



Your 2026 Prescription Drug List

Advantage 4-Tier

Effective May 1, 2026



**United
Healthcare**

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

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	5
Questions	7
Analgesics	
Drugs for Pain.....	8
Drugs for Pain and Inflammation.....	8
Anti-Addiction / Substance Abuse Treatment Agents.....	9
Antibacterials	
Drugs for Infections.....	10
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	11
Anticonvulsants	
Drugs for Seizures	11
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	12
Antidepressants	
Drugs for Depression.....	13
Antiemetics	
Drugs for Nausea and Vomiting.....	13
Antifungals	
Drugs for Fungal Infections.....	13
Antigout Agents	
Drugs for Gout.....	14
Antimigraine Agents	
Drugs for Migraines	14
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	14
Antimycobacterials	
Drugs to Treat Infections.....	14
Antineoplastics	
Drugs for Cancer	15
Antiparasitics	
Drugs for Parasitic Infections.....	16
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	16
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	16
Antipsychotics	
Drugs for Mood Disorders.....	16
Antivirals	
Drugs for Viral Infections	16
Anxiolytics	
Drugs for Anxiety.....	17
Bipolar Agents	
Drugs for Mood Disorders.....	17
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	17
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	20
Drugs for Multiple Sclerosis.....	21
Miscellaneous.....	21



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	21
Dermatological Agents	
Drugs for Skin Conditions.....	22
Diabetes	
Glucose Monitoring and Supplies.....	24
Insulin.....	25
Non-Insulin Agents.....	26
Drugs for Blood Disorders.....	26
Drugs for Sexual Dysfunction.....	27
Electrolytes / Vitamins	27
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	28
Drugs for Bowel, Intestine and Stomach Conditions	29
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	30
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	30
Drugs for Prostate Conditions.....	30
Hormonal Agents	
Hormone Replacement and Birth Control	30
Oral Steroids.....	34
Other.....	34
Testosterone Replacement.....	35
Thyroid.....	35
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	35
Drugs for Vaccination	36
Infertility Agents	37
Inflammatory Bowel Disease Agents	37
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	37
Other.....	38
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	38
Drugs for Glaucoma.....	38
Drugs for Miscellaneous Eye Conditions	39
Otic Agents	
Drugs for Ear Conditions.....	39
Respiratory	
Drugs for Anaphylaxis.....	39
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	39
Drugs for Asthma and COPD.....	40
Drugs for Cystic Fibrosis	41
Drugs for Pulmonary Fibrosis.....	41
Drugs for Pulmonary Hypertension	42
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	42
Sleep Disorder Agents.....	42
Index	43

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

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**
Diabetic supplies and prescription medications may be subject to different cost-share amounts for New Jersey Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. 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.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. Not applicable to some Neighborhood Health Plans, UnitedHealthcare Freedom Plans, New Jersey Oxford and UnitedHealthOne 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 for New Jersey Oxford plans or 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	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (bitalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
bitalbital-acetaminophen oral tablet 50-325 mg	1	
bitalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
bitalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
bitalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
bitalbital-apap-caffeine oral tablet	1	QL
bitalbital-asa-caff-codeine	1	QL
bitalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL

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

Analgesics - Drugs for Pain and Inflammation

celecoxib oral	2	
DAYPRO	4	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
FELDENE ORAL CAPSULE 20 MG	4	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nicotine mini	1	H	cefdinir	1	
nicotine polacrilex mini	1	H	cefixime oral capsule	3	
nicotine polacrilex mouth/throat	1	H	cefpodoxime proxetil oral tablet	1	
nicotine step 1	1	H	cefprozil	1	
nicotine step 2	1	H	cefuroxime axetil	1	
nicotine step 3	1	H	cephalexin	1	
nicotine transdermal patch 24 hour	1	H	CIPRO ORAL TABLET	4	
OPVEE	1	QL	ciprofloxacin hcl oral	1	
qc nicotine transdermal system	1	H	clarithromycin oral tablet	1	
ra mini nicotine	1	H	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
ra nicotine mouth/throat gum 4 mg	1	H	CLEOCIN ORAL CAPSULE 75 MG	2	
ra nicotine polacrilex	1	H	CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H	CLEOCIN VAGINAL CREAM	4	
REXTOVY	1	QL	clindamycin hcl oral	1	
sm nicotine	1	H	clindamycin palmitate hcl	2	
sm nicotine polacrilex	1	H	clindamycin phosphate vaginal	2	
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H	CLINDESSE	2	
THRIVE	4	H	dicloxacillin sodium	1	
varenicline	3	H	doxycycline hyclate oral capsule	2	
ZIMHI	2	QL	doxycycline hyclate oral tablet 100 mg	2	
ZUBSOLV	2	QL	doxycycline hyclate oral tablet 20 mg	1	
Antibacterials - Drugs for Infections			doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
amoxicillin	1		doxycycline monohydrate oral suspension reconstituted	3	
amoxicillin-potassium clavulanate	1		doxycycline monohydrate oral tablet	1	
ampicillin	1		E.E.S. GRANULES	3	
AVIDOXY	4		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
azithromycin oral packet 1 gm	1		ERYPED 400	4	
BACTRIM	4		erythromycin base oral tablet	1	
BACTRIM DS	4		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefadroxil oral capsule	1				
cefadroxil oral suspension reconstituted	1				

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
VANCOCIN	4	
vancomycin hcl oral capsule	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XEPI	3	QL
XIFAXAN	3	PA, QL
ZITHROMAX	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
lacosamide oral	2	
LAMICTAL	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
perampanel	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
memantine hcl oral tablet	1	
rivastigmine	3	
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	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	QL

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	

Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	4	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	4	PA, QL, SP
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abirtega	2	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	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	2	PA, QL, SP
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
GAVRETO	4	PA, QL, SP
hydroxyurea oral	1	
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 TABLET 420 MG	2	PA, QL, SP
IMKELDI	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	4	PA, QL, SP
REVLIMID	2	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
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
tiopronin	2	SP
tiopronin delayed release	2	SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

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

Antiparkinson Agents - Drugs for Parkinson's Disease

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

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	E	QL
cilostazol	1	

Drug Name	Drug Tier	Requirements & Limits
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

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

Antivirals - Drugs for Viral Infections

acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	2	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
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	QL
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

