carvedilol phosphate er	18
cefadroxil oral capsule	10
cefadroxil oral suspension reconstituted	11
cefдинир	11
cefixime oral capsule.....	11
cefepodoxime proxetil oral tablet ..	11
cefprozil.....	11
cefuroxime axetil	11
celecoxib oral	9
cephalexin	11
CEQUR SIMPLICITY 2U 10PK	24
CETROTIDE.....	37
cevimeline hcl	21
charlotte 24 fe	31
chateal eq.....	31
chlordiazepoxide hcl	17
chlordiazepoxide-clidinium	29
chlorhexidine gluconate mouth/ throat.....	21
chlorpromazine hcl oral tablet....	16
chlorthalidone	18
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	42

cholestyramine light	18
cholestyramine oral	18
CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	37
CIBINQO	22
ciclodan	14
ciclopirox external.....	14
ciclopirox olamine external cream	14
ciclopirox olamine external suspension.....	22
cilostazol	16
CIMDUO	17
cimetidine oral.....	29
CIMZIA.....	35
cinacalcet hcl	38
CIPRO ORAL TABLET.....	11
ciprofloxacin hcl ophthalmic.....	38
ciprofloxacin hcl oral	11
ciprofloxacin-dexamethasone....	39
citalopram hydrobromide oral tablet.....	13
claravis	22
clarithromycin oral tablet	11
CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	11
CLEOCIN ORAL CAPSULE 75 MG..	11
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	11
CLEOCIN VAGINAL CREAM.....	11
CLEOCIN-T.....	22
CLIMARA PRO	31
clindacin etz	22
clindacin-p	22
CLINDAGEL.....	22
clindamycin hcl oral	11
clindamycin palmitate hcl.....	11
clindamycin phos (once-daily) gel 1 % external	22
clindamycin phos (twice-daily) gel 1 % external	22

clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2- 3.75 %.....	22	clonidine hcl er.....	20	CREXONT	16
clindamycin phos-benzoyl perox external gel 1.2-5 %.....	22	clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	18	cromolyn sodium ophthalmic.....	39
clindamycin phosphate external lotion	22	clonidine patch weekly	18	cromolyn sodium oral	29
clindamycin phosphate external solution	22			cryselle.....	31
clindamycin phosphate external swab.....	22			cryselle-28	31
clindamycin phosphate vaginal ...	11			cvs aspirin adult low dose	9
CLINDESSE	11			cvs aspirin adult low strength	9
CLINPRO 5000	21			cvs aspirin ec.....	9
clobazam oral suspension 2.5 mg/ml.....	12			cvs aspirin low dose.....	9
clobazam oral tablet.....	12			cvs aspirin low strength	9
clobetasol prop emollient base ...	22			cvs nicotine	10
clobetasol propionate e	22			cvs nicotine polacrilex.....	10
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	22			cyanocobalamin injection solution 1000 mcg/ml	28
clobetasol propionate external cream 0.05 %.....	22			CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	28
clobetasol propionate external foam.....	22			cyanocobalamin nasal.....	28
clobetasol propionate external gel.....	22			cyclobenzaprine hcl oral tablet 10 mg, 5 mg	42
clobetasol propionate external liquid	22			CYCLOGYL.....	39
clobetasol propionate external ointment	22			cyclopentolate hcl ophthalmic ...	39
clobetasol propionate external shampoo.....	23			CYCLOSET	26
clobetasol propionate external solution	23			cyclosporine modified oral capsule.....	36
clodan.....	23			cyproheptadine hcl oral syrup 2 mg/5ml	40
clomid.....	37			cyproheptadine hcl oral tablet....	40
clomiphene citrate oral	37			cyred eq.....	31
clomipramine hcl oral	13			CYTOTEC.....	29
clonazepam oral	17				
clonidine hcl er.....	20				
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	18				
clonidine patch weekly	18				
		clopidogrel bisulfate oral.....	16		
		clorazepate dipotassium	17		
		clotrimazole mouth/throat	14		
		clotrimazole-betamethasone.....	23		
		clozapine oral tablet.....	16		
		CLOZARIL.....	16		
		CO-NATAL FA	28		
		colchicine oral	14		
		colchicine-probenecid	14		
		colesevelam hcl oral tablet.....	18		
		COLESTID ORAL TABLET	18		
		colestipol hcl oral tablet.....	18		
		COMBIGAN	39		
		COMBIPATCH	31		
		COMBIVENT RESPIMAT	41		
		COMIRNATY	36		
		COMIRNATY 5-11 YEARS	36		
		constulose	29		
		CONTOUR NEXT EZ KIT W/ DEVICE.....	25		
		CONTOUR NEXT GEN MONITOR KIT W/DEVICE.....	25		
		CONTOUR NEXT GEN TEST STRIPS	25		
		CONTOUR NEXT MONITOR KIT W/DEVICE	25		
		CONTOUR NEXT ONE KIT.....	25		
		CONTOUR PLUS BLUE KIT W/ DEVICE.....	25		
		CONTOUR PLUS TEST STRIP.....	25		
		CORLANOR ORAL TABLET	18		
		CORTEF	34		
		CORTIFOAM	37		
		COSENTYX.....	35		
		COSOPT.....	39		
		COTELLIC.....	15		
		COTEMPLA XR-ODT	20		
		COVARYX	31		
		COVARYX HS.....	31		
		CREON	30		
		CRESEMBA ORAL.....	14		

D

dabigatran etexilate mesylate	12
dalfampridine er.....	21
dapsone external	23
dapsone oral	15
dasatinib	15
dasetta 1/35 (28)	31
dasetta 7/7/7	31
DAVIMET-FLUORIDE.....	28
DAYPRO ORAL TABLET 600 MG ...	9
daysee.....	31

