



Your 2026 Prescription Drug List

Traditional 4-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 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.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ¹ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits ² – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ³ – 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. ²

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

2. Not applicable to certain Student Resources plans.

3. Not applicable to Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
acetaminophen-codeine oral tablet	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
ALLZITAL	E		hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
apap-caff-dihydrocodeine	1	QL	hydromorphone hcl oral tablet	1	QL
ascomp-codeine	1	QL	JOURNAVX	4	QL
bac (butalbital-acetamin-caff)	1	QL	lidocaine external ointment 5 %	1	QL
BELBUCA	3	PA, QL	lidocaine external patch 5 %	1	PA, QL
BUPAP ORAL TABLET 50-300 MG	E		lidocaine-prilocaine external cream	1	
buprenorphine	1	PA, QL	LIDOCAN	E	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E		LIDODERM	E	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1		LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL	methadone hcl oral tablet	1	PA, QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	morphine sulfate er oral tablet extended release	1	PA, QL
butalbital-apap-caffeine	1	QL	morphine sulfate oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL	MS CONTIN	E	PA, QL
butalbital-aspirin-caffeine	1		NALOCET	E	QL
butorphanol tartrate nasal	1	QL	NUCYNTA	4	QL
BUTRANS	E	PA, QL	NUCYNTA ER	3	PA, QL
DILAUDID ORAL TABLET	E	QL	OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
endocet	1	QL	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL	oxycodone hcl oral capsule	1	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL	oxycodone hcl oral solution	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
FIORICET	4	QL			
FIORICET/CODEINE	E	QL			
GEN7T EXTERNAL PATCH 3.5 %	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
OXYCONTIN	E	PA, QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
PERCOCET	E	QL	ec-naproxen	1	
premium lidocaine	1	QL	etodolac	1	
PROLATE ORAL TABLET	E	QL	FELDENE ORAL CAPSULE 20 MG	4	
ROXICODONE	E	QL	ibuprofen oral suspension 100 mg/5ml	E	
TENCON	3		ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL	indomethacin er	1	
tramadol hcl er	1	(generic for Ultram ER), QL	indomethacin oral capsule	1	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL	ketorolac tromethamine oral	1	
tramadol hcl oral tablet 50 mg	1	QL	LODINE	E	
tramadol-acetaminophen	1	QL	LOFENA	E	QL
TREZIX	3	QL	meloxicam oral tablet	1	
TRIDACAIN II	E	PA, QL	nabumetone oral	1	
TRIDACAIN III	E	PA, QL	NAPROSYN	E	
XTAMPZA ER	4	PA, QL	naproxen dr	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL	naproxen oral tablet	1	
ZTLIDO	3	PA, QL	naproxen oral tablet delayed release	1	
Analgesics - Drugs for Pain and Inflammation			naproxen sodium oral tablet 275 mg, 550 mg	1	
ANAPROX DS	E		oxaprozin oral tablet	1	
ARTHROTEC	E		piroxicam oral	1	
CELEBREX	E		RELAFEN DS	E	
celecoxib oral	1		sulindac oral	1	
DAYPRO	4		Anti-Addiction / Substance Abuse Treatment Agents		
diclofenac potassium oral tablet 25 mg	E	QL	acamprosate calcium	1	
diclofenac potassium oral tablet 50 mg	1		APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
diclofenac sodium er	1		buprenorphine hcl sublingual	1	QL
diclofenac sodium external gel 1 %	E		buprenorphine hcl-naloxone hcl sublingual film	1	QL
diclofenac sodium oral	1		buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
diclofenac-misoprostol	1		bupropion hcl er (smoking det)	1	H
DICLOFONO	E		cvs nicotine	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cvs nicotine polacrilex	1	H	NICORETTE MOUTH/THROAT LOZENGE	2	H
disulfiram oral	1		NICORETTE STARTER KIT	4	H
eq nicotine	1	H	nicotine mini	1	H
eq nicotine mouth/throat gum 4 mg	1	H	nicotine polacrilex mini	1	H
eq nicotine polacrilex	1	H	nicotine polacrilex mouth/throat	1	H
eq nicotine step 3	1	H	nicotine step 1	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H	nicotine step 2	1	H
ft naloxone hcl	1	QL	nicotine step 3	1	H
ft nicotine	1	H	nicotine transdermal patch 24 hour	1	H
ft nicotine mini	1	H	OPVEE	1	QL
gnp naloxone hcl	1	QL	qc nicotine transdermal system	1	H
gnp nicotine mini	1	H	ra mini nicotine	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H	ra nicotine polacrilex	1	H
gnp nicotine transdermal	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
goodsense nicotine	1	H	REXTOVY	1	QL
habitrol	1	H	sm nicotine	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	sm nicotine polacrilex	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H	SUBOXONE	E	PA, QL
KLOXXADO	1	QL	THRIVE	4	H
kls quit2	1	H	varenicline tartrate	1	PA, H
kls quit4	1	H	varenicline tartrate (starter)	1	PA, H
naloxone hcl injection solution prefilled syringe	1	QL	varenicline tartrate(continue)	1	PA, H
naloxone hcl nasal	1	QL	ZIMHI	2	QL
naltrexone hcl oral	1	QL	ZUBSOLV	1	QL
NARCAN	1	QL (includes Narcan OTC)	Antibacterials - Drugs for Infections		
NICODERM CQ	4	H	amoxicillin	1	
NICORETTE MINI	2	H	amoxicillin-potassium clavulanate	1	
NICORETTE MOUTH/THROAT GUM	4	H	ampicillin	1	
			AUGMENTIN	E	
			AUGMENTIN ES-600	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	4		doxycycline monohydrate oral tablet	1	
azithromycin oral packet 1 gm	1		E.E.S. GRANULES	3	
BACTRIM	4		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
BACTRIM DS	4		ERYPED 400	4	
cefadroxil oral capsule	1		erythromycin base oral tablet	1	
cefadroxil oral suspension reconstituted	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefdinir	1		fidaxomicin oral tablet	1	QL
cefixime oral capsule	1		fosfomycin tromethamine	1	
cefpodoxime proxetil oral tablet	1		gentamicin sulfate external	1	QL
cefprozil	1		HIPREX	4	
cefuroxime axetil	1		levofloxacin oral tablet	1	
cephalexin	1		LIKMEZ	4	
CIPRO ORAL TABLET	4		linezolid oral tablet	1	
ciprofloxacin hcl oral	1		MACROBID	4	
clarithromycin oral tablet	1		MACRODANTIN	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		methenamine hippurate	1	
CLEOCIN ORAL CAPSULE 75 MG	2		metronidazole oral tablet 125 mg	E	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		metronidazole oral tablet 250 mg, 500 mg	1	
CLEOCIN VAGINAL CREAM	4		metronidazole vaginal	1	
clindamycin hcl oral	1		minocycline hcl oral capsule	1	
clindamycin palmitate hcl	1		MONDOXYNE NL	E	
clindamycin phosphate vaginal	1		moxifloxacin hcl oral	1	
CLINDESSE	2		mupirocin cream	1	QL
dicloxacillin sodium	1		mupirocin ointment	1	QL
DIFICID ORAL TABLET	E	QL	neomycin sulfate oral	1	
doxycycline hyclate oral capsule	1		nitrofurantoin macrocrystal	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		NUVESSA	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		NUZYRA ORAL	4	QL
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		penicillin v potassium	1	
doxycycline monohydrate oral suspension reconstituted	1		SEYSARA	E	
			SILVADENE	4	
			silver sulfadiazine external	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral capsule	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
Anticonvulsants - Drugs for Seizures		
APTiom	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	1	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 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	PA
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lacosamide oral	1		topiramate oral capsule sprinkle	1	
LAMICTAL	4	PA	topiramate oral tablet	1	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	TRILEPTAL	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TROKENDI XR	E	
lamotrigine er	1		valproic acid oral capsule	1	
lamotrigine oral tablet	1		valproic acid oral solution 250 mg/5ml	1	
lamotrigine oral tablet chewable	1		VALTOCO	3	PA, QL
lamotrigine oral tablet dispersible	1	PA	VIMPAT ORAL	4	PA
levetiracetam er	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
levetiracetam oral solution	1		ZARONTIN	4	
levetiracetam oral tablet	1		ZONEGRAN	4	PA
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL	zonisamide oral	1	