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ATORVALIQ	4	PA	diltiazem hcl er oral tablet extended release 24 hour	2	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	diltiazem hcl oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		dilt-xr	1	
benazepril hcl oral	1		dofetilide	2	
benazepril-hydrochlorothiazide	1		doxazosin mesylate oral	1	
bisoprolol fumarate oral tablet	1		EDARBI	E	
bisoprolol-hydrochlorothiazide	1		EDARBYCLOR	E	
bumetanide oral	1		enalapril maleate oral solution	3	PA
BUMEX	3		enalapril maleate oral tablet	1	
CAMZYOS	4	PA, QL, SP	enalapril-hydrochlorothiazide	1	
candesartan cilexetil	3		eplerenone	2	
candesartan cilexetil-hctz	3		ezetimibe	2	
captopril oral	1		ezetimibe-simvastatin	3	
CARDURA	4		felodipine er	1	
cartia xt	2		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
carvedilol	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
chlorthalidone	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
cholestyramine light	1		fenofibric acid oral capsule delayed release	2	
cholestyramine oral	1		flecainide acetate	1	
clonidine hcl oral	1		fosinopril sodium	1	
clonidine patch	3		FUROSCIX	4	PA, QL
colesevelam hcl oral tablet	2		furosemide oral	1	
COLESTID ORAL TABLET	4		gemfibrozil oral	1	
colestipol hcl oral tablet	1		guanfacine hcl	1	
CORGARD ORAL TABLET 20 MG, 40 MG	4		HEMANGEOL	3	
CORLANOR	3	PA, QL	hydralazine hcl oral	1	
digoxin oral tablet	1		hydrochlorothiazide oral	1	
diltiazem hcl er beads	2		indapamide	1	
diltiazem hcl er coated beads	2		INZIRQO	4	PA
diltiazem hcl er oral capsule extended release 12 hour	1		irbesartan	1	
diltiazem hcl er oral capsule extended release 24 hour	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
irbesartan-hydrochlorothiazide	1		mexiletine hcl oral	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		midodrine hcl	1	
isosorbide mononitrate er	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
ivabradine hcl	3	PA, QL	minoxidil oral	1	
KAPSPARGO SPRINKLE	4		MULTAQ	4	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL	nadolol oral	1	
labetalol hcl oral	1		nebivolol hcl	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		NEXLETOL	2	PA, ST, QL
LANOXIN ORAL TABLET 62.5 MCG	4		NEXLIZET	2	PA, ST, QL
LASIX	4		niacin er (antihyperlipidemic)	2	
lisinopril oral	1		nifedipine er	1	
lisinopril-hydrochlorothiazide	1		nifedipine er osmotic release	1	
LODOCO	4	QL	nifedipine oral	1	
LOPID	4		NITRO-BID	2	
LOPRESSOR ORAL SOLUTION	4	PA	NITRO-DUR	3	
losartan potassium oral	1		nitroglycerin rectal	3	QL
losartan potassium-hctz	1		nitroglycerin sublingual	1	
LOTENSIN	4		nitroglycerin transdermal	1	
LOTENSIN HCT	4		NITROSTAT	4	
lovastatin oral	1	H	NORLIQVA	4	PA
matzim la	2		olmesartan medoxomil oral	2	
MAXZIDE ORAL TABLET 75-50 MG	4		olmesartan medoxomil-hctz	2	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		omega-3-acid ethyl esters	2	
metolazone	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PACERONE ORAL TABLET 200 MG	4	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		pentoxifylline er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		pravastatin sodium	1	
metoprolol-hydrochlorothiazide	1		prazosin hcl oral	1	
			prevalite	1	
			propafenone hcl	1	
			propafenone hcl er	3	
			propranolol hcl er	2	
			propranolol hcl oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QUESTRAN	4	
QUESTRAN LIGHT	4	
ramipril	1	
ranolazine er	2	
RECTIV	4	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
sacubitril-valsartan	3	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	2	
telmisartan-hctz	2	
TEZRULY	4	PA
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
toremide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan oral solution	4	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA, QL
VYNDAQEL	2	PA, QL, SP
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	4	
guanfacine hcl er	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	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	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	3	PA, SP
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	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 BOOSTER PLUS	3		betamethasone dipropionate external lotion	1	
PREVIDENT 5000 DRY MOUTH	4		betamethasone dipropionate external ointment	2	
PREVIDENT 5000 KIDS	3		betamethasone valerate external cream	1	
PREVIDENT 5000 ORTHO DEFENSE	3		betamethasone valerate external lotion	1	
PREVIDENT 5000 PLUS	4		betamethasone valerate external ointment	1	
PREVIDENT DENTAL	4		calcipotriene external cream	2	QL
SALAGEN	4		calcipotriene external ointment	2	
sf 5000 plus	1		calcipotriene external solution	1	QL
sf gel 1.1%	1		CALCITRENE	3	
sodium fluoride 5000 plus	1		CIBINQO	2	PA, QL, SP
sodium fluoride 5000 ppm	1		ciclopirox olamine external suspension	1	
sodium fluoride dental	1		claravis	2	
triamcinolone acetonide mouth/throat	1		CLEOCIN-T	4	
Dermatological Agents - Drugs for Skin Conditions			clindacin etz external swab	1	
accutane	2		clindacin-p	1	
acitretin	1		clindamycin phos (once-daily) gel 1 % external	2	QL
adapalene-benzoyl peroxide external gel	3	QL	clindamycin phos (twice-daily) gel 1 % external	2	QL
AKLIEF	4	PA, QL	clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
alclometasone dipropionate	1		clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
amnestem	2		clindamycin phosphate external lotion	3	
AMZEEQ	4	QL	clindamycin phosphate external solution	1	
AVAR CLEANSER	4		clindamycin phosphate external swab	1	
azelaic acid external	3		clobetasol prop emollient base external cream 0.05 %	2	QL
AZELEX	3	QL	clobetasol propionate e	2	QL
BENZAMYCIN	2	QL	clobetasol propionate external cream 0.05 %	2	QL
benzoyl peroxide-erythromycin	1	QL			
betamethasone dipropionate aug external cream	1				
betamethasone dipropionate aug external lotion	3				
betamethasone dipropionate aug external ointment	3				
betamethasone dipropionate external cream	2				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external gel	2	QL	fluocinolone acetonide scalp	3	
clobetasol propionate external liquid	1	QL	fluocinonide external cream 0.05 %	1	
clobetasol propionate external ointment	2	QL	fluocinonide external gel	1	
clobetasol propionate external solution	1	QL	fluocinonide external ointment	1	
clotrimazole-betamethasone	1		fluocinonide external solution	1	
dapsone external	3	QL	fluorouracil external cream 5 %	1	
DERMA-SMOOTH/FS BODY	4	QL	fluticasone propionate external cream	1	
DERMA-SMOOTH/FS SCALP	4		fluticasone propionate external ointment	1	
desonide external cream	2	QL	halobetasol propionate external cream	2	QL
desonide external lotion	3	QL	halobetasol propionate external ointment	2	QL
desonide external ointment	2	QL	hydrocortisone external cream 2.5 %	1	
DESOWEN	3	QL	hydrocortisone external lotion 2.5 %	1	
desoximetasone external cream	1	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
desoximetasone external ointment	3	QL	hydrocortisone valerate external cream	2	QL
diclofenac sodium external gel 3 %	2	PA, QL	imiquimod external cream 5 %	1	
DIPROLENE	4		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
DRYSOL	4		KLARON	4	
DUPIXENT	2	PA, QL, SP	KLISYRI	4	ST, QL
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	METROCREAM	4	
EFUDEX EXTERNAL CREAM 5 %	4		METROLOTION	4	
ENSTILAR	4	QL	metronidazole external cream	1	
ERYGEL	3		metronidazole external gel 0.75 %	1	
erythromycin external	1		metronidazole external lotion	1	
EUCRISA	3	ST, QL	MIRVASO	2	PA, QL
FINACEA EXTERNAL FOAM	4		mometasone furoate external	1	
fluocinolone acetonide body	3	QL	NEMLUVIO	2	PA, QL, SP
fluocinolone acetonide external cream	3	QL	neuac	3	QL
fluocinolone acetonide external ointment	2	QL	OPZELURA	4	PA, QL, SP
fluocinolone acetonide external solution	1	QL			

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40	3	
VTAMA	4	PA, QL
ZELSUVMI	4	PA, QL
zenatane	2	
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.15%, 0.3%	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE KIT	1		NOVOFINE PLUS PEN NEEDLE	2	QL
CONTOUR NEXT TEST STRIPS	1		NOVOPEN ECHO	3	
CONTOUR PLUS BLUE KIT W/ DEVICE	1		OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
CONTOUR PLUS TEST STRIP	1	QL	OMNIPOD 5 DEXCOM PODS	2	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL	OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL	OMNIPOD 5 LIBRE PODS	2	PA, QL
DEXCOM G7 SENSOR	3	PA, QL	TECHLITE INSULIN SYRINGES (Arkray)	2	QL
EMBECTA INSULIN SYRINGE	2	QL	TECHLITE PEN NEEDLES (Arkray)	2	QL
ENLITE GLUCOSE SENSOR	3	PA	TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	TWIIST REFILL KIT	2	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	TWIIST REFILL KIT/INFUSION SET	2	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	TWIIST STARTER KIT	2	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL	Diabetes - Insulin		
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	HUMALOG CARTRIDGE	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	HUMALOG KWIKPEN	2	QL
FREESTYLE LIBRE 3 READER	3	PA	HUMALOG MIX 50/50 KWIKPEN	2	QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
FREESTYLE LIBRE READER	3	PA, QL	HUMALOG MIX 75/25 KWIKPEN	2	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL	HUMALOG MIX 75/25 VIAL	1	QL
GUARDIAN 4 TRANSMITTER	3	PA, QL	HUMALOG U-100 JUNIOR KWIKPEN	2	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	HUMULIN 70/30 KWIKPEN	2	QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	HUMULIN 70/30 VIAL	1	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	HUMULIN N KWIKPEN	2	QL
GUARDIAN SENSOR 3	3	PA, QL	HUMULIN N VIAL	1	QL
INPEN	3	ST	HUMULIN R U-500 KWIKPEN	2	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	HUMULIN R U-500 VIAL	1	QL
NOVOFINE PEN NEEDLE	2	QL	HUMULIN R VIAL	1	QL

See page 5-7 for coverage details.



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

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADYNOVATE	4	SP
AFSTYLA	4	SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	4	SP
ALVAIZ	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTelet	4	PA, QL, SP
ELOCTATE	4	SP
eltrombopag powder	3	PA, QL: SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROMACTA POWDER	4	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP

Drug Name	Drug Tier	Requirements & Limits
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHERA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
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	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		QUFLORA PEDIATRIC	3	
levocarnitine oral solution	1		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
levocarnitine sf	1		sod fluoride-potassium nitrate	1	
LOKELMA	3	PA, QL	sodium fluoride 5000 enamel	1	
M-NATAL PLUS	3		sodium fluoride 5000 sensitive	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		sodium fluoride oral solution	1	H
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		sodium fluoride oral tablet chewable	1	H
multivitamin w/fluoride tablet chewable 1 mg oral	1		TRICARE ORAL TABLET	3	
multi-vitamin/fluoride	1		TRINATAL RX 1	3	
multivitamin/fluoride oral tablet chewable	1		TRINATE	3	
NASCOBAL	3		tri-vite/fluoride	1	
NEONATAL COMPLETE	3		UROCIT-K 10	4	
NEONATAL PLUS	3		UROCIT-K 15	4	
NIVA-PLUS	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
ONE VITE WOMENS PLUS	3		VELTASSA	3	PA, QL
ORACIT	2		VITAFOL FE+	3	
ORAL CITRATE	2		VITAFOL ULTRA	3	
PHOSPHA 250 NEUTRAL	2		VITAFOL-OB	3	
phosphorous	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
phospho-trin 250 neutral	1		VITATHELY WITH GINGER	3	
pnv 27-ca/fe/fa	1		wes-phos 250 neutral	1	
potassium chloride crys er	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
potassium chloride er	1		bis subcit-metronid-tetracyc	3	QL
potassium chloride oral	1		bismuth/metronidaz/tetracyclin	3	QL
potassium citrate er	1		cimetidine oral	1	
prenatal oral tablet 27-1 mg	1		CYTOTEC	4	
prenatal plus	1		esomeprazole magnesium oral packet	3	PA, ST, QL
prenatal plus vitamin/mineral	1		famotidine oral suspension reconstituted	1	
PRENATE MINI	3				
PREVIDENT 5000 ENAMEL PROTECT	3				
PREVIDENT 5000 SENSITIVE	3				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements & Limits
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	4	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
LOMOTIL	4	
lubiprostone	2	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
REZDIFFRA	4	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	4	ST
mirabegron er	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
aurovela fe 1.5/30	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aurovela fe 1/20	1	H	drosiprenone-ethinyl estradiol	3	
aviane	1	H	DUAVEE	3	QL
AYGESTIN ORAL TABLET 5 MG	4		EEMT	2	
ayuna	1	H	EEMT HS	3	
azurette	1	H	ELESTRIN	3	
balziva	1	H	elinest	1	H
BIJUVA	3		ELLA	1	QL, H
blisovi 24 fe	1	H	eluryng	1	H
blisovi fe 1.5/30	1	H	emzahh	1	H
blisovi fe 1/20	1	H	enilloring	1	H
briellyn	1	H	enpresse-28	1	H
camila	1	H	enskyce	1	H
camrese	1	H	errin	1	H
camrese lo	1	H	est estrogens-methyltest	1	
charlotte 24 fe	1	H	est estrogens-methyltest ds	1	
chateal eq	1	H	est estrogens-methyltest hs	1	
CLIMARA PRO	3	QL	estarylla	1	H
COMBIPATCH	3	QL	estradiol oral	1	
conjugated estrogen oral	3		estradiol patch twice weekly	2	QL
COVARYX	2		estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
COVARYX HS	3		estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
cryselle-28	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
cyred eq	1	H	estradiol vaginal cream	3	
dasetta 1/35 (28)	1	H	estradiol vaginal tablet	2	
dasetta 7/7/7	1	H	estradiol valerate intramuscular	1	
daysee	1	H	estradiol-norethindrone acet	2	
deblitane	1	H	estratest f.s.	1	
DELESTROGEN	4		ESTRATEST H.S.	3	
delyla	1	H	ESTRING	2	QL
DEPO-PROVERA	4	QL			
DEPO-SUBQ PROVERA 104	1	QL, H			
desogestrel-ethinyl estradiol	1	H			
DIVIGEL	3				
dotti	2	QL			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ESTROGEL	3	QL	kelnor 1/35	1	H
ethynodiol diac-eth estradiol	1	H	kelnor 1/50	1	H
etonogestrel-ethinyl estradiol	1	H	kurvelo	1	H
EVAMIST	2		larin 1.5/30	1	H
falmina	1	H	larin 1/20	1	H
fayosim oral tablet 42-21-21-7 days	1	H	larin 24 fe	1	H
feirza 1.5/30	1	H	larin fe 1.5/30	1	H
feirza 1/20	1	H	larin fe 1/20	1	H
FEMRING	3	QL	leena	1	H
finzala	1	H	lessina	1	H
fyavolv	1		levonest	1	H
gallifrey	1		levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
hailey 1.5/30	1	H	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
hailey 24 fe	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
hailey fe 1.5/30	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
hailey fe 1/20	1	H	levonorg-eth estrad triphasic	1	H
haloette	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
iclevia	2	H	lojaimiess	1	H
incassia	1	H	loryna	3	
introvale	2	H	low-ogestrel	1	H
isibloom	1	H	lo-zumandimine	3	
jaimiess	1	H	lutura	1	H
jasmiel	3		lyleq	1	H
jencycla	1	H	lyllana	2	QL
jinteli	1		lyza	1	H
jolessa	2	H	marlissa	1	H
juleber	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
junel 1.5/30	1	H	medroxyprogesterone acetate oral	1	
junel 1/20	1	H	megestrol acetate oral tablet	1	
junel fe 1.5/30	1	H			
junel fe 1/20	1	H			
junel fe 24	1	H			
kalliga	1	H			
kariva	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
meleya	1	H	nortrel 1/35 (21)	1	H
MENOSTAR	3	QL	nortrel 1/35 (28)	1	H
mibelas 24 fe	1	H	nortrel 7/7/7	1	H
microgestin 1.5/30	1	H	nylia 1/35	1	H
microgestin 1/20	1	H	nylia 7/7/7	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nymyo oral tablet 0.25-35 mg-mcg	1	H
microgestin fe 1.5/30	1	H	ocella	3	
microgestin fe 1/20	1	H	philith	1	H
mili	1	H	pimtrea	1	H
mimvey	1		portia-28	1	H
mono-linyah	1	H	PREMARIN ORAL	3	
MYFEMBREE	2	PA, QL	PREMARIN VAGINAL	3	
NATAZIA	1		PREMPHASE	3	
necon 0.5/35 (28)	1	H	PREMPRO	3	
nikki	3		progesterone intramuscular	1	
nora-be	1	H	progesterone oral	2	
norelgestromin-eth estradiol	3	H	PROVERA	4	
norethin ace-eth estrad-fe oral tablet	1	H	reclipsen	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H	rivelsa	1	H
norethindrone acetate oral	1		rosyrah	1	H
norethindrone acet-ethinyl est	1	H	setlakin	2	H
norethindrone oral	1	H	sharobel	1	H
norethindrone-eth estradiol	1		simliya	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	simpesse	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	SLYND	4	PA, ST
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		sprintec 28	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	sronyx	1	H
norlyroc	1	H	syeda	3	
nortrel 0.5/35 (28)	1	H	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	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral elixir	1	

Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA: SP
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPOR	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL (generic Androgel Pump)
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	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
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	3	
gengraf oral capsule	1	
HAEGARDA	2	PA, QL, SP
HUMIRA*	E	PA, QL, SP
HYFTOR	4	PA, QL
JYLAMVO	4	PA
KEVZARA	4	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



Drug Name	Drug Tier	Requirements & Limits
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	2	
mycophenolic acid	2	
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
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	QL, SP
GONAL-F	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
progesterone suppository	2	

Inflammatory Bowel Disease Agents

ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	

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

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	4	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	
risedronate sodium oral tablet 30 mg, 5 mg	3	
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	
ROCALTRON ORAL CAPSULE	4	
YORVIPATH	4	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	

Drug Name	Drug Tier	Requirements & Limits
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMZY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
TRYPTYR	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
NEFFY	4	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
ciproheptadine hcl oral	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
sodium chloride inhalation	1	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ADULT	3	

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
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

OFEV	4	PA, QL, SP
pirfenidone	2	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

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

Sleep Disorder Agents

armodafinil	2	QL
BELSOMRA	4	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL

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

See page 5-7 for coverage details.



Index

A

abigale	30	acyclovir oral suspension 200 mg/5ml	16	(2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	40
abigale lo.....	30	acyclovir oral tablet.....	16	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	40
abiraterone acetate oral tablet 250 mg	15	ADACEL	36	albuterol sulfate oral syrup 2 mg/5ml.....	40
abirtega	15	ADALIMUMAB-ADAZ	35	alclometasone dipropionate	22
ABRYSVO.....	36	adapalene-benzoyl peroxide external gel	22	ALECENSA	15
acamprosate calcium	9	ADBRY.....	35	alendronate sodium oral tablet ...	37
acarbose oral	26	ADDYI.....	27	alfuzosin hcl er.....	30
ACCOLATE	40	ADEMPAS	42	aliskiren fumarate	17
ACCU-CHEK AVIVA SOLUTION ...	24	ADVAIR HFA.....	40	allopurinol oral tablet 100 mg, 300 mg.....	14
ACCU-CHEK FASTCLIX LANCET ..	24	ADVATE.....	26	ALOGLIPTIN BENZOATE	26
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	24	ADYNOVATE	27	ALORA	30
ACCU-CHEK GUIDE KIT W/ DEVICE.....	24	AEROCHAMBER HOLDING CHAMBER.....	40	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	38
ACCU-CHEK GUIDE ME METER...	24	AEROCHAMBER PLS FLOVU MTHPIECE	40	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	38
ACCU-CHEK GUIDE TEST STRIPS	24	AEROCHAMBER PLUS FLO-VU ...	40	ALPHANATE.....	27
ACCU-CHEK SOFTCLIX LANCET .	24	AEROCHAMBER PLUS FLO-VU INTERM	40	alprazolam er	17
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	24	AEROCHAMBER PLUS FLO-VU LARGE.....	40	alprazolam oral	17
accutane	22	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	40	alprazolam xr	17
acebutolol hcl oral.....	17	AEROCHAMBER PLUS FLO-VU SMALL.....	40	ALPROLIX.....	27
acetaminophen-codeine oral tablet.....	8	AEROCHAMBER PLUS FLO-VU W/MASK.....	40	ALREX	38
acetazolamide er	17	AEROCHAMBER2GO ANTI- STATIC	40	altavera.....	30
acetazolamide oral	17	afirmelle.....	30	ALTUVIIIO	27
acetic acid otic.....	39	AFLURIA PRESERVATIVE FREE ...	36	ALUNBRIG	15
acitretin	22	AFSTYLA	27	ALVAIZ	27
ACTEMRA ACTPEN	35	AIMOVIG.....	14	alyacen 1/35	30
ACTEMRA SUBCUTANEOUS.....	35	AIRSUPRA.....	40	alyacen 7/7/7	30
ACTIVELLA	30	AKLIEF	22	alyq	42
ACTOPLUS MET.....	26	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	40	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	30
ACULAR	38	albuterol sulfate inhalation nebulization solution		amantadine hcl oral capsule	16
ACULAR LS.....	38			amantadine hcl oral tablet	16
acyclovir external ointment.....	16			amethia oral tablet 0.15-0.03 & 0.01 mg	30
acyclovir oral capsule.....	16			amiloride hcl oral	17



BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	35	blisovi 24 fe	31	bupropion hcl er (smoking det)	9
BENZAMYCIN	22	blisovi fe 1/20	31	bupropion hcl er (sr)	13
benzonatate oral capsule 100 mg, 200 mg	40	blisovi fe 1.5/30	31	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	13
benzoyl peroxide-erythromycin	22	BONSITY	37	bupropion hcl oral	13
benztropine mesylate oral	16	BOOSTRIX	36	buspirone hcl oral	17
BESIVANCE	38	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	36	butalbital-acetaminophen oral tablet 50-325 mg	8
BESREMI	15	bosentan	42	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	8
betamethasone dipropionate aug external cream	22	BREATHE COMFORT CHAMBER/ ADULT	40	butalbital-apap-caffeine oral capsule 50-300-40 mg	8
betamethasone dipropionate aug external lotion	22	BREATHE COMFORT CHAMBER/ CHILD	41	butalbital-apap-caffeine oral capsule 50-325-40 mg	8
betamethasone dipropionate aug external ointment	22	BRENZAVVY	26	butalbital-apap-caffeine oral tablet	8
betamethasone dipropionate external cream	22	BREO ELLIPTA	41	butalbital-asa-caff-codeine	8
betamethasone dipropionate external lotion	22	BREZTRI AEROSPHERE	41	butalbital-aspirin-caffeine	8
betamethasone dipropionate external ointment	22	briellyn	31	butorphanol tartrate nasal	8
betamethasone dipropionate external ointment	22	BRILINTA	16	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	26
betamethasone valerate external cream	22	brimonidine tartrate ophthalmic solution 0.15 %	39	BYETTA	26
betamethasone valerate external lotion	22	brimonidine tartrate ophthalmic solution 0.2 %	39	BYLVAY	29
betamethasone valerate external ointment	22	brinzolamide	39	BYLVAY (PELLETS)	29
BETASERON	21	BRIVIACT ORAL TABLET	11		
bethanechol chloride oral	30	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	40		
BETIMOL OPHTHALMIC SOLUTION 0.25 %	39	bromfenac sodium (once-daily)	38		
BETIMOL OPHTHALMIC SOLUTION 0.5 %	39	bromocriptine mesylate oral tablet	16		
BEVESPI AEROSPHERE	40	bromphen-pseudoeph-dm	40		
bicalutamide	15	BRONCHITOL	41		
BIJUVA	31	BRUKINSA	15		
BIKTARVY	16	budesonide inhalation	41		
bimatoprost ophthalmic	39	budesonide oral	37		
BIMZELX	35	bumetanide oral	18		
bis subcit-metronid-tetracyc	28	BUMEX	18		
bismuth/metronidaz/tetracyclin	28	buprenorphine	8, 9		
bisoprolol fumarate oral tablet	18	buprenorphine hcl sublingual	9		
bisoprolol-hydrochlorothiazide	18	buprenorphine hcl-naloxone hcl sublingual film	9		
		buprenorphine hcl-naloxone hcl sublingual tablet sublingual	9		