deblitane.....	31	dexamethasone intensol.....	34	dimethyl fumarate oral.....	21
DELESTROGEN.....	31	dexamethasone oral elixir.....	34	DIPENTUM.....	37
DELSTRIGO.....	17	dexamethasone oral solution.....	34	diphenoxylate-atropine oral tablet.....	29
delyla.....	31	dexamethasone oral tablet.....	34	DIPROLENE.....	23
DENTA 5000 PLUS.....	21, 28	dexamethasone sodium phosphate ophthalmic.....	38	disulfiram oral.....	10
DENTA 5000 PLUS SENSITIVE.....	28	DEXCOM G6 RECEIVER.....	25	divalproex sodium er.....	12
DENTAGEL.....	21	DEXCOM G6 SENSOR.....	25	divalproex sodium oral.....	12
DEPAKOTE.....	12	DEXCOM G6 TRANSMITTER.....	25	DIVIGEL.....	31
DEPAKOTE ER.....	12	DEXCOM G7 15 DAY SENSOR.....	25	DODEX INJECTION SOLUTION 1000 MCG/ML.....	28
DEPAKOTE SPRINKLES.....	12	DEXCOM G7 RECEIVER.....	25	dofetilide.....	18
DEPEN TITRATABS.....	30	DEXCOM G7 SENSOR.....	25	donepezil hcl oral tablet.....	13
DEPO-PROVERA.....	31	dexmethylphenidate hcl.....	20	DOPTelet.....	27
DEPO-SUBQ PROVERA 104.....	31	dexmethylphenidate hcl er.....	20	dorzolamide hcl solution 2 % ophthalmic.....	39
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	34	dextroamphetamine sulfate er.....	20	dorzolamide hcl-timolol mal.....	39
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	35	dextroamphetamine sulfate oral tablet.....	20	dorzolamide hcl-timolol mal pf.....	39
DERMA-SMOOTH/FS BODY.....	23	diazepam oral solution.....	17	dotti.....	31
DERMA-SMOOTH/FS SCALP.....	23	diazepam oral tablet.....	17	DOVATO.....	17
DERMACINRX UREA.....	23	diazepam rectal.....	12	doxazosin mesylate oral.....	18
DERMACURE.....	23	diclofenac potassium oral tablet 50 mg.....	9	doxepin hcl oral capsule.....	13
DERMOTIC.....	39	diclofenac sodium er.....	9	doxepin hcl oral concentrate.....	13
DESCOVY ORAL TABLET 120-15 MG.....	17	diclofenac sodium external gel 3 %.....	23	doxepin hcl oral tablet.....	42
DESCOVY ORAL TABLET 200-25 MG.....	17	diclofenac sodium ophthalmic.....	38	doxycycline hyclate oral capsule 100 mg, 50 mg.....	11
desipramine hcl oral.....	13	diclofenac sodium oral.....	9	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg.....	11
desloratadine oral tablet.....	40	diclofenac-misoprostol.....	9	doxycycline monohydrate oral.....	11
desmopressin acetate oral.....	34	dicloxacin sodium.....	11	doxylamine-pyridoxine.....	14
desmopressin acetate spray.....	34	dicyclomine hcl oral capsule.....	29	DRISDOL.....	28
desogestrel-ethinyl estradiol.....	31	dicyclomine hcl oral tablet 20 mg.....	29	dronabinol oral capsule.....	14
desonide external cream.....	23	DIFICID ORAL SUSPENSION RECONSTITUTED.....	11	DROPSAFE SAFETY SYRINGE/ NEEDLE.....	25
desonide external lotion.....	23	difluprednate.....	39	DROPSAFE SICURA.....	25
desonide external ointment.....	23	digoxin oral tablet.....	18	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg.....	31
DESOWEN EXTERNAL CREAM 0.05 %.....	23	DILANTIN.....	12	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	31
desoximetasone external cream.....	23	dilt-xr.....	18	drospirenone-ethinyl estradiol.....	31
desoximetasone external ointment.....	23	diltiazem hcl er.....	18	DRYSOL.....	23
desvenlafaxine succinate er.....	13	diltiazem hcl er beads.....	18	DUAVEE.....	31
		diltiazem hcl er coated beads.....	18		
		diltiazem hcl oral.....	18		

DULERA	41
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg.....	13
DUPIXENT	23
dutasteride oral.....	30
DYANAVEL XR ORAL TABLET EXTENDED RELEASE.....	20

E

E.E.S. GRANULES	11
EASIVENT.....	41
EASIVENT MASK LARGE	41
EASIVENT MASK MEDIUM	41
EASIVENT MASK SMALL	41
EBGLYSS.....	23
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	9
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9
ec-naproxen oral tablet delayed release 375 mg, 500 mg.....	9
econazole nitrate external cream.	14
EDARBYCLOR.....	18
EEMT	31
EEMT HS.....	31
EFUDEX EXTERNAL CREAM 5 % ..	23
ELESTRIN	31
eletriptan hydrobromide	14
ELIMITE EXTERNAL CREAM 5 % ..	16
elimest.....	31
ELIQUIS TABLET.....	12
ELLA.....	31
ELMIRON.....	30
ELOCTATE.....	27
eltrombopag olamine oral tablet .	27
eluryng.....	31
EMBECTA AUTOSHIELD 30GX5MM.....	25
EMBECTA INSULIN SYRINGE	25
EMBECTA INSULIN SYRINGE U-500	25

EMBECTA PEN NEEDLE/ NANO/32G X 4MM.....	25
EMGALITY	14
EMPAVELI.....	36
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	17
emtricitabine-tenofovir df oral tablet 200-300 mg	17
emzahh.....	31
enalapril maleate oral solution....	18
enalapril maleate oral tablet	18
enalapril-hydrochlorothiazide	18
ENBREL	36
ENBREL MINI	36
ENBREL SURECLICK.....	36
endocet.....	8
ENDOMETRIN	37
ENGERIX-B.....	36
enilloring	31
ENLITE GLUCOSE SENSOR	25
enoxaparin sodium injection solution prefilled syringe.....	12
enpresse-28 oral tablet 50- 30/75-40/ 125-30 mcg.....	31
ENSACOVE.....	15
enskyce	31
ENSTILAR.....	23
entecavir.....	17
ENTYVIO PEN.....	36
enulose.....	29
EOHILIA.....	37
EPIDIOLEX.....	12
epinastine hcl.....	38
epinephrine solution auto- injector.....	40
epitol oral tablet 200 mg.....	12
eplerenone.....	18
eq aspirin adult low dose	9
eq aspirin low dose	9
eq nicotine	10

eq nicotine mouth/throat gum 4 mg.....	10
eq nicotine polacrilex.....	10
eq nicotine step 3.....	10
eq aspirin low dose.....	9
ergocalciferol oral capsule....	28, 29
ERIVEDGE	15
ERLEADA.....	15
ERMEZA ORAL SOLUTION 150 MCG/5ML.....	35
errin	31
ERYGEL EXTERNAL GEL 2 %	23
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ..	11
ERYPED 400	11
erythromycin base oral tablet	11
erythromycin ethylsuccinate oral suspension reconstituted	11
erythromycin external.....	23
erythromycin ophthalmic	38
escitalopram oxalate oral solution	13
escitalopram oxalate oral tablet ..	13
ESGIC ORAL CAPSULE 50-325- 40 MG	8
ESGIC ORAL TABLET 50-325-40 MG.....	8
eslicarbazepine acetate	12
esomeprazole magnesium oral packet.....	29
est estrogens-methyltest	31
est estrogens-methyltest ds.....	31
est estrogens-methyltest hs	31
estarylla	31
estradiol oral	31-33
estradiol patch twice weekly	32
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	32
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	32
estradiol transdermal patch weekly.....	32