MOTPOLY XR	3	PA	Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
MYSOLINE	2	PA	ARICEPT	E	
NAYZILAM	3	PA, QL	donepezil hcl oral tablet	1	
NEURONTIN	4	PA	EXELON	E	
ONFI	4	PA	memantine hcl er	1	
oxcarbazepine	1		memantine hcl oral tablet	1	
oxcarbazepine er	E		NAMENDA ORAL TABLET 10 MG, 5 MG	E	
perampanel	1	PA	NAMENDA TITRATION PAK	E	
phenobarbital oral tablet	1		NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
phenytek	1		rivastigmine	1	
phenytoin sodium extended	1		rivastigmine tartrate	1	
primidone oral tablet 125 mg	1	PA	Antidepressants - Drugs for Depression		
primidone oral tablet 250 mg, 50 mg	1		amitriptyline hcl oral	1	
roweepra	1		ANAFRANIL	E	
subvenite	1		AUVELITY	4	ST, QL
SYMPAZAN	4	PA	bupropion hcl er (sr)	1	
TEGRETOL ORAL TABLET	4		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
TEGRETOL-XR	4		BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
TOPAMAX	4	PA			
TOPAMAX SPRINKLE	4	PA			
topiramate er oral capsule extended release 24 hour	E				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
bupropion hcl oral	1		PROZAC	E	
CELEXA	E		RALDESY	4	PA
citalopram hydrobromide oral tablet	1		REMERON	E	
clomipramine hcl oral	1		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
CYMBALTA	E		SERTRALINE HCL ORAL CAPSULE	E	QL
desipramine hcl oral	1		sertraline hcl oral concentrate	1	
desvenlafaxine succinate er	1	QL	sertraline hcl oral tablet	1	
doxepin hcl oral capsule	1		SPRAVATO (56 MG DOSE)	4	PA, QL
doxepin hcl oral concentrate	1		SPRAVATO (84 MG DOSE)	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		trazodone hcl oral	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E		TRINTELLIX	4	ST, QL
EFFEXOR XR	E		venlafaxine hcl	1	
escitalopram oxalate oral solution 5 mg/5ml	1		venlafaxine hcl er oral capsule extended release 24 hour	1	
escitalopram oxalate oral tablet	1		venlafaxine hcl er oral tablet extended release 24 hour	E	QL
FETZIMA	4	ST, QL	VIIBRYD	E	QL
fluoxetine hcl oral capsule	1		vilazodone hcl	1	QL
fluoxetine hcl oral solution	1		WAINUA	2	PA, QL, SP
fluoxetine hcl oral tablet 10 mg	1	QL	WELLBUTRIN SR	E	
fluoxetine hcl oral tablet 20 mg, 60 mg	1		WELLBUTRIN XL	E	
fluvoxamine maleate	1		ZOLOFT	E	
fluvoxamine maleate er	1	QL	ZURZUVAE	2	PA, QL, SP
FORFIVO XL	E	QL	Antiemetics - Drugs for Nausea and Vomiting		
imipramine hcl oral	1		ANTIVERT ORAL TABLET 50 MG	E	
LEXAPRO	E		aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
mirtazapine oral	1		DICLEGIS	E	PA
NORPRAMIN	4		doxylamine-pyridoxine	E	PA
nortriptyline hcl oral capsule	1		dronabinol	1	
PAMELOR	E		EMEND BIPACK	E	QL
paroxetine hcl er	1	QL	MARINOL	E	
paroxetine hcl oral tablet	1		meclizine hcl oral tablet	E	
PAXIL	E		metoclopramide hcl oral tablet	1	
PAXIL CR	E	QL	ondansetron hcl oral	1	
PRISTIQ	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ondansetron odt oral tablet dispersible 16 mg	E		nystatin mouth/throat	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1		nystatin oral	1	
perphenazine oral	1		nystatin-triamcinolone	1	
prochlorperazine maleate oral	1		nystop	1	QL
promethazine hcl oral solution	1		posaconazole oral tablet delayed release	1	
promethazine hcl oral tablet	1		SPORANOX	4	QL
promethazine hcl rectal	1		terbinafine hcl oral	1	
PROMETHEGAN	3		terconazole	1	
REGLAN	4		TOLSURA	E	
scopolamine	1		VFEND ORAL TABLET 200 MG	4	QL
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E		VFEND ORAL TABLET 50 MG	3	QL
Antifungals - Drugs for Fungal Infections			VIVJOA	3	PA, QL
ciclodan	1		voriconazole oral tablet	1	QL
ciclopirox external	1		Antigout Agents - Drugs for Gout		
ciclopirox olamine external cream	1		allopurinol oral tablet 100 mg, 300 mg	1	
clotrimazole mouth/throat	1		allopurinol oral tablet 200 mg	E	
CRESEMBA ORAL	3		colchicine oral	1	
DIFLUCAN	E		colchicine-probenecid	1	
econazole nitrate external	1		COLCRYS ORAL TABLET 0.6 MG	E	
fluconazole oral	1		febuxostat	1	
griseofulvin microsize oral suspension	1		MITIGARE	2	
GYNAZOLE-1	3		probenecid	1	
itraconazole oral capsule	1	QL	ULORIC	E	
JUBLIA	4	PA, ST, QL	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
ketoconazole external cream	1	QL	Antimigraine Agents - Drugs for Migraines		
ketoconazole external shampoo	1		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
ketoconazole oral	1		AJOVY	E	PA, ST, QL
klayesta	1	QL	eletriptan hydrobromide	1	QL
LOPROX EXTERNAL SHAMPOO 1 %	E		EMGALITY	2	PA, ST, QL
NOXAFIL ORAL TABLET DELAYED RELEASE	E		FROVA	E	QL
nyamyc	1	QL	frovatriptan succinate	1	QL
nystatin external	1	QL	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
			IMITREX ORAL	E	QL

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Drug Name	Drug Tier	Requirements & Limits
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	QL
REYVOW	4	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
ZOMIG ORAL TABLET 5 MG	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	

Drug Name	Drug Tier	Requirements & Limits
ZILBRYSQ	4	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
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, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	SP
FEMARA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GAVRETO	4	PA, QL, SP	SCEMBLIX	4	PA, QL, SP
GLEEVEC	E	QL, SP	SPRYCEL	E	PA, QL, SP
HYDREA	E		STIVARGA	2	PA, QL, SP
hydroxyurea oral	1		TABRECTA	4	PA, QL, SP
IBRANCE ORAL TABLET	4	PA, ST, QL, SP	TAGRISSO	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL	tamoxifen citrate oral tablet 10 mg	1	
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP	tamoxifen citrate oral tablet 20 mg	1	H-PA
IDHIFA	2	PA, QL, SP	TASIGNA	E	PA, ST, QL, SP
imatinib mesylate oral	1	QL, SP	temozolomide	1	SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP	torpenz	1	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP	TRUQAP ORAL TABLET	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP	VENCLEXTA	2	PA, QL, SP
IMKELDI	4	QL, SP	VERZENIO	2	PA, QL, SP
JAKAFI	2	PA, QL, SP	VITRAKVI	2	PA, QL, SP
KISQALI	2	PA, QL, SP	XELODA	E	QL, SP
KOSELUGO	3	PA, QL, SP	XTANDI	2	PA, QL, SP
lenalidomide	1	PA, QL, SP	ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
letrozole oral	1	H-PA	ZELBORAF	2	PA, QL, SP
leucovorin calcium oral	1		ZYTIGA	E	QL, SP
LUMAKRAS	4	PA, QL, SP	Antiparasitics - Drugs for Parasitic Infections		
LYNPARZA	2	PA, QL, SP	ARAKODA	4	QL
mercaptopurine oral tablet	1		atovaquone	1	
nilotinib hcl	1	PA, ST, QL, SP	atovaquone-proguanil hcl	1	
NUBEQA	2	PA, QL, SP	ELIMITE	4	
ODOMZO	2	PA, QL, SP	hydroxychloroquine sulfate oral	1	
ORGOVYX	3	PA, QL, SP	ivermectin oral tablet 3 mg	1	PA, QL
PIQRAY	2	PA, QL, SP	ivermectin oral tablet 6 mg	1	PA
POMALYST	3	PA, QL, SP	KRINTAFEL	1	QL
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP	MALARONE	4	
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP	mefloquine hcl	1	
REVLIMID	2	PA, QL, SP	MEPRON	E	
ROZLYTREK	2	PA, QL, SP	permethrin external	1	
RYDAPT	2	PA, QL, SP	PLAQUENIL	E	
			SOVUNA	E	
			STROMECTOL	4	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Antiparkinson Agents - Drugs for Parkinson's Disease					
amantadine hcl oral capsule	1		GEODON ORAL	E	
amantadine hcl oral tablet	1		haloperidol oral	1	
AZILECT	E		INVEGA	E	QL
benztropine mesylate oral	1		LATUDA	E	QL
bromocriptine mesylate oral tablet	1		lurasidone hcl	1	QL
carbidopa-levodopa er	1		olanzapine oral	1	
carbidopa-levodopa oral tablet	1		paliperidone er	1	QL
CREXONT	4	ST	quetiapine fumarate	1	
DHIVY	E		quetiapine fumarate er	1	
INBRIJA	3	PA, QL, SP	REXULTI	4	QL
NEUPRO	3		RISPERDAL	E	
PARLODEL ORAL TABLET	E		risperidone	1	
pramipexole dihydrochloride	1		SAPHRIS	E	QL
rasagiline mesylate oral	1		SEROQUEL	E	
ropinirole hcl	1		SEROQUEL XR	E	
RYTARY	E	ST	VRAYLAR	4	QL
SINEMET	4		ziprasidone hcl	1	
trihexyphenidyl hcl oral tablet	1		ZYPREXA ORAL	E	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
BRILINTA	E	QL	Antivirals - Drugs for Viral Infections		
cilostazol	1		acyclovir external ointment	1	QL
clopidogrel bisulfate oral	1		acyclovir oral capsule	1	
EFFIENT	E		acyclovir oral suspension 200 mg/5ml	1	
PLAVIX	E		acyclovir oral tablet	1	
prasugrel hcl	1		BARACLUDE ORAL TABLET	E	