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	chlordiazepoxide-clidinium.....	29	clindacin etz external swab.....	22
candesartan cilexetil.....	18	chlorhexidine gluconate mouth/ throat.....	21	clindacin-p.....	22
candesartan cilexetil-hctz.....	18	chlorpromazine hcl oral tablet....	16	clindamycin hcl oral.....	10
capecitabine.....	15	chlorthalidone.....	18	clindamycin palmitate hcl.....	10
CAPLYTA.....	16	chlorzoxazone oral tablet 500 mg.....	42	clindamycin phos (once-daily) gel 1 % external.....	22
captopril oral.....	18	cholestyramine light.....	18	clindamycin phos (twice-daily) gel 1 % external.....	22
CAPVAXIVE.....	36	cholestyramine oral.....	18	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	22
carbamazepine er.....	11	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	37	clindamycin phosphate external lotion.....	22
carbamazepine oral tablet.....	11	CIBINQO.....	22	clindamycin phosphate external solution.....	22
carbamazepine oral tablet chewable.....	11	ciclodan.....	13	clindamycin phosphate external swab.....	22
CARBATROL.....	11	ciclopirox external gel.....	13	clindamycin phosphate vaginal...	10
carbidopa-levodopa er.....	16	ciclopirox external shampoo.....	13	CLINDESSE.....	10
carbidopa-levodopa oral tablet...	16	ciclopirox external solution.....	13	CLINPRO 5000.....	21
carbinoxamine maleate oral tablet 4 mg.....	40	ciclopirox olamine external cream.....	13	clobazam oral suspension 2.5 mg/ml.....	11
CARDURA.....	18	ciclopirox olamine external suspension.....	22	clobazam oral tablet.....	11
carisoprodol oral tablet 350 mg ..	42	cilostazol.....	16	clobetasol prop emollient base external cream 0.05 %.....	22
CARNITOR ORAL SOLUTION.....	27	CIMDUO.....	16	clobetasol propionate e.....	22
CARNITOR ORAL TABLET.....	30	cimetidine oral.....	28	clobetasol propionate external cream 0.05 %.....	22
CARNITOR SF.....	27	CIMZIA.....	35	clobetasol propionate external gel.....	23
cartia xt.....	18	cinacalcet hcl.....	38	clobetasol propionate external liquid.....	23
carvedilol.....	18	CIPRO ORAL TABLET.....	10	clobetasol propionate external ointment.....	23
cefadroxil oral capsule.....	10	ciprofloxacin hcl ophthalmic.....	38	clobetasol propionate external solution.....	23
cefadroxil oral suspension reconstituted.....	10	ciprofloxacin hcl oral.....	10	CLOMID.....	37
cefdinir.....	10	ciprofloxacin-dexamethasone....	39	clomiphene citrate oral.....	37
cefixime oral capsule.....	10	citalopram hydrobromide oral tablet.....	13	clomipramine hcl oral.....	13
cefpodoxime proxetil oral tablet .	10	claravis.....	22	clonazepam oral.....	17
cefprozil.....	10	clarithromycin oral tablet.....	10	clonidine hcl er.....	20
cefuroxime axetil.....	10	CLENPIQ.....	29	clonidine hcl oral.....	18
celecoxib oral.....	8	CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	10	clonidine patch.....	18
cephalexin.....	10	CLEOCIN ORAL CAPSULE 75 MG.	10	clopidogrel bisulfate oral.....	16
CEQUR SIMPLICITY 2U 8PK.....	24	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	10		
CERDELGA.....	30	CLEOCIN VAGINAL CREAM.....	10		
CETROTIDE.....	37	CLEOCIN-T.....	22		
cevimeline hcl.....	21	CLIMARA PRO.....	31		
charlotte 24 fe.....	31				
chateal eq.....	31				
chlordiazepoxide hcl.....	17				

clorazepate dipotassium	17	cromolyn sodium ophthalmic.....	39	DEPO-SUBQ PROVERA 104	31
clotrimazole mouth/throat	14	cromolyn sodium oral	29	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	35
clotrimazole-betamethasone.....	23	cryselle-28	31	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	35
clozapine oral tablet.....	16	cvs nicotine	9	DERMA-SMOOTH/FS BODY	23
CLOZARIL.....	16	cvs nicotine polacrilex.....	9	DERMA-SMOOTH/FS SCALP	23
CO-NATAL FA	27	cyanocobalamin injection solution 1000 mcg/ml.....	27	DERMOTIC.....	39
colchicine oral	14	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	27	DESCOVY ORAL TABLET 120-15 MG.....	16
colchicine-probenecid	14	cyanocobalamin nasal.....	27	DESCOVY ORAL TABLET 200-25 MG	16
colesevelam hcl oral tablet.....	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	42	desipramine hcl oral.....	13
COLESTID ORAL TABLET	18	CYCLOGYL.....	39	desmopressin acetate oral.....	34
colestipol hcl oral tablet.....	18	cyclopentolate hcl ophthalmic ...	39	desmopressin acetate spray	34
COMBIGAN	39	cyclosporine modified oral capsule.....	35	desogestrel-ethinyl estradiol	31
COMBIPATCH.....	31	cyproheptadine hcl oral.....	40	desonide external cream.....	23
COMBIVENT RESPIMAT	41	cyred eq.....	31	desonide external lotion	23
COMIRNATY	36	CYTOTEC.....	28	desonide external ointment	23
conjugated estrogen oral	31			DESOWEN.....	23
constulose	29			desoximetasone external cream .	23
CONTOUR NEXT EZ KIT W/ DEVICE.....	24			desoximetasone external ointment	23
CONTOUR NEXT GEN MONITOR KIT.....	24			desvenlafaxine succinate er	13
CONTOUR NEXT MONITOR KIT W/DEVICE	24			dexamethasone intensol.....	34
CONTOUR NEXT ONE KIT.....	25			dexamethasone oral elixir.....	34
CONTOUR NEXT TEST STRIPS.....	25			dexamethasone oral solution	34
CONTOUR PLUS BLUE KIT W/ DEVICE.....	25			dexamethasone oral tablet	34
CONTOUR PLUS TEST STRIP.....	25			dexamethasone oral tablet therapy pack.....	34
CORGARD ORAL TABLET 20 MG, 40 MG	18			dexamethasone sodium phosphate ophthalmic	38
CORLANOR	18			DEXCOM G6 RECEIVER	25
CORTEF	34			DEXCOM G6 SENSOR	25
CORTIFOAM	37			DEXCOM G6 TRANSMITTER.....	25
COSENTYX.....	35			DEXCOM G7 RECEIVER	25
COSOPT.....	39			DEXCOM G7 SENSOR	25
COTELLIC.....	15			dexmethylphenidate hcl	20
COVARYX	31			dexmethylphenidate hcl er	20
COVARYX HS.....	31				
CREON	30				
CRESEMBA ORAL.....	14				
CREXONT	16				

D

dabigatran etexilate mesylate	11
dalfampridine er	21
dapsone external	23
dapsone oral	14
dasatinib	15
dasetta 1/35 (28)	31
dasetta 7/7/7	31
DAYPRO	8
daysee.....	31
deblitane.....	31
DELESTROGEN	31
delyla.....	31
DENTA 5000 PLUS.....	21, 27
DENTA 5000 PLUS SENSITIVE.....	27
DENTAGEL	21
DEPAKOTE	11
DEPAKOTE ER.....	11
DEPAKOTE SPRINKLES.....	11
DEPEN TITRATABS.....	30
DEPO-PROVERA.....	31

dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	20	diphenoxylate-atropine oral tablet.....	29	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	20	DIPROLENE.....	23	DUPIXENT	23
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	20	disulfiram oral	9	dutasteride oral.....	30
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	11	divalproex sodium er	12	E	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	12	divalproex sodium oral capsule delayed release sprinkle.....	12	E.E.S. GRANULES	10
diazepam oral solution	17	divalproex sodium oral tablet delayed release	12	EASIVENT	41
diazepam oral tablet.....	17	DIVIGEL.....	31	EASIVENT MASK LARGE	41
diazepam rectal.....	12	DODEX INJECTION SOLUTION 1000 MCG/ML	27	EASIVENT MASK MEDIUM	41
diclofenac potassium oral tablet 50 mg	8	dofetilide.....	18	EASIVENT MASK SMALL	41
diclofenac sodium er	8	donepezil hcl oral tablet.....	12	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	23
diclofenac sodium external gel 3 %.....	23	DOPTelet	27	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG.....	9
diclofenac sodium ophthalmic....	38	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	39	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9
diclofenac sodium oral	8	dorzolamide hcl-timolol mal	39	ec-naproxen	9
diclofenac-misoprostol	9	dotti	31	econazole nitrate external	14
dicloxacin sodium.....	10	DOVATO.....	16	EDARBI.....	18
dicyclomine hcl oral capsule	29	doxazosin mesylate oral.....	18	EDARBYCLOR.....	18
dicyclomine hcl oral tablet 10mg, 20 mg	29	doxepin hcl oral capsule.....	13	EEMT	31
difluprednate	39	doxepin hcl oral concentrate	13	EEMT HS.....	31
digoxin oral tablet	18	doxycycline hyclate oral capsule..	10	EFUDEX EXTERNAL CREAM 5 % ..	23
DILANTIN.....	12	doxycycline hyclate oral tablet 100 mg	10	ELESTRIN	31
dilt-xr	18	doxycycline hyclate oral tablet 20 mg	10	eletriptan hydrobromide	14
diltiazem hcl er beads	18	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	10	ELIMITE.....	16
diltiazem hcl er coated beads.....	18	doxycycline monohydrate oral suspension reconstituted	10	elinest	31
diltiazem hcl er oral capsule extended release 12 hour	18	doxycycline monohydrate oral tablet.....	10	ELIQUIS TABLET.....	11
diltiazem hcl er oral capsule extended release 24 hour	18	DRISDOL.....	27	ELLA.....	31
diltiazem hcl er oral tablet extended release 24 hour	18	dronabinol	13	ELMIRON.....	30
diltiazem hcl oral.....	18	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	31	ELOCTATE.....	27
dimethyl fumarate oral.....	21	drospirenone-ethinyl estradiol ...	31	eltrombopag powder.....	27
DIPENTUM	37	DRYSOL	23	eluryng	31
		DUAVEE	31	EMBECTA INSULIN SYRINGE	25
				EMGALITY	14
				EMPAVELI.....	35
				emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	16

emtricitabine-tenofovir df oral tablet 200-300 mg	17	ERIVEDGE	15	estradiol valerate intramuscular ..	31
emzahh.	31	ERLEADA.....	15	estradiol-norethindrone acet.....	31
enalapril maleate oral solution....	18	ERMEZA.....	35	estratest f.s.....	31
enalapril maleate oral tablet	18	errin	31	ESTRATEST H.S.....	31
enalapril-hydrochlorothiazide	18	ERYGEL.....	23	ESTRING	31
ENBREL	35	ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ..	10	ESTROGEL	32
ENBREL MINI	35	ERYPED 400	10	eszopiclone	42
ENBREL SURECLICK.....	35	erythromycin base oral tablet	10	ethambutol hcl oral.....	14
endocet	8	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	10	ethosuximide oral	12
ENDOMETRIN	37	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	11	ethynodiol diac-eth estradiol	32
ENERGIX-B.....	36	erythromycin external.....	23	etodolac.....	9
enilloring	31	erythromycin ophthalmic	38	etonogestrel-ethinyl estradiol	32
ENLITE GLUCOSE SENSOR	25	escitalopram oxalate oral solution 5 mg/5ml	13	EUCRISA	23
enoxaparin sodium injection solution prefilled syringe.....	11	escitalopram oxalate oral tablet ..	13	euthyrox.....	35
enpresse-28.....	31	ESGIC ORAL CAPSULE 50-325-40 MG	8	EVAMIST	32
ENSACOVE.....	15	ESGIC ORAL TABLET 50-325-40 MG	8	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	35
enskyce	31	eslicarbazepine acetate	12	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	15
ENSTILAR.....	23	esomeprazole magnesium oral packet.....	28	EVRYSDI ORAL SOLUTION RECONSTITUTED.....	30
entecavir	17	est estrogens-methyltest	31	exemestane.....	15
ENTYVIO PEN.....	35	est estrogens-methyltest ds.....	31	EXKIVITY ORAL CAPSULE 40 MG	15
enulose.....	29	est estrogens-methyltest hs.....	31	EYSUVIS	38
EPCLUSA ORAL TABLET.....	17	estarylla.....	31	ezetimibe	18
EPIDIOLEX.....	12	estradiol oral.....	31, 33	ezetimibe-simvastatin.....	18
epinastine hcl.....	38	estradiol patch twice weekly	31		
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML.....	39	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm.....	31	F	
epinephrine solution auto- injector.....	39	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	31	FABHALTA.....	27
epitol	12	estradiol transdermal patch weekly.....	31	falmina	32
eplerenone.....	18	estradiol vaginal cream.....	31	famciclovir oral	17
eq nicotine	9	estradiol vaginal tablet.....	31	famotidine oral suspension reconstituted	28
eq nicotine mouth/throat gum 4 mg.....	9			FASENRA PEN.....	41
eq nicotine polacrilex.....	9			fayosim oral tablet 42-21-21-7 days	32
eq nicotine step 3.....	9			febuxostat	14
eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	9			feirza 1/20.....	32
ergocalciferol oral capsule	27, 28			feirza 1.5/30.....	32
				FELDENE ORAL CAPSULE 20 MG..	9

felodipine er	18	fluocinolone acetonide otic.....	39	folic acid oral tablet 1 mg.....	27
FEMRING	32	fluocinolone acetonide scalp	23	FOLLISTIM AQ.....	37
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	18	fluocinonide external cream 0.05 %	23	FOSAMAX.....	37
fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	18	fluocinonide external gel.....	23	fosfomycin tromethamine	11
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	18	fluocinonide external ointment... 23		fosinopril sodium	18
fenofibric acid oral capsule delayed release	18	fluocinonide external solution.... 23		FRAICHE 5000 DENTAL.....	21
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .	8	FLUORIDEX.....	21	FREESTYLE LIBRE 14 DAY READER	25
FETZIMA	13	FLUORIDEX ENHANCED WHITENING.....	21	FREESTYLE LIBRE 14 DAY SENSOR.....	25
fidaxomicin oral tablet	11	FLUORIMAX 5000.....	21, 27	FREESTYLE LIBRE 2 PLUS SENSOR.....	25
FINACEA EXTERNAL FOAM.....	23	FLUORIMAX 5000 SENSITIVE....	27	FREESTYLE LIBRE 2 READER	25
finasteride oral tablet 5 mg	30	fluorometholone	38	FREESTYLE LIBRE 2 SENSOR	25
fingolimod hcl	21	fluorouracil external cream 5 %... 23		FREESTYLE LIBRE 3 PLUS SENSOR.....	25
finzala	32	fluoxetine hcl oral capsule	13	FREESTYLE LIBRE 3 READER	25
FIORICET	8	fluoxetine hcl oral solution.....	13	FREESTYLE LIBRE 3 SENSOR	25
flac otic oil 0.01 %	39	fluoxetine hcl oral tablet 10 mg... 13		FREESTYLE LIBRE READER	25
FLAREX	38	fluoxetine hcl oral tablet 20 mg, 60 mg	13	frovatriptan succinate.....	14
flecainide acetate	18	fluticasone propionate external cream	23	ft naloxone hcl.....	9
FLEXICHAMBER	41	fluticasone propionate external ointment.....	23	ft nicotine.....	9
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML.....	27	fluticasone propionate nasal.....	40	ft nicotine mini.....	9
FLUAD.....	36	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	41	FUROSCIX	18
FLUARIX	36	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	41	furosemide oral.....	18
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	fluvoxamine maleate.....	13	fyavolv.....	32
fluconazole oral.....	14	fluvoxamine maleate er	13	FYCOMPA ORAL SUSPENSION ...	12
fludrocortisone acetate oral	34	FLUZONE HIGH-DOSE	36	FYCOMPA ORAL TABLET.....	12
FLULAVAL.....	36	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	FYREMADEL	37
flunisolide nasal.....	40	FML FORTE	38		
fluocinolone acetonide body	23	FML LIQUIFILM	38		
fluocinolone acetonide external cream	23	FOCALIN.....	20		
fluocinolone acetonide external ointment.....	23				
fluocinolone acetonide external solution	23				

G

g tussin ac.....	40
gabapentin oral capsule.....	12
gabapentin oral solution 250 mg/5ml.....	12
gabapentin oral tablet 600 mg, 800 mg.....	12
gallifrey.....	32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	37

GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	gnp nicotine transdermal	9	HAVRIX.....	36
gatifloxacin ophthalmic.....	38	GOLYTELY	29	heather.....	32
gavilyte-c	29	GONAL-F.....	37	HEMANGEOL	18
gavilyte-g	29	goodsense nicotine.....	9	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	27
gavilyte-n with flavor pack	29	griseofulvin microsize oral suspension.....	14	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	37
GAVRETO	15	guaifenesin ac oral syrup 100-10 mg/5ml	40	HEMOFIL M	27
gemfibrozil oral.....	18	guaifenesin-codeine	40	HEPLISAV-B.....	36
generlac.....	29	guanfacine hcl.....	18, 20	HIPREX.....	11
gengraf oral capsule.....	35	guanfacine hcl er	20	hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	9
gentamicin sulfate external.....	11	GUARDIAN 4 GLUCOSE SENSOR .	25	hm nicotine polacrilex mouth/ throat lozenge 2 mg	9
gentamicin sulfate ophthalmic ...	38	GUARDIAN 4 TRANSMITTER.....	25	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	9
GENVOYA	17	GUARDIAN CONNECT TRANSMITTER.....	25	HUMALOG CARTRIDGE	25
GILENYA ORAL CAPSULE 0.25 MG	21	GUARDIAN LINK 3 TRANSMITTER.....	25	HUMALOG KWIKPEN	25
glatiramer acetate.....	21	GUARDIAN REAL-TIME REPLACE PED.....	25	HUMALOG MIX 50/50 KWIKPEN .	25
glatopa.....	21	GUARDIAN SENSOR 3	25	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	25
glimepiride oral tablet 1 mg, 2 mg, 4 mg	26	GVOKE HYPOPEN 1-PACK.....	26	HUMALOG MIX 75/25 KWIKPEN ..	25
glipizide er	26	GVOKE HYPOPEN 2-PACK.....	26	HUMALOG MIX 75/25 VIAL	25
glipizide oral tablet 10 mg, 5 mg ..	26	GVOKE KIT.....	26	HUMALOG U-100 JUNIOR KWIKPEN.....	25
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg.....	26	GVOKE PFS.....	26	HUMATE-P	27
glipizide-metformin hcl	26	GYNAZOLE-1.....	14	HUMIRA*	35
glucagon emergency kit 1 mg injection.....	26	H		HUMULIN 70/30 KWIKPEN	25
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	26	habitrol.....	9	HUMULIN 70/30 VIAL.....	25
GLUCOTROL XL	26	HAEGARDA.....	35	HUMULIN N KWIKPEN	25
glyburide oral	26	hailey 1.5/30	32	HUMULIN N VIAL.....	25
glyburide-metformin.....	26	hailey 24 fe	32	HUMULIN R U-500 KWIKPEN	25
glycopyrrolate oral tablet 1 mg, 2 mg	29	hailey fe 1/20.....	32	HUMULIN R U-500 VIAL	25
GLYXAMBI	26	hailey fe 1.5/30.....	32	HUMULIN R VIAL	25
gnp naloxone hcl	9	HALCION.....	17	hydralazine hcl oral	18
gnp nicotine mini	9	halobetasol propionate external cream	23	hydrochlorothiazide oral	18
gnp nicotine polacrilex mouth/ throat gum 2 mg.....	9	halobetasol propionate external ointment.....	23	hydrocod poli-chlorphe poli er....	40
gnp nicotine polacrilex mouth/ throat lozenge	9	haloette.....	32	hydrocodone bit-homatrop mbr oral solution.....	40
		haloperidol oral.....	16		
		HARVONI ORAL TABLET	17		