GVOKE HYPOPEN 1-PACK	26
GVOKE HYPOPEN 2-PACK	26
GVOKE KIT	27
GVOKE PFS	27
GYNAZOLE-1	14

H

h-e-b aspirin	9
habitrol	10
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	36
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	36
hailey 1.5/30	32
hailey 24 fe	32
hailey fe 1/20	32
hailey fe 1.5/30	32
HALCION ORAL TABLET 0.25 MG.	17
halobetasol propionate external cream	23
halobetasol propionate external ointment	23
haloette vaginal ring 0.12-0.015 mg/24hr	32
haloperidol oral	16
HAVRIX	37
heather	32
HEMANGEOL	18
HEMICLOR	18
HEMLIBRA	27
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	37
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	38
HEPLISAV-B	37
HIPREX	11
hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	10
HUMALOG KWIKPEN	26
HUMALOG MIX 50/50 KWIKPEN ..	26

HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	26
HUMALOG MIX 75/25 KWIKPEN ..	26
HUMALOG MIX 75/25 VIAL	26
HUMALOG U-100 JUNIOR KWIKPEN	26
HUMALOG VIAL	26
HUMULIN 70/30 KWIKPEN	26
HUMULIN 70/30 VIAL	26
HUMULIN N KWIKPEN	26
HUMULIN N VIAL	26
HUMULIN R U-500 KWIKPEN	26
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	26
HUMULIN R VIAL	26
hydralazine hcl oral	18
hydrochlorothiazide oral	18
hydrocod poli-chlorphe poli er....	40
hydrocodone bit-homatrop mbr oral solution	40
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/ 15ml	8
hydrocodone-acetaminophen oral tablet	8
hydrocort-pramoxine (perianal) ..	38
hydrocortisone (perianal) external cream 2.5 %	38
hydrocortisone ace-pramoxine external cream 1-1 %	38
hydrocortisone acetate rectal	38
hydrocortisone external cream 2.5 %	23
hydrocortisone external lotion 2.5 %	23
hydrocortisone external ointment 1 %, 2.5 %	23
hydrocortisone oral	34
hydrocortisone valerate external cream	23
hydrocortisone-acetic acid	40

hydromet oral solution 5-1.5 mg/5ml	40
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral ..	16
hydroxyurea oral	15
hydroxyzine hcl oral syrup 10 mg/5ml	17
hydroxyzine hcl oral tablet	17
hydroxyzine pamoate oral	17
HYFTOR	36
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	27
hyoscyamine sulfate er	29
hyoscyamine sulfate oral tablet... 29	
hyoscyamine sulfate oral tablet dispersible	29
hyoscyamine sulfate sl	29
hyoscyamine sulfate sublingual... 29	
HYPERSAL	40
HYRNUO	15

I

ibandronate sodium oral	38
IBRANCE ORAL TABLET	15
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
iclevia	32
ICLUSIG	15
ICOTYDE	23
IDELVION	27
IDHIFA	15
imatinib mesylate oral	15
IMBRUVICA ORAL CAPSULE	15
IMBRUVICA ORAL SUSPENSION .	15
IMBRUVICA ORAL TABLET 420 MG	15
imipramine hcl oral	13
imiquimod external cream 5 %....	23
IMKELDI	15
IMPOYZ	23
IMVEXXY MAINTENANCE PACK ..	27
IMVEXXY STARTER PACK	27



INBRIJA	16	ipratropium-albuterol	41	june fe 1.5/30.....	32
incassia.....	32	IQIRVO	29	june fe 24	32
indapamide	19	irbesartan.....	19	JUST RIGHT 5000	21
indomethacin er	9	irbesartan-hydrochlorothiazide. .	19	JYLAMVO	36
indomethacin oral capsule.....	9	ISENTRESS HD.....	17	K	
INGREZZA	21	ISENTRESS ORAL TABLET	17	K-PHOS-NEUTRAL.....	28
INGREZZA SPRINKLE	21	isibloom	32	K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ.....	28
INPEN 100-BLUE-LILLY- HUMALOG	25	isoniazid oral tablet.....	15	kalliga	32
INPEN 100-BLUE-NOVOLOG- FIASP.....	25	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	19	KAPSPARGO SPRINKLE	19
INPEN 100-GREY-LILLY- HUMALOG	25	isosorbide mononitrate er	19	kariva.....	32
INPEN 100-GREY-NOVOLOG- FIASP.....	25	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	23	kelnor 1/35.....	32
INPEN 100-PINK-LILLY- HUMALOG	25	ISTALOL.....	39	kelnor 1/50 oral tablet 1-50 mg- mcg	32
INPEN 100-PINK-NOVOLOG- FIASP.....	25	itraconazole oral capsule.....	14	KEPPRA ORAL	12
INSPIREASE.....	41	ivabradine hcl.....	19	KEPPRA XR.....	12
INSULIN LISPRO (1 UNIT DIAL) ..	26	ivermectin oral tablet 3 mg	16	KERENDIA.....	19
INSULIN LISPRO JUNIOR		ivermectin oral tablet 6 mg	16	KESIMPTA.....	21
KWIKPEN.....	26	IYUZEH.....	39	ketoconazole external cream	14
INSULIN LISPRO PROT & LISPRO	26	J		ketoconazole external shampoo..	14
INSULIN LISPRO VIAL	26	jaimiess.....	32	ketoconazole oral.....	14
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	25	JAKAFI	15	ketorolac tromethamine ophthalmic.....	38
INSULIN SYRINGES 27G X 1/2"		jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	12	ketorolac tromethamine oral	9
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.....	25	JARDIANCE.....	27	KEVZARA.....	36
INTRAROSA.....	27	jasmiel.....	32	KISQALI (200 MG DOSE)	15
introvale.....	32	jencycla	32	KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG..	15
INVELTYS	38	JENTADUETO	27	KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG..	15
INZIRQO	19	JENTADUETO XR	27	KLARON.....	23
IPOL.....	37	jinteli	32	klayesta	14
ipratropium bromide hfa.....	41	jolessa.....	32	KLISYRI	23
ipratropium bromide inhalation ..	41	JORNAY PM.....	20	klor-con	28
ipratropium bromide nasal.....	40	JOURNAVX.....	8	klor-con 10	28
		JUBLIA.....	14	klor-con m10.....	28
		juleber.....	32	klor-con m15.....	28
		JULUCA	17	klor-con m20.....	28
		june 1/20	32	KLOXXADO	10
		june 1.5/30	32	kls aspirin low dose	9
		june fe 1/20.....	32	kls quit2	10

kls quit4	10
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	27
KOSELUGO ORAL CAPSULE	15
KOURZEQ	21
KOVALTRY.....	27
kp aspirin.....	9
kurvelo	32
KYZATREX	35