ticagrelor	1	QL	BIKTARVY	4	QL
Antipsychotics - Drugs for Mood Disorders			CIMDUO	2	QL
ABILIFY	E		DESCOVY ORAL TABLET 120-15 MG	4	QL
aripiprazole oral solution	1		DESCOVY ORAL TABLET 200-25 MG	4	QL, H
aripiprazole oral tablet	1		DOVATO	2	QL
asenapine maleate	1	QL	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
CAPLYTA	4	PA, ST, QL	emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
chlorpromazine hcl oral tablet	1	QL			
clozapine oral tablet	1				
CLOZARIL	4				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
entecavir	1		VOSEVI	2	PA, QL, SP
EPCLUSA ORAL TABLET	2	PA, QL, SP	XOFLUZA (40 MG DOSE)	3	QL
famciclovir oral	1		XOFLUZA (80 MG DOSE)	3	QL
GENVOYA	4	QL	ZOVIRAX EXTERNAL OINTMENT	E	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP	Anxiolytics - Drugs for Anxiety		
ISENTRESS HD	2		alprazolam er	1	
ISENTRESS ORAL TABLET	2		alprazolam oral	1	
JULUCA	2	QL	alprazolam xr	1	
LAGEVRIO	2	QL	ATIVAN ORAL	E	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	buspirone hcl oral	1	
MAVYRET ORAL PACKET	2	PA, QL, SP	chlordiazepoxide hcl	1	
ODEFSEY	4	QL	clonazepam oral	1	
oseltamivir phosphate oral	1		clorazepate dipotassium	1	
PAXLOVID	2	QL	diazepam oral solution	1	
PREVYMIS ORAL TABLET	2	PA	diazepam oral tablet	1	
PREZCOBIX	2		HALCION	4	
RUKOBIA	4	PA	hydroxyzine hcl oral	1	
SITAVIG	E	QL	hydroxyzine pamoate oral	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	KLONOPIN	E	
SYMFI	2	QL	lorazepam oral tablet	1	
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL	triazolam	1	
TAMIFLU	E		VALIUM	E	
tenofovir disoproxil fumarate	1	H-PA	VISTARIL ORAL CAPSULE 25 MG	4	
TIVICAY	3		XANAX	E	
TRIUMEQ	2	QL	XANAX XR	E	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL	Bipolar Agents - Drugs for Mood Disorders		
TRUVADA ORAL TABLET 200-300 MG	E	QL	lithium carbonate er	1	
valacyclovir hcl oral	1	QL	lithium carbonate oral	1	
VALCYTE ORAL TABLET	E		LITHOBID	4	PA
valganciclovir hcl oral tablet	1		Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
VALTREX	E	QL	acebutolol hcl oral	1	
VEMLIDY	E	PA	acetazolamide er	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		acetazolamide oral	1	
VIREAD ORAL TABLET 300 MG	E		ALDACTONE	E	
			aliskiren fumarate	1	
			ALTACE	E	
			amiloride hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amiodarone hcl oral	1		carvedilol phosphate er	E	
amlodipine besylate oral	1		CATAPRES-TTS-1	E	
amlodipine besylate-benazepril hcl	1		CATAPRES-TTS-2	E	
amlodipine besylate-valsartan	1		CATAPRES-TTS-3	E	
amlodipine-olmesartan	E		chlorthalidone	1	
ATACAND	E		cholestyramine light	1	
ATACAND HCT	E		cholestyramine oral	1	
atenolol oral	1		clonidine hcl oral	1	
atenolol-chlorthalidone	1		clonidine patch weekly 0.1 mg/24hr transdermal	1	
ATORVALIQ	4	PA	clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	clonidine patch weekly 0.2 mg/24hr transdermal	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
AVALIDE	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	
AVAPRO	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
AZOR	E		colesevelam hcl oral tablet	1	
benazepril hcl oral	1		COLESTID ORAL TABLET	4	
benazepril-hydrochlorothiazide	1		colestipol hcl oral tablet	1	
BENICAR	E		COREG	E	
BENICAR HCT	E		COREG CR	E	
BETAPACE	E		CORGARD ORAL TABLET 20 MG, 40 MG	4	
bisoprolol fumarate oral tablet	1		CORLANOR	3	PA, QL
bisoprolol-hydrochlorothiazide	1		COZAAR	E	
bumetanide oral	1		CRESTOR	E	
BUMEX	3		digoxin oral tablet	1	
BYSTOLIC	E		diltiazem hcl er	1	
CAMZYOS	4	PA, QL, SP	diltiazem hcl er beads	1	
candesartan cilexetil	1		diltiazem hcl er coated beads	1	
candesartan cilexetil-hctz	1		diltiazem hcl oral	1	
captopril oral	1		dilt-xr	1	
CARDIZEM	E		DIOVAN	E	
CARDIZEM CD	E		DIOVAN HCT	E	
CARDIZEM LA	E		dofetilide	1	
CARDURA	4				
cartia xt	1				
carvedilol	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
doxazosin mesylate oral	1		indapamide	1	
EDARBI	E		INDERAL LA	E	
EDARBYCLOR	E		INSPRA	E	
enalapril maleate oral solution	1	PA	INZIRQO	4	PA
enalapril maleate oral tablet	1		irbesartan	1	
enalapril-hydrochlorothiazide	1		irbesartan-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA, QL	ISORDIL TITRADOSE	E	
EPANED	4	PA	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
eplerenone	1		isosorbide dinitrate oral tablet 40 mg	E	
EXFORGE	E		isosorbide mononitrate er	1	
ezetimibe	1		ivabradine hcl	1	PA, QL
ezetimibe-simvastatin	1		KAPSPARGO SPRINKLE	4	
felodipine er	1		KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1		labetalol hcl oral	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		LANOXIN ORAL TABLET 62.5 MCG	4	
fenofibrate oral tablet 120 mg, 40 mg	E		LASIX	4	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		LIPITOR	E	
fenofibric acid oral capsule delayed release	1		lisinopril oral	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril-hydrochlorothiazide	1	
flecainide acetate	1		LIVALO	E	ST
fosinopril sodium	1		LODOCO	4	QL
FUROSCIX	4	PA, QL	LOPID	4	
furosemide oral	1		LOPRESSOR ORAL TABLET	4	
gemfibrozil oral	1		losartan potassium oral	1	
guanfacine hcl	1		losartan potassium-hctz	1	
HEMANGEOL	3		LOTENSIN	4	
HEMICLOR	E		LOTENSIN HCT	4	
hydralazine hcl oral	1		LOTREL	E	
hydrochlorothiazide oral	1		lovastatin oral	1	H
HYZAAR	E		LOVAZA	E	
icosapent ethyl	E	PA	matzim la	1	
			MAXZIDE ORAL TABLET 75-50 MG	4	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
metolazone	1		omega-3-acid ethyl esters	1	
metoprolol succinate er	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		PACERONE ORAL TABLET 200 MG	4	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		pentoxifylline er	1	
metoprolol-hydrochlorothiazide	1		pitavastatin calcium	E	ST
mexiletine hcl oral	1		PRALUENT	E	PA, ST, QL
MICARDIS	E		pravastatin sodium	1	
MICARDIS HCT	E		prazosin hcl oral	1	
midodrine hcl	1		prevalite	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4		PROCARDIA XL	E	
minoxidil oral	1		propafenone hcl	1	
MULTAQ	4	PA	propafenone hcl er	1	
nadolol oral	1		propranolol hcl er	1	
nebivolol hcl	1		propranolol hcl oral	1	
NEXLETOL	2	PA, ST, QL	QUESTRAN	4	
NEXLIZET	2	PA, ST, QL	QUESTRAN LIGHT	4	
niacin er (antihyperlipidemic)	1		ramipril	1	
nifedipine er	1		ranolazine er	1	
nifedipine er osmotic release	1		RECTIV	4	QL
nifedipine oral	1		REPATHA	2	QL
NITRO-BID	2		REPATHA PUSHTRONEX SYSTEM	2	QL
NITRO-DUR	3		REPATHA SURECLICK	2	QL
nitroglycerin rectal	1	QL	rosuvastatin calcium oral	1	
nitroglycerin sublingual	1		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
nitroglycerin transdermal	1		sacubitril-valsartan	1	PA, QL
NITROSTAT	4		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
NORLIQVA	4	PA	simvastatin oral tablet 80 mg	1	
NORVASC	E		SOANZ	E	QL
olmesartan medoxomil oral	1		sotalol hcl oral	1	
olmesartan medoxomil-hctz	1		spironolactone oral tablet	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E		spironolactone-hctz	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1		VERQUVO	4	PA, QL
TEKTURNA	3		VYNDAQEL	2	PA, QL, SP
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3		VYTORIN	E	
telmisartan	1		WELCHOL ORAL TABLET	E	
telmisartan-hctz	1		ZESTORETIC	E	
TENORETIC 100	E		ZESTRIL	E	
TENORETIC 50	E		ZETIA	E	
TENORMIN	E		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
THALITONE	E		ZIAC ORAL TABLET 5-6.25 MG	4	
tiadylt er	1		ZOCOR	E	
TIAZAC	4		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TIKOSYN	4		ADDERALL	E	
TOPROL XL	E		ADDERALL XR	E	QL
torsemide	1		ADZENYS XR-ODT	E	QL
trandolapril	1		amphetamine sulfate	1	
triamterene-hctz	1		amphetamine-dextroamphetamine	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E		amphetamine-dextroamphetamine er	1	QL
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL	amphet-dextroamphet 3-bead er	1	QL
TRICOR	E		APTENSIO XR	E	QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E		atomoxetine hcl	1	QL
VALSARTAN ORAL SOLUTION	4	PA	AZSTARYS	3	ST, QL
valsartan oral tablet	1		clonidine hcl er	1	
valsartan-hydrochlorothiazide	1		CONCERTA	E	QL
VASCEPA	E	PA	COTEMPLA XR-ODT	E	QL
VASERETIC	E		DEXEDRINE	E	QL
VASOTEC	E		dexmethylphenidate hcl	1	
verapamil hcl er	1		dexmethylphenidate hcl er	1	QL
verapamil hcl oral	1		dextroamphetamine sulfate er	1	QL