JUST RIGHT 5000 DENTAL GEL 1.1 %	21
JUST RIGHT 5000 DENTAL PASTE	21
JYLAMVO	35

K

K-PHOS-NEUTRAL	27
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	28
kalliga	32
KAPSPARGO SPRINKLE	19
kariva	32
kelnor 1/35	32
kelnor 1/50	32
KEPPRA ORAL	12
KEPPRA XR	12
KERENDIA ORAL TABLET 10 MG, 20 MG	19
KESIMPTA	21
ketoconazole external cream	14
ketoconazole external shampoo	14
ketoconazole oral	14
ketorolac tromethamine ophthalmic	38
ketorolac tromethamine oral	9
KEVZARA	35
KISQALI	15
KLARON	23
klayesta	14
KLISYRI	23
klor-con	27
klor-con 10	27
klor-con m10	27
klor-con m15	27
klor-con m20	27
KLOXXADO	9
kl's quit2	9
kl's quit4	9
KOATE	27
KOATE-DVI	27

KOGENATE FS	27
KOSELUGO	15
KOURZEQ	21
KOVALTRY	27
KRINTAFEL	16
kurvelo	32
KYZATREX	35

L

labetalol hcl oral	19
lacosamide oral	12
lactulose encephalopathy	29
lactulose oral solution	29
LAGEVRIO	17
LAMICTAL	12
LAMICTAL ODT ORAL TABLET DISPERSIBLE	12
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	12
lamotrigine er	12
lamotrigine oral tablet	12
lamotrigine oral tablet chewable ..	12
lamotrigine oral tablet dispersible	12
LANOXIN ORAL TABLET 125 MCG, 250 MCG	19
LANOXIN ORAL TABLET 62.5 MCG	19
lansoprazole oral tablet delayed release dispersible	29
LANTUS SOLOSTAR	26
LANTUS U-100 VIAL	26
larin 1/20	32
larin 1.5/30	32
larin 24 fe	32
larin fe 1/20	32
larin fe 1.5/30	32
LASIX	19
latanoprost ophthalmic	39
LEDIPASVIR-SOFOSBUVIR	17
leena	32

leflunomide oral	35
lenalidomide	15
LENVIMA	15
lessina	32
letrozole oral	15
leucovorin calcium oral	15
leuprolide acetate injection	34
levalbuterol hcl inhalation	41
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	41
LEVBID	29
levetiracetam er	12
levetiracetam oral solution	12
levetiracetam oral tablet	12
levo-t	35
levocarnitine oral solution	28
levocarnitine oral tablet	30
levocarnitine sf	28
levocetirizine dihydrochloride oral solution	40
levocetirizine dihydrochloride oral tablet	40
levofloxacin oral tablet	11
levonest	32
levonorg-eth estrad triphasic	32
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	32
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	32
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	32
levora 0.15/30 (28)	32
levothyroxine sodium oral tablet ..	35
levoxyl	35
LEVSIN	29
LEVSIN/SL	29

LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	12	loteprednol etabonate ophthalmic suspension	38	medroxyprogesterone acetate intramuscular	32
lidocaine external ointment 5 %	8	lovastatin oral	19	medroxyprogesterone acetate oral	32
lidocaine external patch 5 %	8	low-ogestrel	32	mefloquine hcl	16
lidocaine hcl mouth/throat	21	lubiprostone	29	megestrol acetate oral suspension 40 mg/ml	34
lidocaine viscous hcl	21	LUMAKRAS	15	megestrol acetate oral tablet	32
lidocaine-prilocaine external cream	8	LUMIGAN	39	meleya	33
LIKMEZ	11	LUMRYZ	42	meloxicam oral tablet	9
linezolid oral tablet	11	LUPKYNIS	36	memantine hcl er	12
LINZESS	29	lurasidone hcl	16	memantine hcl oral tablet	13
liothyronine sodium oral	35	lutera	32	MENOPUR	37
liraglutide solution pen-injector 18 mg/3ml subcutaneous	26	lyleq	32	MENOSTAR	33
lisdexamfetamine dimesylate	21	lyllana	32	MENQUADFI	36
lisinopril oral	19	LYNPARZA	15	MENVEO	36
lisinopril-hydrochlorothiazide	19	LYRICA ORAL CAPSULE	21	mercaptopurine oral tablet	15
LITFULO	35	LYUMJEV KWIKPEN	26	mesalamine oral capsule delayed release 400 mg	37
lithium carbonate er	17	LYUMJEV VIAL	26	mesalamine oral tablet delayed release 1.2 gm	37
lithium carbonate oral	17	lyza	32	mesalamine rectal enema	37
LITHOBID	17			mesalamine rectal suppository	37
LIVDELZI	29			metaxalone oral tablet 400 mg, 800 mg	42
LO LOESTRIN FE	32			metformin hcl er	26
lo-zumandimine	32			metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	26
LODOCO	19			methadone hcl oral tablet	8
lojaimiess	32			methenamine hippurate	11
LOKELMA	28			methimazole oral	35
LOMOTIL	29			methocarbamol oral tablet 500 mg, 750 mg	42
LOPID	19			methotrexate sodium (pf)	36
LOPRESSOR ORAL SOLUTION	19			methotrexate sodium injection solution	36
lorazepam oral tablet	17			methotrexate sodium oral	36
loryna	32			METHYLIN	21
losartan potassium oral	19			methylphenidate hcl er (cd)	21
losartan potassium-hctz	19			methylphenidate hcl er (la) oral capsule extended release 24 hour	21
LOTEMAX OPHTHALMIC OINTMENT	38				
LOTEMAX SM	38				
LOTENSIN	19				
LOTENSIN HCT	19				

NEONATAL COMPLETE.....	28	NIVA THYROID.....	35	np thyroid.....	35
NEONATAL PLUS.....	28	NIVA-PLUS.....	28	NUBEQA.....	15
neuac.....	23	NIVESTYM.....	27	NUCALA.....	41
NEULASTA.....	27	NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	34	NUCYNTA.....	8
NEUPRO.....	16	nora-be.....	33	NUCYNTA ER.....	8
NEURONTIN.....	12	NORDITROPIN FLEXPRO.....	34	NUEDEXTA.....	21
NEVANAC.....	38	norelgestromin-eth estradiol.....	33	NULEV.....	29
NEXLETOL.....	19	norethin ace-eth estrad-fe oral tablet.....	33	NURTEC.....	14
NEXLIZET.....	19	norethin ace-eth estrad-fe oral tablet chewable.....	33	NUWIQ.....	27
NGENLA.....	34	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	33	NUZYRA ORAL.....	11
niacin er (antihyperlipidemic).....	19	norethindrone acet-ethinyl est ...	33	nyamyc.....	14
NICODERM CQ.....	9	norethindrone acetate oral.....	33	nylia 1/35.....	33
NICORETTE MINI.....	9	norethindrone oral.....	33	nylia 7/7/7.....	33
NICORETTE MOUTH/THROAT GUM.....	9	norethindrone-eth estradiol.....	33	nymyo oral tablet 0.25-35 mg-mcg.....	33
NICORETTE MOUTH/THROAT LOZENGE.....	9	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg.....	33	nystatin external.....	14
NICORETTE STARTER KIT.....	9	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	33	nystatin mouth/throat.....	14
nicotine mini.....	9, 10	NORLIQVA.....	19	nystatin oral.....	14
nicotine polacrilex mini.....	10	norlyroc.....	33	nystatin-triamcinolone.....	14
nicotine polacrilex mouth/ throat.....	9, 10	NORPRAMIN.....	13	nystop.....	14
nicotine step 1.....	10	nortrel 0.5/35 (28).....	33		
nicotine step 2.....	10	nortrel 1/35 (21).....	33		
nicotine step 3.....	9, 10	nortrel 1/35 (28).....	33		
nicotine transdermal patch 24 hour.....	9, 10	nortrel 7/7/7.....	33		
nifedipine er.....	19	nortriptyline hcl oral capsule.....	13		
nifedipine er osmotic release.....	19	NOVAREL.....	37		
nifedipine oral.....	19	NOVOEIGHT.....	27		
nikki.....	33	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.....	25		
nilotinib hcl.....	15	NOVOFINE PEN NEEDLE.....	25		
NITRO-BID.....	19	NOVOFINE PLUS PEN NEEDLE ...	25		
NITRO-DUR.....	19	NOVOPEN ECHO.....	25		
nitrofurantoin macrocrystal.....	11				
nitrofurantoin monohydrate macrocrystals.....	11				
nitroglycerin rectal.....	19				
nitroglycerin sublingual.....	19				
nitroglycerin transdermal.....	19				
NITROSTAT.....	19				