L

labetalol hcl oral	19	LASIX.....	19	levothyroxine sodium oral tablet .	35
lacosamide oral solution 10 mg/ ml, 100 mg/10ml, 50 mg/5ml	12	latanoprost ophthalmic	39	levoxyl.....	35
lacosamide oral tablet.....	12	lederle leucovorin	15	LEVSIN	30
lactulose encephalopathy.....	29	LEDIPASVIR-SOFOSBUVIR.....	17	LEVSIN/SL	30
lactulose oral solution.....	29	leena oral tablet 0.5/1/0.5-35 mg-mcg.....	32	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	12
LAGEVRIO	17	leflunomide oral	36	lidocaine external ointment 5 % ...	8
LAMICTAL.....	12	lenalidomide	15	lidocaine external patch 5 %	8
LAMICTAL ODT ORAL TABLET DISPERSIBLE	12	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.....	15	lidocaine hcl mouth/throat	21
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	12	lessina.....	32	lidocaine viscous hcl.....	21
lamotrigine er.....	12	letrozole oral.....	15	lidocaine-prilocaine external cream	8
lamotrigine oral tablet.....	12	leucovorin calcium oral.....	15	linezolid oral tablet	11
lamotrigine oral tablet chewable .	12	leuprolide acetate injection.....	15	LINZESS.....	30
lamotrigine oral tablet dispersible	12	levabuterol hcl inhalation.....	41	liomny	35
LANCETS.....	25	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	41	liothyronine sodium oral	35
LANOXIN ORAL TABLET 125 MCG, 250 MCG	19	LEVVID	30	liraglutide subcutaneous solution pen-injector 18 mg/3ml .	27
LANOXIN ORAL TABLET 62.5 MCG.....	19	levetiracetam er	12	lisdexamfetamine dimesylate.....	20
lansoprazole oral tablet delayed release dispersible.....	29	levetiracetam oral solution.....	12	lisinopril oral	19
LANTUS SOLOSTAR	26	levetiracetam oral tablet.....	12	lisinopril-hydrochlorothiazide.....	19
LANTUS U-100 VIAL.....	26	levo-t.....	35	LITFULO	36
larin 1/20	32	levocarnitine oral solution.....	28	lithium carbonate er.....	17
larin 1.5/30	32	levocarnitine oral tablet.....	30	lithium carbonate oral.....	17
larin 24 fe.....	32	levocarnitine sf	28	LITHOBID	17
larin fe 1/20	32	levocetirizine dihydrochloride oral	40	LIVDELZI	30
larin fe 1.5/30	32	levofloxacin oral tablet	11	LO LOESTRIN FE.....	32
		levonest.....	32	lo-zumandimine	33
		levonorg-eth estrad triphasic.....	32	LODOCO	19
		levonorgest-eth est & eth est oral tablet 42-21-21-7 days	32	lojaimiess	32
		levonorgest-eth estrad 91-day....	32	LOKELMA	28
		levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15- 30 mg-mcg	32	LOMOTIL.....	30
		levora 0.15/30 (28)	32	LOPID	19
		LEVOTHYROXINE SODIUM ORAL CAPSULE.....	35	LOPRESSOR ORAL SOLUTION....	19
				lorazepam oral tablet.....	17
				loryna	32
				losartan potassium oral	19
				losartan potassium-hctz	19
				LOTEMAX OPHTHALMIC GEL.....	38

LOTEMAX OPTHALMIC OINTMENT.....	38
LOTEMAX SM	38
LOTENSIN.....	19
LOTENSIN HCT	19
loteprednol etabonate	38
lovastatin oral.....	19
low-ogestrel	32
lubiprostone	30
luizza 1/20.....	33
luizza 1.5/30.....	33
LUMAKRAS.....	15
LUMRYZ.....	42
LUMRYZ STARTER PACK.....	42
LUPKYNIS.....	36
lurasidone hcl.....	16
luteria	33
lyleq	33
lyllana	33
LYNKUET.....	21
LYNPARZA	15
LYRICA ORAL CAPSULE.....	21
LYUMJEV KWIKPEN	26
LYUMJEV VIAL	26
lyza	33

M

M-M-R II.....	37
M-NATAL PLUS.....	28
macitentan.....	42
MACROBID.....	11
MACRODANTIN.....	11
MALARONE	16
marlissa	33
matzim la.....	19
MAVYRET	17
maxi-tuss ac	40
MAXITROL.....	38
MAYZENT	21
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	34

MEDROL ORAL TABLET 2 MG	34
MEDROL ORAL TABLET THERAPY PACK	34
medroxyprogesterone acetate intramuscular	33
medroxyprogesterone acetate oral	33
mefloquine hcl.....	16
megestrol acetate oral suspension 40 mg/ml	34
megestrol acetate oral tablet.....	33
meleya	33
meloxicam oral tablet	9
memantine hcl er.....	13
memantine hcl oral tablet.....	13
MENOPUR.....	37
MENOSTAR.....	33
MENQUADFI.....	37
MENVEO	37
mercaptopurine oral tablet	15
mesalamine oral capsule delayed release 400 mg.....	38
mesalamine oral tablet delayed release 1.2 gm.....	38
mesalamine rectal.....	38
metaxalone oral tablet 400 mg, 800 mg.....	42
metformin hcl er.....	27
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	27
methadone hcl oral tablet.....	8
methenamine hippurate	11
methimazole oral.....	35
methocarbamol oral.....	42
methotrexate sodium (pf)	36
methotrexate sodium injection solution	36
methotrexate sodium oral	36
METHYLIN	20
METHYLPHENIDATE ER	20
methylphenidate hcl er (cd).....	20
methylphenidate hcl er (la)	20

methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	20
methylphenidate hcl er (xr)	21
methylphenidate hcl er oral tablet extended release.....	21
methylphenidate hcl er(diffus) ...	21
methylphenidate hcl oral.....	21
methylprednisolone oral	34
metoclopramide hcl oral tablet...	14
metolazone	19
metoprolol succinate er.....	19
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg.....	19
metoprolol-hydrochlorothiazide..	19
METROCREAM EXTERNAL CREAM 0.75 %.....	23
METROLOTION EXTERNAL LOTION 0.75 %.....	23
metronidazole external	23
metronidazole oral tablet 250 mg, 500 mg	11
metronidazole vaginal	11
mexiletine hcl oral	19
mibelas 24 fe.....	33
MICROCHAMBER.....	41
microgestin 1/20	33
microgestin 1.5/30	33
microgestin fe 1/20.....	33
microgestin fe 1.5/30.....	33
midodrine hcl	19
MIEBO.....	39
mili	33
milnacipran hcl oral tablet	21
milophene	37
mimvey.....	33
MINIMED 630G GUARDIAN PRESS	25
MINIMED INSTINCT GLUC SENSOR	25
minocycline hcl oral capsule	11
minoxidil oral	19



mirabegron er oral tablet extended release 24 hour	30	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ...	30	NGENLA.....	34
mirtazapine oral	13	MYSOLINE	12	niacin er (antihyperlipidemic).....	19
MIRVASO.....	23	N		NICODERM CQ	10
misoprostol oral	29	na sulfate-k sulfate-mg sulf	30	NICORETTE MINI.....	10
MITIGARE.....	14	nabumetone oral	9	NICORETTE MOUTH/THROAT GUM.....	10
mm aspirin	9	nadolol oral	19	NICORETTE MOUTH/THROAT LOZENGE	10
MNEXSPIKE.....	37	naloxone hcl nasal	10	NICORETTE STARTER KIT.....	10
modafinil oral	42	naltrexone hcl oral.....	10	nicotine mini	10
mometasone furoate external....	23	naproxen dr	9	nicotine polacrilex mini.....	10
mometasone furoate nasal	40	naproxen oral tablet.....	9	nicotine polacrilex mouth/throat.	10
mono-lynyah	33	naproxen oral tablet delayed release	9	nicotine step 1	10
MONOJECT HYPODERMIC NEEDLE 18G X 1”.....	25	naproxen sodium oral tablet 275 mg, 550 mg	9	nicotine step 2	10
montelukast sodium oral.....	41	naratriptan hcl.....	14	nicotine step 3	10
morphine sulfate er.....	8	NARCAN.....	10	nicotine transdermal patch 24 hour	10
morphine sulfate oral tablet	8	NASCOBAL.....	28	nifedipine er	19
MOTPOLY XR.....	12	NATAZIA	33	nifedipine er osmotic release	19
MOUNJARO.....	27	nateglinide	27	nifedipine oral	19
MOVIPREP	30	NAYZILAM	12	nikki	33
moxifloxacin hcl (2x day).....	38	nebivolol hcl	19	nilotinib hcl.....	15
moxifloxacin hcl ophthalmic.....	38	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %...40		nintedanib esylate	42
moxifloxacin hcl oral	11	necon 0.5/35 (28).....	33	nitro-bid.....	19
MULTAQ.....	19	NEFFY.....	40	NITRO-DUR.....	19
MULTI-VIT-FLOR	28	NEMLUVIO.....	23	nitrofurantoin macrocrystal	11
multi-vitamin/fluoride	28	neomycin sulfate oral	11	nitrofurantoin monohydrate macrocrystals.....	11
multivitamin w/fluoride	28	neomycin-polymyxin-dexameth .38		nitroglycerin rectal	19
multivitamin/fluoride	28	neomycin-polymyxin-hc otic	40	nitroglycerin sublingual	19
mupirocin cream	11	NEONATAL COMPLETE.....	28	nitroglycerin transdermal	19
mupirocin ointment	11	NEONATAL PLUS.....	28	NITROSTAT	19
MYAMBUTOL ORAL TABLET 400 MG.....	15	neuac.....	23	NIVA THYROID.....	35
mycophenolate mofetil oral capsule.....	36	NEULASTA	27	NIVA-PLUS.....	28
mycophenolate mofetil oral tablet.....	36	NEUPRO.....	16	NIVESTYM	27
mycophenolate sodium	36	NEURONTIN	12	nora-be.....	33
mycophenolic acid	36	NEVANAC	39	NORDITROPIN FLEXPPO	34
MYDAYIS.....	21	NEXLETOL.....	19	norelgestromin-eth estradiol.....	33
MYFEMBREE	33	NEXLIZET.....	19	norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg- mcg	33
MYHIBBIN.....	36	NEXTSTELLIS.....	33		

norethin ace-eth estrad-fe oral tablet chewable.....	33	nystatin oral.....	14	ORALONE.....	21	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	33	nystatin-triamcinolone.....	14	ORENCIA CLICKJECT.....	36	
norethindrone acet-ethinyl est ...	33	nystop.....	14	ORENCIA SUBCUTANEOUS	36	
norethindrone acetate oral	33				ORFADIN ORAL CAPSULE.....	30
norethindrone oral	33				ORFADIN ORAL SUSPENSION	30
norethindrone-eth estradiol	33				ORGOVYX.....	16
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	33				ORIAHNN	34
norgestimate-ethinyl estradiol triphasic.....	33				ORILISSA	34
NORLIQVA.....	19				ORLYNVAH.....	11
norlyroc	33				orphenadrine citrate er.....	42
NORPRAMIN.....	13				orquidea	33
nortrel 0.5/35 (28).....	33				OSCIMIN.....	30
nortrel 1/35 (21)	33				oseltamivir phosphate oral.....	17
nortrel 1/35 (28).....	33				OSPHERA	27
nortrel 7/7/7	33				OTEZLA	36
nortriptyline hcl oral capsule.....	13				OTEZLA XR.....	36
NOVAREL	37				OVACE PLUS WASH EXTERNAL LIQUID 10 %.....	23
NOVOEIGHT	27				OVACE WASH EXTERNAL LIQUID 10 %.....	23
NOVOFINE PEN NEEDLE.....	25				OVIDREL	37
NOVOFINE PLUS PEN NEEDLE ...	25				oxaprozin oral tablet.....	9
np thyroid	35				oxcarbazepine	12
NUBEQA.....	15				oxybutynin chloride er	30
NUCALA.....	41				oxybutynin chloride oral	30
NUCYNTA ER.....	8				oxycodone hcl oral capsule	8
NUDEXTA.....	21				oxycodone hcl oral solution.....	8
NULEV.....	30				oxycodone hcl oral tablet	8
NURTEC.....	14				oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
NUVESSA.....	11				OZEMPIC.....	27
NUWIQ	27					
NUZYRA ORAL.....	11					
nyamyc external powder 100000 unit/gm	14					
nylia 1/35.....	33					
nylia 7/7/7.....	33					
nystatin external.....	14					
nystatin mouth/throat suspension 100000 unit/ml.....	14					