VERELAN	4		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4		dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
			DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EVEKEO	E		RITALIN LA	E	QL
FOCALIN	4		STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
FOCALIN XR	E	QL	VYVANSE	E	QL
guanfacine hcl er	1		ZENZEDI	E	
INTUNIV	E		Central Nervous System Agents - Drugs for Multiple Sclerosis		
JORNAY PM	3	ST, QL	AMPYRA	E	PA, QL, SP
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E		AUBAGIO	E	PA, QL, SP
lisdexamfetamine dimesylate	1	QL	AVONEX PEN	2	PA, QL, SP
METADATE CD	E	QL	AVONEX PREFILLED	2	PA, QL, SP
METHYLIN	4		BAFIERTAM	2	PA, QL, SP
methylphenidate hcl er (cd)	1	QL	BETASERON	2	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL	COPAXONE	E	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1		dalfampridine er	1	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL	dimethyl fumarate oral	1	PA, QL, SP
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL	EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL	fingolimod hcl	1	PA, QL, SP
methylphenidate hcl er (xr)	E	QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
methylphenidate hcl er oral tablet extended release	1	QL	GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
methylphenidate hcl er oral tablet extended release 24 hour	E	QL	glatiramer acetate	1	PA, QL, SP
methylphenidate hcl oral	1		glatopa	1	PA, QL, SP
MYDAYIS	E	QL	KESIMPTA	2	PA, QL, SP
ONYDA XR	3	QL	MAVENCLAD	3	PA, ST, QL, SP
QELBREE	E	PA, QL	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
QUILLICHEW ER	E	QL	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
QUILLIVANT XR	E	QL	PLEGRIDY INTRAMUSCULAR	3	PA, QL
RELEXXII	E	QL	PLEGRIDY STARTER PACK	3	PA, QL, SP
RITALIN	E		PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
			TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
			teriflunomide	1	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Miscellaneous					
AUSTEDO	2	PA, QL, SP	FLUORIDEX ENHANCED WHITENING	3	
AUSTEDO XR	2	PA, QL, SP	FLUORIMAX 5000	3	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP	FRAICHE 5000 DENTAL	4	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP	JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP	JUST RIGHT 5000 DENTAL PASTE	3	
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL	KOURZEQ	2	
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP	lidocaine hcl mouth/throat	1	
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP	lidocaine viscous hcl	1	
LYRICA ORAL CAPSULE	4	PA	ORALONE	2	
NUEDEXTA	2	PA, QL	PERIDEX	4	
pregabalin oral capsule	1		periogard	1	
RADICAVA ORS	3	PA, QL, SP	pilocarpine hcl oral	1	
RADICAVA ORS STARTER KIT	3	PA, QL, SP	PREVIDENT 5000 BOOSTER PLUS	3	
SAVELLA	4	QL	PREVIDENT 5000 DRY MOUTH	4	
TEGLUTIK	3	PA	PREVIDENT 5000 KIDS	3	
TIGLUTIK	3	PA	PREVIDENT 5000 ORTHO DEFENSE	3	
VEOZAH	4	PA, QL	PREVIDENT 5000 PLUS	4	
ZEPOSIA	3	PA, ST, QL, SP	PREVIDENT DENTAL	4	
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP	SALAGEN	4	
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP	sf 5000 plus	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			sf gel 1.1%	1	
cevimeline hcl	1		sodium fluoride 5000 plus	1	
chlorhexidine gluconate mouth/throat	1		sodium fluoride 5000 ppm	1	
CLINPRO 5000	3		sodium fluoride dental	1	
DENTA 5000 PLUS	4		triamcinolone acetonide mouth/throat	1	
DENTAGEL	4		Dermatological Agents - Drugs for Skin Conditions		
EVOXAC	E		ABSORICA	E	PA
FLUORIDEX	3		ACANYA	E	QL
			accutane	1	
			acitretin	1	
			ACZONE	E	QL
			ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
adapalene external gel	E	PA, QL	CALCITRENE	3	
adapalene-benzoyl peroxide external gel	1	QL	CARAC EXTERNAL CREAM 0.5 %	E	
ADEINZDE	E		CIBINQO	2	PA, QL, SP
AKLIEF	4	PA, QL	ciclopirox olamine external suspension	1	
ALA SCALP	4		claravis	1	
ala-cort	E		CLEOCIN-T	4	
alclometasone dipropionate	1		clindacin etz external swab	1	
ammonium lactate external	E		clindacin-p	1	
amnestem	1		CLINDAGEL	E	QL
AMZEEQ	4	QL	clindamycin phos (once-daily) gel 1 % external	1	QL
ARAZLO	E	PA, QL	clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL
ATRALIN	E	PA, QL	clindamycin phos (twice-daily) gel 1 % external	1	QL
AVAR CLEANSER	4		clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL
AVAR LS CLEANSER	E		clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL	clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
azelaic acid external	1		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
AZELEX	3	QL	clindamycin phosphate external lotion	1	
BENZAMYCIN	2	QL	clindamycin phosphate external solution	1	
benzoyl peroxide-erythromycin	1	QL	clindamycin phosphate external swab	1	
betamethasone dipropionate aug external cream	1		clobetasol prop emollient base external cream 0.05 %	1	QL
betamethasone dipropionate aug external lotion	1		clobetasol propionate e	1	QL
betamethasone dipropionate aug external ointment	1		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
betamethasone dipropionate external	1		clobetasol propionate external cream 0.05 %	1	QL
betamethasone valerate external cream	1		clobetasol propionate external foam	E	QL
betamethasone valerate external lotion	1		clobetasol propionate external gel	1	QL
betamethasone valerate external ointment	1				
BLANCHE	E				
CABTREO	E	QL			
calcipotriene external cream	1	QL			
calcipotriene external ointment	1				
calcipotriene external solution	1	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external liquid	1	QL	ELIDEL	E	QL
clobetasol propionate external ointment	1	QL	ENSTILAR	4	QL
clobetasol propionate external shampoo	E	QL	EPIDUO	E	QL
clobetasol propionate external solution	1	QL	EPIDUO FORTE	E	QL
CLOBEX EXTERNAL SHAMPOO	E	QL	ERYGEL	3	
CLOBEX SPRAY	E	QL	erythromycin external	1	
clodan	E	QL	EUCRISA	3	ST, QL
clotrimazole external cream	E		FINACEA EXTERNAL FOAM	4	
clotrimazole-betamethasone	1		FINACEA EXTERNAL GEL	E	
dapsone external	1	QL	fluocinolone acetonide body	1	QL
DERMACINRX UREA	E		fluocinolone acetonide external	1	QL
DERMA-SMOOTH/FS BODY	4	QL	fluocinolone acetonide scalp	1	
DERMA-SMOOTH/FS SCALP	4		fluocinonide external cream 0.05 %	1	
desonide external cream	1	QL	fluocinonide external cream 0.1 %	E	QL
desonide external lotion	1	QL	fluocinonide external gel	1	
desonide external ointment	1	QL	fluocinonide external ointment	1	
DESOWEN	3	QL	fluocinonide external solution	1	
desoximetasone external cream	1	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
desoximetasone external ointment	1	QL	fluorouracil external cream 5 %	1	
diclofenac sodium external gel 3 %	1	PA, QL	fluticasone propionate external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	fluticasone propionate external ointment	1	
DIPROLENE	4		halobetasol propionate external cream	1	QL
doxycycline	E		halobetasol propionate external ointment	1	QL
DRYSOL	4		hydrocortisone external cream 1 %	E	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external cream 2.5 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	hydrocortisone external lotion 2 %, 2.5 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	hydrocortisone external ointment 1 %, 2.5 %	1	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone valerate external cream	1	QL
EFUDEX EXTERNAL CREAM 5 %	4				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydroquinone external	E		podofilox external solution	1	
HYDROXYM EXTERNAL CREAM	E		RETIN-A	E	PA, QL
imiquimod external cream 3.75 %	E	QL	RHOFADE	4	PA, QL
imiquimod external cream 5 %	1		SANTYL	3	QL
imiquimod pump	E	QL	selenium sulfide external lotion	1	
IMPOYZ	E	QL	sodium sulfacetamide wash	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		SOOLANTRA	1	QL
isotretinoin oral capsule 25 mg, 35 mg	E	PA	sulfacetamide sodium (acne)	1	
ivermectin external cream	E	QL	sulfacetamide sodium external	1	
KLARON	4		sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
KLISYRI (250 MG)	4	ST, QL	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
KLISYRI (350 MG)	4	ST, QL	sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