O

ocella.....	33
OCUFLOX.....	38
ODACTRA.....	40
ODEFSEY.....	17
ODOMZO.....	15
OFEV.....	41
ofloxacin ophthalmic.....	38
ofloxacin otic.....	39
olanzapine oral tablet.....	16
olanzapine oral tablet dispersible.....	16
olmesartan medoxomil oral.....	19
olmesartan medoxomil-hctz.....	19
olopatadine hcl nasal.....	40
olopatadine hcl ophthalmic solution 0.1 %.....	38
OLUMIANT.....	36
OMECLAMOX-PAK.....	29
omega-3-acid ethyl esters.....	19

PRED MILD.....	38
prednisolone acetate ophthalmic.....	38
prednisolone oral solution	34
prednisolone sodium phosphate oral solution 15 mg/5ml.....	34
prednisone oral.....	34
pregabalin oral capsule.....	21
PREGNYL.....	37
PREMARIN ORAL	33
PREMARIN VAGINAL	33
premium lidocaine.....	8
PREMPHASE	33
PREMPRO	33
prenatal oral tablet 27-1 mg.....	28
prenatal plus.....	28
prenatal plus vitamin/mineral.....	28
PRENATE MINI.....	28
prevalite.....	19
PREVIDENT 5000 BOOSTER PLUS.....	22
PREVIDENT 5000 DRY MOUTH.....	22
PREVIDENT 5000 ENAMEL PROTECT.....	28
PREVIDENT 5000 KIDS	22
PREVIDENT 5000 ORTHO DEFENSE.....	22
PREVIDENT 5000 PLUS	22
PREVIDENT 5000 SENSITIVE	28
PREVIDENT DENTAL	22
PREVNAR 20	36
PREVYMIS ORAL TABLET	17
PREZCOBIX.....	17
primidone oral tablet 125 mg	12
primidone oral tablet 250 mg, 50 mg	12
PRIORIX.....	37
probenecid.....	14
PROCHAMBER VHC.....	41
prochlorperazine maleate oral....	13
procto-med hc.....	37

PROCTOFOAM HC.....	37
PROCTOSOL HC	37
PROCTOZONE-HC.....	37
progesterone intramuscular	33
progesterone oral	33
progesterone suppository	37
PROGRAF ORAL CAPSULE.....	36
PROMACTA POWDER.....	27
promethazine hcl oral solution....	13
promethazine hcl oral tablet.....	13
promethazine hcl rectal.....	13
promethazine-codeine.....	40
promethazine-dm.....	40
PROMETHEGAN	13
propafenone hcl	19
propafenone hcl er	19
propranolol hcl er.....	19
propranolol hcl oral.....	19
propylthiouracil oral.....	35
PROVERA.....	31, 33
prucalopride succinate.....	29
pseudoephedrine- bromphen-dm.....	40
PULMOSAL.....	40
PULMOZYME.....	41
PYLERA.....	29
PYRIDIUM.....	30
pyridostigmine bromide oral tablet 60 mg	14

Q

qc nicotine transdermal system ..	10
QUESTRAN.....	20
QUESTRAN LIGHT.....	20
quetiapine fumarate	16
quetiapine fumarate er.....	16
QUFLORA PEDIATRIC	28
QULIPTA	14
QVAR REDIHALER	41

R

ra mini nicotine	10
ra nicotine mouth/throat gum 4 mg.....	10
ra nicotine polacrilex	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.....	20
ranolazine er	20
rasagiline mesylate oral	16
RASUVO.....	36
reclipsen	33
RECOMBIMATE	27
RECOMBIVAX HB	37
RECTIV	20
REGLAN	13
RENTHYROID	35
repaglinide.....	26
REPATHA	20
REPATHA PUSHTRONEX SYSTEM .	20
REPATHA SURECLICK	20
RESTASIS.....	39
RESTORIL.....	42
RETACRIT	27
RETEVMO	15
REVLIMID.....	15
REXTOVY.....	10
REXULTI.....	16
REYVOW	14
REZDIFFRA.....	29
RHOFADE	24
RHOPRESSA.....	39
rifampin oral	15

RINVOQ.....	36	sf gel 1.1%.....	22	sodium sulfacetamide wash.....	24
risedronate sodium oral tablet 150 mg, 35 mg.....	38	SFROWASA.....	37	SOFOSBUVIR-VELPATASVIR.....	17
risedronate sodium oral tablet 30 mg, 5 mg.....	38	sharobel.....	33	solifenacin succinate.....	30
risperidone.....	16	SHINGRIX.....	37	SOLQUA.....	26
rivaroxaban.....	11	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	27	SOOLANTRA.....	24
rivastigmine.....	13	sildenafil citrate oral tablet 20 mg.....	42	sotalol hcl oral.....	20
rivastigmine tartrate.....	13	silodosin.....	30	SOTYKTU.....	36
rivelsa.....	33	SILVADENE.....	11	SPIKEVAX.....	37
rizatriptan.....	14	silver sulfadiazine external.....	11	SPIRIVA HANDIHALER.....	41
ROCALTROL ORAL CAPSULE.....	38	simliya.....	33	SPIRIVA RESPIMAT.....	41
ROCKLATAN.....	39	simpesse.....	33	spironolactone oral tablet.....	20
roflumilast.....	41	SIMPONI.....	36	spironolactone-hctz.....	20
ropinirole hcl.....	16	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	20	SPORANOX.....	14
rosuvastatin calcium oral.....	20	simvastatin oral tablet 80 mg.....	20	SPRAVATO.....	13
rosyrah.....	33	SINEMET.....	16	sprintec 28.....	33
roweepra.....	12	SINGULAIR ORAL PACKET.....	41	sronyx.....	33
ROZLYTREK.....	15	sirolimus oral tablet.....	36	ssd.....	11
RUCONEST.....	36	SKYRIZI.....	36	STENDRA.....	27
RUKOBIA.....	17	SKYTROFA.....	35	STEQEYMA SUBCUTANEOUS.....	36
RYBELSUS.....	26	SLYND.....	33	STIOLTO RESPIMAT.....	41
RYDAPT.....	15	sm nicotine.....	10	STIVARGA.....	15
S		sm nicotine polacrilex.....	10	STRENSIQ.....	30
sacubitril-valsartan.....	20	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr.....	10	STRIVERDI RESPIMAT.....	41
SALAGEN.....	22	sod citrate-citric acid oral solution 500-334 mg/5ml.....	28	STROMECTOL.....	16
SANTYL.....	24	sod fluoride-potassium nitrate... ..	28	subvenite.....	12
SAVELLA.....	21	sodium chloride inhalation.....	40	SUCRAID.....	30
saxagliptin hcl.....	26	sodium fluoride 5000 enamel.... ..	28	sucalfate oral suspension.....	29
saxagliptin-metformin er.....	26	sodium fluoride 5000 plus.....	22	sucalfate oral tablet.....	29
SCEMBLIX.....	15	sodium fluoride 5000 ppm.....	22	SUFLAVE.....	29
scopolamine.....	13	sodium fluoride 5000 sensitive... ..	28	sulfacetamide sod-sulfur wash external liquid 9-4 %.....	24
selenium sulfide external lotion ..	24	sodium fluoride dental.....	22	sulfacetamide sodium (acne).....	24
SEREVENT DISKUS.....	41	sodium fluoride oral solution.....	28	sulfacetamide sodium external... ..	24
sertraline hcl oral concentrate....	13	sodium fluoride oral tablet chewable.....	28	sulfacetamide sodium ophthalmic solution.....	38
sertraline hcl oral tablet.....	13	SODIUM OXYBATE.....	42	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %.....	24
setlakin.....	33			sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml... ..	11
sevelamer carbonate oral tablet... ..	30			sulfamethoxazole-trimethoprim oral tablet.....	11
sf 5000 plus.....	22				

sulfasalazine oral	37	TANLOR	42	TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS.....	38
sulfatrim pediatric.....	11	TAPERDEX 12-DAY	34	TESTIM.....	35
sulindac oral	9	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	34	testosterone cypionate intramuscular	35
sumatriptan nasal	14	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	34	testosterone enanthate intramuscular	35
sumatriptan succinate oral.....	14	TAPERDEX 7-DAY	34	testosterone gel 20.25 mg/act (1.62%) transdermal	35
sumatriptan succinate subcutaneous solution auto- injector.....	14	tarina 24 fe.....	33	testosterone transdermal gel 1.62 %.....	35
SUNOSI	42	tarina fe 1/20 eq	33	tetracycline hcl oral capsule	11
SUPREP BOWEL PREP KIT.....	29	TAVALISSE	27	TEZRULY	20
SUTAB	29	tazarotene external cream.....	24	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	41
syeda	33	TAZORAC EXTERNAL CREAM.....	24	THRIVE.....	10
SYMBICORT.....	41	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	20	thyroid oral.....	35
SYMFI	17	TECHLITE INSULIN SYRINGES (Arkray).....	25	tiadylt er.....	20
SYMFI LO ORAL TABLET 400- 300-300 MG	17	TECHLITE PEN NEEDLES (Arkray).....	25	TIAZAC.....	20
SYMLINPEN 120	26	TECHLITE PLUS PEN NEEDLES (Arkray).....	25	ticagrelor.....	16
SYMLINPEN 60	26	TEGLUTIK	21	TIGLUTIK	21
SYMPAZAN.....	12	TEGRETOL ORAL TABLET	12	TIKOSYN	20
SYMPROIC	29	TEGRETOL-XR.....	12	tilia fe.....	33
SYNJARDY	26	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML.....	30	timolol hemihydrate.....	39
SYNJARDY XR.....	26	TEKTURNA	20	timolol maleate (once-daily)	39
T		TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG.....	20	timolol maleate ocudose.....	39
TABRECTA.....	15	telmisartan.....	20	timolol maleate ophthalmic.....	39
TACLONEX EXTERNAL SUSPENSION	24	telmisartan-hctz.....	20	timolol maleate pf	39
tacrolimus external.....	24	temazepam	42	TIMOPTIC OCUDOSE	39
tacrolimus oral.....	36	temozolomide	15	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	39
tadalafil (pah).....	42	TENCON	8	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	39
tadalafil oral.....	27	TENIVAC	37	tinidazole oral.....	11
TADLIQ.....	42	tenofovir disoproxil fumarate.....	17	tiopronin	15
tafluprost (pf).....	39	terazosin hcl	30	tiopronin delayed release	15
TAGRISSO.....	15	terbinafine hcl oral	14	TIROSINT-SOL.....	35
TAKHZYRO SUBCUTANEOUS SOLUTION	36	terconazole	14	TIVICAY	17
tamoxifen citrate oral tablet 10 mg.....	15	teriflunomide	21	tizanidine hcl oral capsule.....	42
tamoxifen citrate oral tablet 20 mg	15			tizanidine hcl oral tablet.....	42
tamsulosin hcl	30				