pantoprazole sodium oral tablet delayed release	29	PLEGRIDY	21	prenatal plus	28
paroxetine hcl er	13	PLEXION CLEANSER	23	prenatal plus vitamin/mineral	28
paroxetine hcl oral tablet	13	pnv 27-ca/fe/fa	28	prevalite	19
PAXLOVID (150/100)	17	podofilox external solution	23	PREVIDENT 5000 BOOSTER PLUS	21
PAXLOVID (300/100 & 150/100) ..	17	POLY-VI-FLOR	28	PREVIDENT 5000 DRY MOUTH ...	21
PAXLOVID (300/100)	17	POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/ GM	39	PREVIDENT 5000 ENAMEL PROTECT	28
PEDIAPRED ORAL SOLUTION 5 MG/5ML	34	polymyxin b-trimethoprim	39	PREVIDENT 5000 KIDS	21
peg 3350-kcl-na bicarb-nacl	30	pomalidomide	16	PREVIDENT 5000 ORTHO DEFENSE	21
peg-3350/electrolytes	30	portia-28	33	PREVIDENT 5000 PLUS	21
peg-3350/electrolytes/ascorbat .	30	posaconazole oral tablet delayed release	14	PREVIDENT 5000 SENSITIVE	28
peg-kcl-nacl-nasulf-na asc-c	30	potassium chloride crys er	28	PREVIDENT DENTAL	21
PELLIX	23	potassium chloride er	28	PREVNAR 20	37
penicillin v potassium	11	potassium chloride oral packet 20 meq	28	PREVYMIS ORAL TABLET	17
pentoxifylline er	19	potassium chloride oral solution ..	28	PREZCOBIX	17
perampanel oral tablet	12	potassium citrate er	28	primidone oral	13
PERFOROMIST	41	pramipexole dihydrochloride	16	PRIORIX	37
PERIDEX	21	prasugrel hcl	16	probenecid	14
periogard	21	pravastatin sodium	19	PROCHAMBER VHC	41
permethrin external	16	prazosin hcl oral	19	prochlorperazine maleate oral ...	14
perphenazine oral	14	PRED MILD	39	PROCORT	38
PERTZYE	30	prednisolone acetate ophthalmic	39	procto-med hc	38
phenazo oral tablet 200 mg	30	prednisolone oral solution	34	PROCTOCORT RECTAL	38
phenazopyridine hcl oral tablet 100 mg, 200 mg	30	prednisolone sodium phosphate oral solution 15 mg/5ml	34	PROCTOFOAM HC	38
phenobarbital oral tablet	12	prednisone oral solution	34	PROCTOSOL HC	38
phenytek	12	prednisone oral tablet	34	PROCTOZONE-HC	38
phenytoin sodium extended	12	prednisone oral tablet therapy pack	34	progesterone intramuscular	33
philith	33	pregabalin oral capsule	21	progesterone oral	33
PHOSPHA 250 NEUTRAL	28	PREGNYL	37	progesterone vaginal	37
phospho-trin 250 neutral	28	PREMARIN ORAL	33	PROGRAF ORAL CAPSULE	36
phosphorous	28	PREMARIN VAGINAL	33	PROLENSA	39
pilocarpine hcl oral	21	premium lidocaine external ointment 5 %	8	promethazine hcl oral	14
pimecrolimus	23	PREMPHASE	33	promethazine hcl rectal	14
pimtrex	33	PREMPRO	33	promethazine-codeine	40
pioglitazone hcl	27	prenatal oral tablet 27-1 mg	28	promethazine-dm	40
pioglitazone hcl-metformin hcl ...	27			PROMETHEGAN	14
PIQRAY	16			propafenone hcl	19
piroxicam oral	9			propafenone hcl er	19
PIVYA	11			propranolol hcl er	19

propranolol hcl oral.....	19
propylthiouracil oral.....	35
PROVERA.....	31, 33
prucalopride succinate.....	30
pseudoephedrine-bromphen- dm.....	40
PULMOSAL.....	40
PULMOZYME.....	42
PYLERA.....	29
PYRIDIUM.....	30
pyridostigmine bromide oral tablet 60 mg.....	15

Q

qc aspirin low dose.....	9
qc childrens aspirin.....	9
qc nicotine transdermal system ..	10
QUESTRAN.....	19
QUESTRAN LIGHT.....	19
quetiapine fumarate.....	16
quetiapine fumarate er.....	16
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML.....	28
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG.....	28
QUILLICHEW ER.....	21
QUILLIVANT XR.....	21
QULIPTA.....	14
QVAR REDHALER.....	41

R

ra aspirin adult low dose oral tablet chewable 81 mg.....	9
ra aspirin adult low strength oral tablet chewable 81 mg.....	9
ra aspirin childrens oral tablet chewable 81 mg.....	9
ra aspirin ec adult low st oral tablet delayed release 81 mg.....	9
ra aspirin ec oral tablet delayed release 81 mg.....	9

ra mini nicotine mouth/throat lozenge 2 mg, 4 mg.....	10
ra nicotine mouth/throat gum 4 mg.....	10
ra nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg.....	10
ra nicotine transdermal patch 24 hour 21 mg/24hr.....	10
rabeprazole sodium oral tablet delayed release.....	29
RADICAVA ORS.....	21
RADICAVA ORS STARTER KIT.....	21
RALDESY.....	13
raloxifene hcl.....	38
ramelteon.....	42
ramipril.....	19
ranolazine er.....	19
rasagiline mesylate oral.....	16
RASUVO.....	36
reclipsen.....	33
RECOMBIMATE.....	27
RECOMBIVAX HB.....	37
RECTIV.....	19
REGLAN.....	14
RELION GLUCOSE TEST STRIPS.....	26
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG.....	35
repaglinide.....	27
REPATHA.....	19, 20
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML.....	19
REPATHA SURECLICK.....	20
RESTASIS.....	39
RESTASIS MULTIDOSE.....	39
RESTORIL.....	42
RETACRIT.....	27
RETEVMO.....	16
REXTOVY.....	10
REXULTI.....	16
REYVOW ORAL TABLET 100 MG, 50 MG.....	14