LOPROX EXTERNAL SUSPENSION 0.77 %	E		sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
METROCREAM	4		SUMADAN WASH	E	
METROGEL	E		SYNALAR	E	QL
METROLOTION	4		SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
metronidazole external cream	1		TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
metronidazole external gel 0.75 %	1		TACLONEX EXTERNAL SUSPENSION	1	QL
metronidazole external gel 1 %	E		tacrolimus external	1	QL
metronidazole external lotion	1		tazarotene external cream	1	PA, QL
MIRVASO	2	PA, QL	TAZORAC EXTERNAL CREAM	4	PA, QL
mometasone furoate external	1		TOLAK	E	
NEMLUVIO	2	PA, QL, SP	TOPICORT	4	QL
neuac	1	QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
NORITATE	E		TREMFYA CROHNS INDUCTION	4	PA, QL
ONEXTON	E	QL	TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA, QL
OPZELURA	4	PA, QL, SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA, QL
ORACEA	E		tretinoin external cream	1	QL
OVACE PLUS WASH EXTERNAL LIQUID	4				
OVACE WASH	4				
PANRETIN	3				
pimecrolimus	1	QL			
PLEXION CLEANSER	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
tretinoin external gel	E	QL	Diabetes - Glucose Monitoring and Supplies		
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
triamcinolone acetonide external cream 0.5 %	1	QL	ACCU-CHEK FASTCLIX LANCET	1	
triamcinolone acetonide external lotion	1		ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK GUIDE KIT W/ DEVICE	2	
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK GUIDE ME METER	2	
triamcinolone in absorbase	E		ACCU-CHEK GUIDE TEST STRIPS	2	QL
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
triderm	1	QL	ACCU-CHEK SOFTCLIX LANCET	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
tritocin external ointment 0.05 %	E		ACCUTREND GLUCOSE	E	QL
urea external cream 20 %, 40 %, 45 %	1		AGAMATRIX PRESTO TEST	E	QL
urea external cream 39 %, 41 %, 47 %	E		AQ INSULIN SYRINGE	2	QL
UREA EXTERNAL CREAM 39.5 %	E		AQINJECT PEN NEEDLE	2	QL
uredeb	E		BD AUTOSHIELD DUO PEN NEEDLES	2	QL
UREMEZ-40	3		BD BLUNT FILL NEEDLE W/ FILTER	2	
URESOL	E		BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
VANOS	E	QL	BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
VTAMA	4	PA, QL	BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
WINLEVI	E	PA, QL	BD ECLIPSE SHIELDED NEEDLE	2	
xurea	E		BD PEN NEEDLE MICRO ULTRAFINE	2	QL
zenatane	1		BD PEN NEEDLE MINI ULTRAFINE	2	QL
ZILXI	4	PA, ST, QL	BD PEN NEEDLE NANO ULTRAFINE	2	QL
ZORYVE EXTERNAL CREAM 0.15 %	4	PA	BD PEN NEEDLE ORIG ULTRAFINE	2	QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL	BD PEN NEEDLE SHORT ULTRAFINE	2	QL
ZORYVE EXTERNAL FOAM	4	PA, QL			
ZYCLARA	E	QL			
ZYCLARA PUMP	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2		CONTOUR NEXT TEST STRIPS	1	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2		CONTOUR PLUS BLUE KIT W/ DEVICE	1	
BD ULTRA-FINE PEN NEEDLES	2	QL	CONTOUR PLUS TEST STRIP	1	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2		CONTOUR TEST STRIPS	E	QL
BD VEO ULTRA-FINE INSULIN SYRINGES	2		CVS ADVANCED GLUCOSE TEST	E	QL
BD-ULTRA FINE INSULIN SYRINGES	2		CVS GLUCOSE METER TEST STRIPS	E	QL
BIGFOOT UNITY PROGRAM	3		CVS TRUE METRIX GLUCOSE TEST	E	QL
BIOTEL CARE TEST STRIPS	E	QL	D-CARE BLOOD GLUCOSE	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL	D-CARE GLUCOMETER	E	
BLOOD GLUCOSE TEST STRIPS 333	E	QL	DEXCOM G6 RECEIVER	3	PA, QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2		DEXCOM G6 SENSOR	3	PA, QL
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2		DEXCOM G6 TRANSMITTER	3	PA, QL
CAREPOINT SAFETY 1ST NEEDLE	2		DEXCOM G7 RECEIVER	3	PA, QL
CARESENS N PLUS BT	E		DEXCOM G7 SENSOR	3	PA, QL
CARETOUCH MONITOR SYSTEM	E		DIABETES CARE	E	
CARETOUCH TEST	E	QL	DIABETES MONITOR DIGIT ADD-ON	3	
CEQUR SIMPLICITY 2U 8PK	3	ST	DIABETES MONITOR DIGIT SOLN	3	
CONTOUR MONITOR KIT W/ DEVICE	E		DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
CONTOUR NEXT EZ KIT W/ DEVICE	1		EASY MAX BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT	1		EASY MAX T1 GLUCOSE SYSTEM	E	
CONTOUR NEXT GEN TEST STRIPS	1	QL	EASY TOUCH HEALTHPRO GLUCOSE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E		EASY TOUCH TEST	E	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	EASYGLUCO	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	1		EASYMAX 15 TEST	E	QL
CONTOUR NEXT ONE KIT	1		EASYMAX NG BLOOD GLUCOSE KIT	E	
			EMBECTA INSULIN SYRINGE	2	QL
			EMBRACE BLOOD GLUCOSE TEST	E	QL
			EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
			ENLITE GLUCOSE SENSOR	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EQ BLOOD GLUCOSE TEST	E	QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
EVERSENSE 365 SENSOR/HOLDER	E	PA	GUARDIAN REAL-TIME REPLACE PED	3	PA
EVERSENSE 365 SMART TRANSMIT	E	PA	GUARDIAN SENSOR 3	3	PA, QL
EVERSENSE E3 SENSOR/HOLDER	E	PA	GVOKE HYPOPEN 1-PACK	2	QL
EVERSENSE E3 SMART TRANSMITTER	E	PA	GVOKE HYPOPEN 2-PACK	2	QL
EVERSENSE SENSOR/HOLDER	E	PA	GVOKE KIT	2	
EVERSENSE SMART TRANSMITTER	E	PA	GVOKE PFS	2	
FORA 6 CONNECT/GTEL TEST	E	QL	HEALTHPRO BLOOD GLUCOSE MONITO	E	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL	IHEALTH BLOOD GLUCOSE TEST STR	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL	IHEALTH GLUCO+ KIT 10	E	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	IHEALTH GLUCO+ KIT 100	E	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	INPEN	3	ST
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
FREESTYLE LIBRE 2 READER	3	PA, QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	LANCETS	1	
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	MICRODOT TEST	E	QL
FREESTYLE LIBRE 3 READER	3	PA	MINILINK REAL-TIME TRANSMITTER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	MINIMED 630G GUARDIAN PRESS	3	PA
FREESTYLE LIBRE READER	3	PA, QL	MM BLOOD GLUCOSE SYSTEM	E	
FREESTYLE PRECISION NEO SYSTEM	E		MM BLOOD GLUCOSE SYSTEM REFILL	E	
FREESTYLE PRECISION NEO TEST	E	QL	MM BLULINK GLUCOSE TEST	E	QL
FREESTYLE TEST	E	QL	MM EASY TOUCH GLUCOSE METER	E	
GLUCOCARD EXPRESSION TEST	E	QL	MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
GLUCOCARD SHINE TEST	E	QL	NEUTEK 2TEK TEST	E	QL
GLUCOCARD VITAL TEST	E	QL			
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL			
GUARDIAN 4 TRANSMITTER	3	PA, QL			
GUARDIAN CONNECT TRANSMITTER	3	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	PTS PANELS EGLU TEST	E	QL
NOVOFINE PEN NEEDLE	2	QL	QUICK TOUCH BLOOD GLUCOSE	E	
NOVOFINE PLUS PEN NEEDLE	2	QL	QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
NOVOPEN ECHO	3		QUINTET AC BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 LIBRE INTRO KIT	2	PA	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE PODS	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SIMPLERA SENSOR	E	PA
ON CALL EXPRESS MONITORING SYS	E		SIMPLERA SYNC SENSOR	E	PA
ONETOUCH ULTRA 2 KIT W/ DEVICE	E		SIMPLERA SYSTEM	E	PA
ONETOUCH ULTRA BLUE TEST	E	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRA TEST STRIPS	E	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	E		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E		TEMPO REFILL	E	
ONETOUCH VERIO KIT W/ DEVICE	E		TEMPO WELCOME	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO TEST STRIPS	E	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
OPTIUMEZ TEST	E	QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX GO GLUCOSE METER	E	
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX METER	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PRECISION XTRA KIT W/DEVICE	E		TWIIST REFILL KIT	2	PA, QL
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL	TWIIST REFILL KIT/INFUSION SET	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TWIST STARTER KIT	2	PA, QL
UNISTRIPI1 GENERIC	E	QL
VERISAFE SAFETY STERILE NEEDLE	2	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTouch	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	2	QL	INVOKANA	E	ST, QL
TOUJEO SOLOSTAR	2	QL	JANUMET	E	ST, QL
TRESIBA FLEXTOUCH	E	QL	JANUVIA	E	ST, QL
Diabetes - Non-Insulin Agents			JARDIANCE	2	QL
acarbose oral	1		JENTADUETO	2	QL
ACTOPLUS MET	4	QL	JENTADUETO XR	2	QL
ACTOS	E	QL	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
ALOGLIPTIN BENZOATE	2	QL	liraglutide	1	PA, QL