TOBI PODHALER.....	41	tri-lo-mili.....	34	TRUVADA ORAL TABLET	
TOBRADEX OPHTHALMIC		tri-lo-sprintec.....	34	100-150 MG, 133-200 MG,	
OINTMENT.....	38	tri-mili.....	34	167-250 MG.....	17
TOBRADEX OPHTHALMIC		tri-nymyo oral tablet		TRYPTYR.....	39
SUSPENSION 0.3-0.1 %.....	38	0.18/0.215/0.25 mg-35 mcg.....	34	turqoz.....	34
tobramycin ophthalmic.....	38	tri-sprintec.....	34	TWIIST REFILL KIT.....	25
tobramycin-dexamethasone.....	38	tri-vite/fluoride.....	28	TWIIST REFILL KIT/INFUSION	
tolterodine tartrate.....	30	tri-vylibra.....	34	SET.....	25
tolvaptan oral tablet therapy		tri-vylibra lo.....	34	TWIIST STARTER KIT.....	25
pack.....	30	triamcinolone acetonide		TWINRIX.....	37
TOPAMAX.....	12	external cream 0.025 %, 0.1 %.....	24	TYBLUME.....	34
TOPAMAX SPRINKLE.....	12	triamcinolone acetonide		tydemy oral tablet	
TOPICORT.....	24	external cream 0.5 %.....	24	3-0.03-0.451 mg.....	34
TOPICORT EXTERNAL CREAM		triamcinolone acetonide		TYMLOS.....	38
0.05 %, 0.25 %.....	24	external lotion.....	24	TYRVAYA.....	39
topiramate oral capsule sprinkle..	12	triamcinolone acetonide		TYVASO.....	42
topiramate oral tablet.....	12	external ointment 0.025 %, 0.1 %, 0.5 %.....	24	TYVASO DPI.....	42
torpenz.....	15	triamcinolone acetonide mouth/			
torsemide.....	20	throat.....	22	U	
TOUJEO MAX SOLOSTAR.....	26	triamterene-hctz.....	20	UBRELVY.....	14
TOUJEO SOLOSTAR.....	26	triazolam.....	17	UCERIS ORAL.....	37
TRADJENTA.....	26	TRICARE ORAL TABLET.....	28	UDENYCA SUBCUTANEOUS	
tramadol hcl (er biphasic) oral		triderm.....	24	SOLUTION AUTO-INJECTOR.....	27
tablet extended release 24 hour...	8	TRIDESILON EXTERNAL CREAM		unithroid.....	35
tramadol hcl er.....	8	0.05 %.....	24	urea external cream 20 %, 40 %, 45 %.....	24
tramadol hcl oral tablet 50 mg.....	8	trihexyphenidyl hcl oral tablet....	16	UREMEZ-40.....	24
tramadol-acetaminophen.....	8	TRIJARDY XR.....	26	UROCIT-K 10.....	28
trandolapril.....	20	TRIKAFTA ORAL TABLET		UROCIT-K 15.....	28
tranexamic acid oral.....	27	THERAPY PACK.....	41	UROCIT-K 5 ORAL TABLET	
travoprost (bak free).....	39	TRILEPTAL.....	12	EXTENDED RELEASE 5 MEQ	
trazodone hcl oral.....	13	trimethoprim oral.....	11	(540 MG).....	28
TRELEGY ELLIPTA.....	41	TRINATAL RX 1.....	28	ursodiol oral capsule 300 mg.....	29
TREMFYA.....	36	TRINATE.....	28	ursodiol oral tablet.....	29
tretinoin external cream.....	24	TRINTELLIX.....	13		
TREXALL.....	36	TRIUMEQ.....	17	V	
TREZIX.....	8	trivora (28).....	34	valacyclovir hcl oral.....	17
tri-estarylla.....	33	trospium chloride.....	30	valganciclovir hcl oral tablet.....	17
tri-legest fe.....	33	TRULICITY.....	26	valproic acid oral capsule.....	12
tri-linyah.....	33	TRUQAP ORAL TABLET.....	15	valproic acid oral solution	
tri-lo-estarylla.....	33			250 mg/5ml.....	12
tri-lo-marzia.....	34			valsartan oral solution.....	20

valsartan oral tablet	20
valsartan-hydrochlorothiazide.....	20
VALTOCO	12
valtya 1/50	34
VANCOCIN.....	11
vancomycin hcl oral capsule	11
VANDAZOLE	11
VANRAFIA.....	30
VAQTA.....	37
vardenafil hcl oral tablet	27
varenicline	10
VARIVAX	37
velivet	34
VELPHORO.....	30
VELTASSA	28
VENCLEXTA.....	15
venlafaxine hcl.....	13
venlafaxine hcl er oral capsule extended release 24 hour	13
VEOZAH	21
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg.....	20
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg.	20
verapamil hcl er oral tablet extended release	20
verapamil hcl oral.....	20
VERELAN.....	20
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	20
VERKAZIA.....	39
VERQUVO	20
VERZENIO.....	15
vestura	34
VFEND ORAL TABLET 200 MG	14
VFEND ORAL TABLET 50 MG	14
VIBERZI	29
VIBRAMYCIN ORAL CAPSULE 100 MG.....	11

VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	11
vienva	34
vilazodone hcl.....	13
VIMPAT ORAL.....	12
viorele.....	34
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	17
VISTARIL ORAL CAPSULE 25 MG.	17
VITAFOL FE+.....	28
VITAFOL ULTRA	28
VITAFOL-OB	28
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	28
VITATHELY WITH GINGER	28
VITRAKVI	15
VIVJOA.....	14
volnea	34
VOQUEZNA	29
VOQUEZNA DUAL PAK	29
VOQUEZNA TRIPLE PAK.....	29
voriconazole oral tablet	14
VORTEX HOLD CHMBR/MASK/ CHILD DEVICE.....	41
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE.....	41
VORTEX VALVE CHAMBER-PEDI MASK.....	41
VORTEX VALVED HOLDING CHAMBER DEVICE	41
VOSEVI.....	17
VOYDEYA.....	27
VRAYLAR.....	16
VTAMA	24
vyfemla	34
VYLEESI.....	27
vylibra.....	34
VYNDAMAX.....	30
VYNDAQEL.....	20, 30
VYVGART HYTRULO.....	14

W

WAINUA	13
WAKIX.....	42
warfarin sodium oral.....	11
wera	34
wes-phos 250 neutral.....	28
WEZLANA	36
WILATE.....	27
wixela inhub.....	41

X

XACIATO	11
xarah fe	34
XARELTO	11
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ..	12
XDEMVY.....	38
XELJANZ	36
XELJANZ XR	36
XENLETA ORAL TABLET 600 MG ..	11
XEPI	11
XIFAXAN	11
XIIDRA	39
XOFLUZA (40 MG DOSE)	17
XOFLUZA (80 MG DOSE).....	17
XOLAIR.....	41
XOPENEX HFA	41
XTAMPZA ER	8
XTANDI.....	16
xulane	34
XYWAV	42

Y

YASMIN 28	34
YAZ	34
YESINTEK SUBCUTANEOUS.....	36
YORVIPATH	38
YUPELRI.....	41
yuvaferm.....	34

Z

zafemy	34	ZORYVE EXTERNAL CREAM 0.15%, 0.3%	24
zafirlukast	41	ZORYVE EXTERNAL FOAM	24
zaleplon	42	zovia 1/35 (28)	34
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	42	ZTLIDO	8
ZARONTIN	12	ZUBSOLV	10
ZARXIO	27	zumandimine	34
ZAVZPRET	14	ZURZUVAE	13
ZEBUTAL ORAL CAPSULE 50-325-40 MG	8	ZYLET	38
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	14
ZEJULA	16		
ZELBORAF	16		
ZELSUVMI	24		
zenatane	24		
ZENPEP	30		
ZEPOSIA	21		
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	40		
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	20		
ZIAC ORAL TABLET 5-6.25 MG ...	20		
ZILBRYSQ	14		
ZILXI	24		
ZIMHI	10		
ZIOPTAN	39		
ziprasidone hcl	16		
ZITHROMAX	11		
zolmitriptan oral tablet	14		
zolmitriptan oral tablet dispersible	14		
zolpidem tartrate er	42		
zolpidem tartrate oral tablet	42		
ZOMIG NASAL SOLUTION 2.5 MG	14		
ZOMIG NASAL SOLUTION 5 MG ..	14		
ZONEGRAN	12		
zonisamide oral capsule	12		

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

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

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថ្លែ និងការទំនាក់ទំនងគតិកថ្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខគតិកថ្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

11/25 ©2026 United HealthCare Services, Inc. All Rights Reserved.
WF19677608-B 2026 Prescription Drug List – Advantage 4-Tier

**United
Healthcare**