REZDIFFRA.....	30
REZENOPY.....	10
RHAPSIDO.....	40
RHOFADE.....	23
RHOPRESSA.....	39
rifampin oral.....	15
RINVOQ.....	36
RINVOQ LQ.....	36
risedronate sodium oral tablet....	38
risperidone.....	17
rivaroxaban oral tablet.....	12
rivastigmine.....	13
rivastigmine tartrate.....	13
rivelsa.....	33
rizatriptan benzoate oral.....	14
ROCALTROL ORAL CAPSULE.....	38
ROCKLATAN.....	39
roflumilast.....	41
ropinirole hcl.....	16
rosuvastatin calcium oral.....	20
rosyrah.....	33
roweepra.....	13
ROZLYTREK.....	16
RUCONEST.....	36
RYALTRIS.....	40
RYBELSUS.....	27
RYDAPT.....	16

S

sacubitril-valsartan.....	20
SALAGEN.....	21
SANTYL.....	24
saxagliptin hcl.....	27
saxagliptin-metformin er.....	27
SCSEMBLIX.....	16
scopolamine.....	14
selenium sulfide external lotion ..	24
SEREVENT DISKUS.....	41
sertraline hcl oral.....	13
setlakin.....	33

sevelamer carbonate oral tablet ..	30	SOAANZ ORAL TABLET 60 MG....	20	STIVARGA.....	16
sf 5000 plus.....	21	sod citrate-citric acid oral		STRENSIQ.....	30
sf gel 1.1%	21	solution 500-334 mg/5ml.....	28	STRIVERDI RESPIMAT.....	41
SFROWASA RECTAL ENEMA 4		sod fluoride-potassium nitrate ...	28	STROMECTOL	16
GM/60ML.....	38	sodium chloride inhalation.....	40	subvenite oral tablet.....	13
sharobel.....	33	sodium fluoride 5000 enamel	28	SUCRAID.....	30
SHINGRIX INTRAMUSCULAR		sodium fluoride 5000 plus	21	sucalfate oral	29
SUSPENSION RECONSTITUTED		sodium fluoride 5000 ppm	21, 22	SUFLAVE	30
50 MCG/0.5ML	37	sodium fluoride 5000 ppm		sulfacetamide sod-sulfur wash	
sildenafil citrate oral tablet 100		dental cream 1.1 %	22	external liquid 9-4 %.....	24
mg, 25 mg, 50 mg.....	27	sodium fluoride 5000 sensitive...	29	sulfacetamide sodium (acne)	24
sildenafil citrate oral tablet		sodium fluoride dental	22	sulfacetamide sodium external...	24
20 mg	42	sodium fluoride oral solution 1.1		sulfacetamide sodium	
SILENOR	42	(0.5 f) mg/ml.....	29	ophthalmic.....	39
silodosin.....	30	sodium fluoride oral tablet		sulfacetamide sodium-sulfur	
SILVADENE.....	11	chewable.....	29	external liquid 10-2 %, 10-5 %,	
silver sulfadiazine external	11	sodium oxybate solution 500		9-4 %, 9.8-4.8 %	24
simliya.....	33	mg/ml oral	42	sulfamethoxazole-trimethoprim	
simpesse	33	sodium sulfacetamide wash	24	oral suspension 200-40 mg/5ml...	11
SIMPLERA SYNC SENSOR.....	26	SOFOSBUVIR-VELPATASVIR.....	17	sulfamethoxazole-trimethoprim	
SIMPONI	36	SOGROYA	34	oral tablet	11
simvastatin oral tablet 10 mg, 20		solifenacin succinate	30	sulfasalazine oral	38
mg, 40 mg, 5 mg.....	20	SOLQUA.....	27	sulfatrim pediatric.....	11
simvastatin oral tablet 80 mg	20	SOOLANTRA.....	24	sulindac oral	9
SINEMET	16	sotalol hcl oral	20	sumatriptan nasal	14
SINGULAIR ORAL PACKET	41	SPIKEVAX	37	sumatriptan succinate oral.....	14
sirolimus oral tablet	36	SPIKEVAX 6M-11Y	37	sumatriptan succinate	
sitagliptin phos-metformin hcl ...	27	SPIRIVA HANDIHALER	41	subcutaneous solution auto-	
sitagliptin phosphate.....	27	SPIRIVA RESPIMAT	41	injector.....	15
SKYRIZI	36	spironolactone oral tablet.....	20	SUNOSI	42
SKYTROFA	34	spironolactone-hctz.....	20	SUPREP BOWEL PREP KIT.....	30
SLYND.....	33	SPORANOX	14	SUTAB.....	30
sm aspirin low dose oral tablet		SPRAVATO.....	13	syeda.....	33
chewable 81 mg.....	9	sprintec 28	33	SYMBICORT.....	41
sm childrens aspirin oral tablet		sronyx.....	33	SYMFI	17
chewable 81 mg.....	9	ssd.....	11	SYMFI LO ORAL TABLET 400-	
sm nicotine mouth/throat gum...	10	STARJEMZA SUBCUTANEOUS	24	300-300 MG	17
sm nicotine polacrilex mouth/		STEQEYMA SUBCUTANEOUS		SYMLINPEN 120	
throat gum 2 mg, 4 mg	10	SOLUTION	24	SUBCUTANEOUS SOLUTION	
sm nicotine transdermal patch		STEQEYMA SUBCUTANEOUS		PEN-INJECTOR 2700 MCG/	
24 hour 14 mg/24hr, 7 mg/24hr...	10	SOLUTION PREFILLED SYRINGE.	24	2.7ML.....	27
SOAANZ ORAL TABLET 20 MG,		STIOLTO RESPIMAT	41	SYMLINPEN 60 SUBCUTANEOUS	
40 MG	20			SOLUTION PEN-INJECTOR 1500	
				MCG/1.5ML	27