BAQSIMI ONE PACK	2	QL	metformin hcl er	1	
BAQSIMI TWO PACK	2	QL	metformin hcl er (mod)	E	PA
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL	metformin hcl er (osm)	E	PA
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl oral tablet 625 mg, 750 mg	E	
FARXIGA	E	ST, QL	MOUNJARO	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		nateglinide	1	QL
glimepiride oral tablet 3 mg	E		NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
glipizide er	1		ONGLYZA	E	QL
glipizide oral tablet 10 mg, 5 mg	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
glipizide oral tablet 2.5 mg	E		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		pioglitazone hcl	1	QL
glipizide-metformin hcl	1		pioglitazone hcl-metformin hcl	1	QL
glucagon emergency kit 1 mg injection	1	QL	repaglinide	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	RYBELSUS	2	PA, QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	saxagliptin hcl	1	QL
GLUCOTROL XL	4		saxagliptin-metformin er	1	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	SOLQUA	2	QL
glyburide oral	1		SYMLINPEN 120	3	QL
glyburide-metformin	1		SYMLINPEN 60	3	QL
GLYXAMBI	2	ST, QL	SYNJARDY	2	QL
			SYNJARDY XR	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TRADJENTA	2	QL	NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
TRIJARDY XR	2	QL	NUVIQ INTRAVENOUS KIT 1500 UNIT	2	
TRULICITY	2	PA, QL	NYVEPRIA	E	
XIGDUO XR	E	ST, QL	RECOMBINATE	2	SP
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
Drugs for Blood Disorders			RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
ADVATE	2	SP	TAVALISSE	4	PA, QL, SP
ADYNOVATE	4	PA, SP	tranexamic acid oral	1	QL
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP	VOYDEYA	2	PA, QL, SP
ALPHANATE	2	SP	WILATE	2	
ALPROLIX	3	SP	ZARXIO	2	
ALTUVIIIO	4	PA, SP	Drugs for Sexual Dysfunction		
ALVAIZ	4	PA, SP	ADDYI	4	PA, QL
ARANESP (ALBUMIN FREE)	2	QL, SP	avanafil	1	PA, QL
DOPTelet	4	PA, QL, SP	CIALIS	E	QL
ELOCTATE	4	PA, SP	IMVEXXY MAINTENANCE PACK	2	QL
FABHALTA	2	PA, QL, SP	IMVEXXY STARTER PACK	2	QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP	INTRAROSA	4	PA, QL
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP	OSPHEA	3	PA, QL
HEMOFIL M	2	SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
HUMATE-P	2	SP	STENDRA	4	PA, QL
HYMPAVZI	2	PA, QL, SP	tadalafil oral	1	QL
IDELVION	3	SP	varafenil hcl oral tablet	1	QL
KOATE	2	SP	VIAGRA	E	QL
KOATE-DVI	2	SP	VYLEESI	4	PA, QL
KOGENATE FS	2	SP	Electrolytes / Vitamins		
KOVALTRY	2	SP	ACCRUFER	E	
NEULASTA	2		CARNITOR ORAL SOLUTION	4	
NIVESTYM	2		CARNITOR SF	4	
NOVOEIGHT	2	SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CO-NATAL FA	2		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
cvs prenatal	E		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 1 mg oral	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 1 mg oral	E	
cyanocobalamin nasal	1		multi-vitamin/fluoride	1	
DAVIMET-FLUORIDE	E		multivitamin/fluoride oral tablet chewable	1	
DENTA 5000 PLUS SENSITIVE	3		MULTI-VIT-FLOR	E	
DODEX INJECTION SOLUTION 1000 MCG/ML	4		NASCOBAL	3	
DRISDOL	4		NEONATAL COMPLETE	3	
ergocalciferol oral capsule	1		NEONATAL PLUS	3	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3		NEONATAL PRENATAL	E	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E		NEONATAL VITAMIN	E	
FLORIVA PLUS	E		NIVA-PLUS	3	
FLOTREX	E		ONE VITE WOMENS	E	
FLUORIMAX 5000 SENSITIVE	3		ONE VITE WOMENS PLUS	3	
folic acid oral tablet 1 mg	1		ORACIT	2	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		ORAL CITRATE	2	
klor-con	1		PHOSPHA 250 NEUTRAL	2	
klor-con 10	1		phosphorous	1	
klor-con m10	1		phospho-trin 250 neutral	1	
klor-con m15	1		pnv 27-ca/fe/fa	1	
klor-con m20	1		POKONZA	E	
K-PHOS-NEUTRAL	2		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		potassium chloride crys er	1	
levocarnitine oral solution	1		potassium chloride er	1	
levocarnitine sf	1		potassium chloride oral	1	
LOKELMA	3	PA, QL	potassium citrate er	1	
M-NATAL PLUS	3		prenatal oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal oral tablet 27-1 mg	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus	1	
			prenatal plus vitamin/mineral	1	
			prenatal vitamins oral tablet 27-0.8 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PRENATE MINI	3		CARAFATE	E	
PRENATOL-M	E		cimetidine oral	1	
PRENATRIX	E		CYTOTEC	4	
PRENATRYL	E		DEXILANT	E	QL
PREVIDENT 5000 ENAMEL PROTECT	3		dexlansoprazole	E	QL
PREVIDENT 5000 SENSITIVE	3		esomeprazole magnesium oral capsule delayed release	E	QL
QUFLORA PEDIATRIC	3		esomeprazole magnesium oral packet	1	PA, ST, QL
sod citrate-citric acid oral solution 500-334 mg/5ml	1		famotidine oral suspension reconstituted	1	
sod fluoride-potassium nitrate	1		famotidine oral tablet 20 mg, 40 mg	E	
sodium fluoride 5000 enamel	1		lansoprazole oral capsule delayed release	E	QL
sodium fluoride 5000 sensitive	1		lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
sodium fluoride oral solution	1	H	misoprostol oral	1	
sodium fluoride oral tablet chewable	1	H	NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
TRICARE ORAL TABLET	3		NEXIUM ORAL PACKET	4	PA, ST, QL
TRINATAL RX 1	3		OMECLAMOX-PAK	3	QL
TRINATE	3		omeprazole oral capsule delayed release	1	
tri-vite/fluoride	1		pantoprazole sodium oral tablet delayed release	1	
UROCIT-K 10	4		PEPCID	E	
UROCIT-K 15	4		PREVACID	E	QL
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4		PREVACID SOLUTAB	E	PA, ST, QL
VELTASSA	3	PA, QL	PROTONIX ORAL TABLET DELAYED RELEASE	E	
VITAFOL FE+	3		PYLERA	4	QL
VITAFOL ULTRA	3		rabeprazole sodium oral tablet delayed release	1	QL
VITAFOL-OB	3		sucralfate oral	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		VOQUEZNA	4	PA, QL
VITATHELY WITH GINGER	3		VOQUEZNA DUAL PAK	4	ST, QL
wes-phos 250 neutral	1		VOQUEZNA TRIPLE PAK	4	ST, QL
WESTAB PLUS	E				
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACIPHEX	E	QL	AMITIZA	E	PA, QL
bis subcit-metronid-tetracyc	1	QL			
bismuth/metronidaz/tetracyclin	1	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ANASPAZ	2		LOMOTIL	4	
BYLVAY	4	PA, QL, SP	loperamide hcl oral capsule	E	
BYLVAY (PELLETS)	4	PA, QL, SP	lubiprostone	1	PA, QL
chlordiazepoxide-clidinium	1		MOTEGRITY	E	PA, QL
CLENPIQ	3	QL	MOVIPREP	4	QL
constulose	1		na sulfate-k sulfate-mg sulf	1	QL
cromolyn sodium oral	1		NULEV	4	
dicyclomine hcl oral capsule	1		OSCIMIN	4	
dicyclomine hcl oral tablet 20 mg	1		peg 3350-kcl-na bicarb-nacl	1	QL, H
diphenoxylate-atropine oral tablet	1		peg-3350/electrolytes	1	QL, H
enulose	1		peg-3350/electrolytes/ascorbat	1	QL
GASTROCROM	E		peg-kcl-nacl-nasulf-na asc-c	1	QL
gavilyte-c	1	H	PLENVU	3	QL
gavilyte-g	1	QL, H	prucalopride succinate	1	PA, QL
gavilyte-n with flavor pack	1	QL, H	RELTONE	E	
generlac	1		REZDIFFRA	4	PA, QL
GLYCATÉ	E		ROBINUL ORAL TABLET 1 MG	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1		ROBINUL-FORTE ORAL TABLET 2 MG	E	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E		SUFLAVE	3	QL
GOLYTELY	1	QL, H	SUPREP BOWEL PREP KIT	3	QL
hyoscyamine sulfate er	1		SUTAB	3	
hyoscyamine sulfate oral tablet	1		SYMPROIC	2	PA, QL
hyoscyamine sulfate oral tablet dispersible	1		TRULANCE	E	PA, ST, QL
hyoscyamine sulfate sublingual	1		URSO 250 ORAL TABLET 250 MG	E	
IBSRELA	E	PA, ST, QL	URSO FORTE	E	
IQIRVO	4	PA, ST, QL, SP	URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
lactulose encephalopathy	1		ursodiol oral capsule 300 mg	1	
lactulose oral solution	1		ursodiol oral tablet	1	
LEVBIÐ	4		VIBERZI	3	PA, QL
LEVSIN	4		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
LEVSIN/SL	4		ATTRUBY	2	PA, QL, SP
LIBRAX	E		CARNITOR ORAL TABLET	4	
LINZESS	2	PA, QL	CERDELGA	2	PA, SP
LIVDELZI	4	PA, ST, QL, SP	CREON	2	
			DEPEN TITRATABS	2	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	4	ST
GEMTESA	E	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
tropium chloride er	E	
VANRAFIA	4	PA, SP
VELPHORO	4	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1		dasetta 7/7/7	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H	daysee	1	H
ANNOVERA	3	QL	deblitane	1	H
apri	1	H	DELESTROGEN	4	
aranelle	1	H	delyla	1	H
ashlyna	1	H	DEPO-PROVERA	4	QL