SYMPAZAN.....	13	temozolomide	16	tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	42
SYMPROIC	30	TENCON	8	tizanidine hcl oral tablet.....	42
SYNALAR.....	24	TENIVAC	36	TOBI PODHALER.....	42
SYNJARDY	27	tenofovir disoproxil fumarate.....	17	TOBRADEX.....	39
SYNJARDY XR.....	27	TEPMETKO.....	16	TOBRADEX ST	39
T					
TABRECTA.....	16	terazosin hcl	30	tobramycin ophthalmic	39
tacrolimus external.....	24	terbinafine hcl oral	14	tobramycin-dexamethasone.....	39
tacrolimus oral.....	36	terconazole	14	tofacitinib citrate er	36
tadalafil (pah).....	42	teriflunomide	21	tofacitinib citrate oral tablet.....	36
tadalafil oral.....	27	TERIPARATIDE SOLUTION PEN- INJECTOR 560 MCG/2.24ML SUBCUTANEOUS.....	38	TOLAK.....	24
TADLIQ.....	42	TESTIM.....	35	tolterodine tartrate.....	30
tafluprost (pf).....	39	testosterone cypionate intramuscular	35	tolterodine tartrate er.....	30
TAGRISSO.....	16	testosterone enanthate intramuscular	35	tolvaptan oral tablet therapy pack	29
TAKHZYRO	36	testosterone transdermal gel 1.62 %.....	35	TOPAMAX	13
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML.....	36	tetracycline hcl oral capsule	11	TOPAMAX SPRINKLE	13
tamoxifen citrate oral tablet 10 mg.....	16	TEZRULY	31	TOPICORT	24
tamoxifen citrate oral tablet 20 mg.....	16	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	41	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	24
tamsulosin hcl	30	THALITONE.....	20	topiramate oral capsule sprinkle..	13
TANLOR.....	42	THRIVE.....	10	topiramate oral tablet.....	13
tapentadol hcl	8	THYQUIDITY.....	35	torpenz.....	16
tarina 24 fe.....	34	thyroid oral.....	35	torsemide	20
tarina fe 1/20 eq	34	tiadylt er.....	20	TOSYMRA	15
tazarotene external cream	24	TIAZAC.....	20	TOUJEO MAX SOLOSTAR	26
TAZORAC EXTERNAL CREAM.....	24	ticagrelor.....	16	TOUJEO SOLOSTAR	26
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	36	TIGLUTIK	21	TRADJENTA.....	27
TECHLITE INSULIN SYRINGES (Arkay).....	26	TIKOSYN	20	tramadol hcl (er biphasic) oral tablet extended release 24 hour ...	8
TECHLITE PEN NEEDLES (Arkay) .	26	tilia fe.....	34	tramadol hcl er tablet extended release 24 hour 100 mg oral.....	8
TEGLUTIK.....	21	timolol maleate (once-daily)	39	tramadol hcl er tablet extended release 24 hour 200 mg oral.....	8
TEGRETOL ORAL TABLET	13	timolol maleate ocudose.....	39	tramadol hcl er tablet extended release 24 hour 300 mg oral	8
TEGRETOL-XR.....	13	timolol maleate ophthalmic.....	39	tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	8
TEKTRUNA	20	timolol maleate pf.....	39	tramadol-acetaminophen	8
telmisartan.....	20	TIMOPTIC OCUDOSE	39	trandolapril	20
telmisartan-hctz.....	20	tinidazole oral.....	11	tranexamic acid oral.....	27
temazepam	42	TIROSINT	35	travoprost (bak free)	39
		TIROSINT-SOL.....	35		
		TIVICAY.....	17		

VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	20	VORTEX VALVED HOLDING CHAMBER.....	42	XTANDI.....	16
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG.....	20	VOSEVI.....	17	xulane.....	34
VERISAFE SAFETY STERILE NEEDLE.....	26	VOYDEYA.....	27	XYWAV.....	42
VERKAZIA.....	39	VOYXACT.....	30	Y	
VERQUVO.....	20	VRAYLAR.....	17	YASMIN 28.....	34
VERZENIO.....	16	VTAMA.....	24	YAZ.....	34
VESICARE.....	30	vyfemla.....	34	YESINTEK.....	36
vestura.....	34	VYLEESI.....	28	YORVIPATH.....	38
VFEND ORAL TABLET 50 MG.....	14	vylibra.....	34	yulithira.....	16
VIBERZI.....	30	VYNDAMAX.....	30	YUPELRI.....	42
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML.....	11	VYNDAQEL ORAL CAPSULE 20 MG.....	20	YUTREPIA.....	42
vienna.....	34	VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	36	yuvaferm.....	34
vilazodone hcl.....	14	VYZULTA.....	39	YUVIWEL.....	30
VIMPAT ORAL.....	13	W		Z	
viorele.....	34	WAKIX.....	42	zafemy.....	34
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG.....	17	warfarin sodium oral.....	12	zafirlukast.....	42
VITAFOL FE+.....	29	wera.....	34	zaleplon.....	42
VITAFOL ULTRA.....	29	WEZLANA SUBCUTANEOUS.....	24	ZARONTIN.....	13
VITAFOL-OB.....	29	WILATE.....	27	ZARXIO.....	27
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	29	wixela inhub.....	42	ZAVZPRET.....	15
VITATHELY WITH GINGER.....	29	X		ZEJULA.....	16
VITRAKVI.....	16	XACIATO.....	11	ZELBORAF.....	16
VIVJOA.....	14	xarah fe.....	34	ZELSUVMI.....	24
volnea.....	34	XARELTO.....	12	ZEMBRACE SYMTOUCH.....	15
VOQUEZNA.....	29	XCOPRI.....	13	zenatane.....	24
VOQUEZNA DUAL PAK.....	29	XDEMY.....	39	ZENPEP.....	30
VOQUEZNA TRIPLE PAK.....	29	XEPI.....	12	ZEPOSIA.....	21
voriconazole oral tablet.....	14	XIFAXAN ORAL TABLET 200 MG.....	12	ZESTRIL TABLET 10 MG ORAL.....	20
VORTEX HOLD CHMBR/MASK/ CHILD DEVICE.....	41	XIFAXAN ORAL TABLET 550 MG.....	12	ZESTRIL TABLET 20 MG ORAL.....	20
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE.....	41	XIIDRA.....	39	ZESTRIL TABLET 5 MG ORAL.....	20
VORTEX VALVE CHAMBER-PEDI MASK.....	42	XOFLUZA (40 MG DOSE).....	17	ZILXI.....	24
		XOFLUZA (80 MG DOSE).....	17	ZIOPTAN.....	39
		XOLAIR.....	36	ziprasidone hcl.....	17
		XOPENEX HFA.....	42	ZITHROMAX.....	12
		XTAMPZA ER.....	8	zolmitriptan oral.....	15
				zolpidem tartrate er.....	42
				zolpidem tartrate oral tablet.....	42

ZOMIG NASAL SOLUTION	
2.5 MG.....	15
ZOMIG NASAL SOLUTION 5 MG ..	15
ZONEGRAN	13
zonisamide oral.....	13
ZORYVE	24
ZORYVE EXTERNAL CREAM 0.3 %	24
ZORYVE EXTERNAL FOAM	24
zovia 1/35 (28)	34
ZTLIDO.....	8
ZUBSOLV.....	10
zumandimine	34
ZURZUVAE	14
ZYLET	39

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ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភក្តិភក្តិថ្លៃ និងការទំនាក់ទំនងភក្តិភក្តិថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភក្តិភក្តិថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

توجه: اگر یہ زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ پزرگ، در دسترس شما هستند. یا 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.

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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