aubra eq	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
aurovela 1.5/30	1	H	desogestrel-ethinyl estradiol	1	H
aurovela 1/20	1	H	DIVIGEL	3	
aurovela 24 fe	1	H	dotti	1	QL
aurovela fe 1.5/30	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
aurovela fe 1/20	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aviane	1	H	drosiprenone-ethinyl estradiol	1	H
AYGESTIN ORAL TABLET 5 MG	4		DUAVEE	3	QL
ayuna	1	H	EEMT	2	
azurette	1	H	EEMT HS	3	
balziva	1	H	ELESTRIN	3	
BEYAZ	E		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	E	QL	estarylla	1	H
CLIMARA PRO	3	QL	ESTRACE	E	
COMBIPATCH	3	QL	estradiol oral	1	
COVARYX	2		estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
COVARYX HS	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
cryselle-28	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
cyred eq	1	H			
dasetta 1/35 (28)	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
kurvelo	1	H	microgestin 1.5/30	1	H
larin 1.5/30	1	H	microgestin 1/20	1	H
larin 1/20	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
larin 24 fe	1	H	microgestin fe 1.5/30	1	H
larin fe 1.5/30	1	H	microgestin fe 1/20	1	H
leena	1	H	mili	1	H
lessina	1	H	mimvey	1	
levonest	1	H	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H	MINIVELLE	E	QL
levonorgest-eth estrad 91-day	1	H	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	mono-lynyah	1	H
levonorg-eth estrad triphasic	1	H	MYFEMBREE	2	PA, QL
levora 0.15/30 (28)	1	H	NATAZIA	1	
LO LOESTRIN FE	1	H	necon 0.5/35 (28)	1	H
LOESTRIN 1.5/30 (21)	E		NEXTSTELLIS	E	
LOESTRIN 1/20 (21)	E		nikki	1	H
LOESTRIN FE 1.5/30	E		nora-be	1	H
LOESTRIN FE 1/20	E		norelgestromin-eth estradiol	1	H
lojaimiess	1	H	norethin ace-eth estrad-fe oral tablet	1	H
loryna	1	H	norethin ace-eth estrad-fe oral tablet chewable	1	H
low-ogestrel	1	H	norethindrone acetate oral	1	
lo-zumandimine	1	H	norethindrone acet-ethinyl est	1	H
luteria	1	H	norethindrone oral	1	H
lyleq	1	H	norethindrone-eth estradiol	1	
lyllana	1	QL	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
lyza	1	H	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
marlissa	1	H	norgestimate-ethinyl estradiol triphasic	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	norlyroc	1	H
medroxyprogesterone acetate oral	1		nortrel 0.5/35 (28)	1	H
megestrol acetate oral tablet	1		nortrel 1/35 (21)	1	H
meleya	1	H	nortrel 1/35 (28)	1	H
MENOSTAR	3	QL			
mibelas 24 fe	1	H			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
PHEXXI	E	PA
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H

Drug Name	Drug Tier	Requirements & Limits
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-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	1	H
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Oral Steroids			megestrol acetate oral suspension 40 mg/ml	1	
CORTEF	4		NGENLA	4	PA, QL, SP
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E		NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
dexamethasone intensol	1		NORDITROPIN FLEXPOR	2	PA, QL, SP
dexamethasone oral	1		NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E		NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
fludrocortisone acetate oral	1		NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
HEMADY	E		OMNITROPE	2	PA, QL, SP
HIDEX 6-DAY	E		ORIAHNN	2	PA, QL
hydrocortisone oral	1		ORILISSA	2	PA, QL
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4		SKYTROFA	4	PA, QL, SP
MEDROL ORAL TABLET 2 MG	2		Hormonal Agents - Testosterone Replacement		
MEDROL ORAL TABLET THERAPY PACK	4		ANDROGEL PUMP	E	PA, QL
methylprednisolone oral	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
PEDIAPRED	2		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
prednisolone oral solution	1		FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E		JATENZO	E	QL
prednisolone sodium phosphate oral solution 15 mg/5ml	1		KYZATREX	4	PA, QL
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL	NATESTO	E	PA, QL
prednisone oral	1		TESTIM	1	PA, QL
TAPERDEX 12-DAY	3		TESTOSTERONE CYPIONATE INJECTION	E	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4		testosterone cypionate intramuscular	1	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3		testosterone enanthate intramuscular	1	
TAPERDEX 7-DAY	3		testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
Hormonal Agents - Other			testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
cabergoline	1		testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
DDAVP ORAL	E		testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
desmopressin acetate oral	1				
desmopressin acetate spray	1				
leuprolide acetate injection	1	PA			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
testosterone transdermal gel 1.62 %	1	PA, QL	ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL	ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
TLANDO	E	PA, QL	ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
UNDECATREX	E	PA, QL	ABRILADA (2 SYRINGE)	E	PA, QL, SP
VOGELXO	E	PA, QL	ACTEMRA ACTPEN	3	PA, ST, QL, SP
VOGELXO PUMP	E	PA, QL	ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
XYOSTED	E	PA, QL	ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
Hormonal Agents - Thyroid			ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADTHYZA	E		ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ARMOUR THYROID	3		ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
CYTOMEL	E		ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
ERMEZA	2	PA	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP
euthyrox	1		ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP
levo-t	1		ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP
LEVOTHYROXINE SODIUM ORAL CAPSULE	E				
levothyroxine sodium oral tablet	1				
levoxyl	1				
liothyronine sodium oral	1				
methimazole oral	1				
NIVA THYROID	3				
np thyroid	1				
propylthiouracil oral	1				
RENTHYROID	3				
SYNTHROID	E				
THYQUIDITY	E	PA			
thyroid oral	1				
TIROSINT	E				
TIROSINT-SOL	2	PA			
unithroid	1				
Immunological Agents - Drugs for Immune System Stimulation or Suppression					
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP	ADALIMUMAB-ADB(PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Boehringer Ingelheim), SP	ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADB(2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ADALIMUMAB-ADB(2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP
ADALIMUMAB-ADB(2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADB(2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
ADALIMUMAB-ADB(2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADB(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
			ARAVA	E	
			AZASAN	4	
			azathioprine oral	1	
			BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
			BIMZELX	3	PA, ST, QL, SP
			CELLCEPT ORAL CAPSULE	E	
			CELLCEPT ORAL TABLET	E	
			CIMZIA (2 SYRINGE)	2	PA, QL, SP
			CIMZIA-STARTER	2	PA, QL, SP
			CINRYZE	E	PA, QL, SP
			COSENTYX (300 MG DOSE)	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP	HUMIRA-PSORIASIS/UEIT STARTER	E	PA, QL, SP
ENBREL	2	PA, QL, SP	HYFTOR	4	PA, QL
ENBREL MINI	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	QL, SP
ENBREL SURECLICK	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP
ENVARUS XR	E				
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1				
gengraf oral capsule	1				
HADLIMA	E	PA, QL, SP			
HADLIMA PUSHTOUCH	E	PA, QL, SP			
HAEGARDA	2	PA, QL, SP			
HULIO (2 PEN)	E	PA, QL, SP			
HULIO (2 SYRINGE)	E	PA, QL, SP			
HUMIRA (1 PEN)	E	PA, QL, SP			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	methotrexate sodium oral	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	mycophenolate mofetil oral capsule	1	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	mycophenolate mofetil oral tablet	1	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	mycophenolate sodium	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	mycophenolic acid	1	
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	MYFORTIC	E	
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP	MYHIBBIN	1	
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
IMURAN	E		ORENCIA CLICKJECT	3	PA, ST, QL, SP
JYLAMVO	4	PA	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP	OTEZLA ORAL TABLET 20 MG	2	PA, QL
leflunomide oral	1		OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
LITFULO	3	PA, QL, SP	OTREXUP	E	QL
LUPKYNIS	4	PA, QL, SP	PROGRAF ORAL CAPSULE	4	
methotrexate sodium (pf)	1		RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
methotrexate sodium injection solution	1		RASUVO	2	QL
			RINVOQ	2	PA, QL, SP
			RUCONEST	4	PA, QL, SP
			SIMLANDI (1 PEN)	E	PA, QL, SP
			SIMLANDI (1 SYRINGE)	E	PA, QL, SP
			SIMLANDI (2 PEN)	E	PA, QL, SP
			SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
			SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
			SIMPONI	2	PA, QL, SP
			sirolimus oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA ONE-PRESS	2	PA, QL, SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Vaccination		
ABRYVO	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
PRIORIX	3	H
RECOMBIVAX HB	2	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
SHINGRIX	3	H	AZULFIDINE	4	
SPIKEVAX	3	H	AZULFIDINE EN-TABS	4	
TENIVAC	3	H	balsalazide disodium	1	
TWINRIX	3	H	budesonide oral	1	
VAQTA	2	H	CANASA	E	
VARIVAX	3	H	COLAZAL	E	
VIVOTIF	E		CORTIFOAM	2	
Infertility Agents			DELZICOL	E	
CETROTIDE	4	PA, ST, QL, SP	DIPENTUM	3	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
CLOMID	2		HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
clomiphene citrate oral	1		hydrocortisone (perianal) external cream 1 %	E	
ENDOMETRIN	2		hydrocortisone (perianal) external cream 2.5 %	1	
FOLLISTIM AQ	2	QL, SP	hydrocortisone ace-pramoxine external cream 1-1 %	1	
FYREMADEL	3	QL, SP	hydrocortisone acetate rectal	1	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP	hydrocort-pramoxine (perianal)	1	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP	LIALDA	E	
GONAL-F	4	ST, SP	mesalamine er oral capsule 0.375 gm	E	
GONAL-F RFF	4	ST, SP	mesalamine oral capsule delayed release 400 mg	1	
GONAL-F RFF REDIRECT	4	ST, SP	mesalamine oral tablet delayed release 1.2 gm	1	
MENOPUR	4	QL, SP	mesalamine oral tablet delayed release 800 mg	E	
NOVAREL	3	SP	mesalamine rectal enema	1	
OVIDREL	4	SP	mesalamine rectal suppository	1	QL
PREGNYL	3	SP	PROCORT	E	
Inflammatory Bowel Disease Agents			PROCTOCORT	E	
ANALPRAM HC	4		PROCTOFOAM HC	2	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4		procto-med hc	1	
ANALPRAM-HC EXTERNAL CREAM	4		PROCTOSOL HC	4	
ANUCORT-HC	2		PROCTOZONE-HC	4	
ANUSOL-HC EXTERNAL	4		SFROWASA	4	
ANUSOL-HC RECTAL	E		sulfasalazine oral	1	
APRISO	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
UCERIS ORAL	1		bromfenac sodium ophthalmic solution 0.07 %	E	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			bromfenac sodium ophthalmic solution 0.075 %	E	QL
ACTONEL	E	QL	BROMSITE	E	QL
alendronate sodium oral tablet	1		ciprofloxacin hcl ophthalmic	1	
BONSITY	3	PA, SP	dexamethasone sodium phosphate ophthalmic	1	
EVISTA	E		diclofenac sodium ophthalmic	1	
FORTEO	E	PA, SP	epinastine hcl	1	QL
FOSAMAX	4		erythromycin ophthalmic	1	H-PA
ibandronate sodium oral	1		EYSUVIS	4	QL
raloxifene hcl	1	H-PA	FLAREX	2	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	fluorometholone	1	
risedronate sodium oral tablet 30 mg, 5 mg	1		FML FORTE	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP	FML LIQUIFILM	4	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP	gatifloxacin ophthalmic	1	
TYMLOS	3	PA, SP	gentamicin sulfate ophthalmic	1	QL
Metabolic Bone Disease Agents - Other			ILEVRO	E	
calcitriol oral capsule	1		INVELTYS	3	
cinacalcet hcl	1		ketorolac tromethamine ophthalmic	1	
ROCALTROL ORAL CAPSULE	4		KLARITY-A	E	
SENSIPAR	E		LOTEMAX OPHTHALMIC GEL	E	
YORVIPATH	4	PA, QL, SP	LOTEMAX OPHTHALMIC OINTMENT	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			LOTEMAX OPHTHALMIC SUSPENSION	E	QL
ACULAR	4		LOTEMAX SM	3	QL
ACULAR LS	4		loteprednol etabonate ophthalmic gel	E	
ACUVAIL	E		loteprednol etabonate ophthalmic suspension	1	QL
ALREX	4	QL	MAXITROL	4	
AZASITE	3		moxifloxacin hcl (2x day)	1	
azelastine hcl ophthalmic	1		moxifloxacin hcl ophthalmic	1	
bacitracin-polymyxin b	1		neomycin-polymyxin-dexameth	1	
BESIVANCE	3		NEVANAC	4	
bromfenac sodium (once-daily)	1		OCUFLOX	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ofloxacin ophthalmic	1		brimonidine tartrate-timolol	E	QL
olopatadine hcl ophthalmic solution 0.1 %	1		brinzolamide	1	QL
olopatadine hcl ophthalmic solution 0.2 %	E		COMBIGAN	1	QL
POLYCIN	3		COSOPT	4	
polymyxin b-trimethoprim	1		COSOPT PF	E	QL
PRED FORTE	E		DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
PRED MILD	3		dorzolamide hcl solution 2 % ophthalmic	1	
prednisolone acetate ophthalmic	1		dorzolamide hcl-timolol mal	1	
PREDNISOLONE ACETATE P-F	E		dorzolamide hcl-timolol mal pf	E	QL
PROLENSA	E		ISTALOL	4	
sulfacetamide sodium ophthalmic solution	1		IYUZEH	E	QL
TOBRADEX OPHTHALMIC OINTMENT	3		latanoprost ophthalmic	1	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4		LUMIGAN	2	
TOBRADEX ST	E		RHOPRESSA	3	QL
tobramycin ophthalmic	1	QL	ROCKLATAN	3	QL
tobramycin-dexamethasone	1		tafluprost (pf)	1	ST, QL
VIGAMOX	E		timolol hemihydrate	1	QL
XDEMVEY	4	PA, QL	timolol maleate (once-daily)	1	
ZYLET	3		timolol maleate ocudose	1	
Ophthalmic Agents - Drugs for Glaucoma			timolol maleate ophthalmic	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL	timolol maleate pf	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL	TIMOPTIC OCUDOSE	4	
AZOPT	E	QL	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL	TRAVATAN Z	E	ST, QL
bimatoprost ophthalmic	1	QL	travoprost (bak free)	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL	VYZULTA	E	ST, QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL	XALATAN	E	
brimonidine tartrate ophthalmic solution 0.2 %	1		ZIOPTAN	3	ST, QL
			Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
			ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	4	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	4	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cypheptadine hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	1	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	4	PA, QL
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	E	QL
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	4	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL	FLEXICHAMBER	2	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE PROPIONATE HFA	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
albuterol sulfate oral syrup 2 mg/5ml	1		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
ANORO ELLIPTA	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ARNUITY ELLIPTA	1	QL	INSPIREASE	2	
ASMANEX HFA	E	QL	ipratropium bromide inhalation	1	
ATROVENT HFA	3	QL	ipratropium-albuterol	1	
BEVESPI AEROSPHERE	2	QL	levalbuterol hcl inhalation	1	QL
BREATHE COMFORT CHAMBER/ADULT	2		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
BREATHE COMFORT CHAMBER/CHILD	2		MICROCHAMBER	2	
BREO ELLIPTA	3	QL, RS	montelukast sodium oral	1	
breyna	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
BREZTRI AEROSPHERE	3	QL, RS	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
budesonide inhalation	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
budesonide-formoterol fumarate	E	QL, RS	PERFOROMIST	4	QL
COMBIVENT RESPIMAT	3	QL	PROCHAMBER VHC	2	
DALIRESP	E	QL	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
DULERA	E	ST, QL	PULMICORT SUSPENSION	E	QL
EASIVENT	2		QVAR REDIHALER	1	QL
EASIVENT MASK LARGE	2				
EASIVENT MASK MEDIUM	2				
EASIVENT MASK SMALL	2				
FASENRA PEN	4	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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
BRONCHITOL TOLERANCE TEST	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

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	4	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	E	QL
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	1	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	

Drug Name	Drug Tier	Requirements & Limits
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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ADVAIR DISKUS	55	ALA SCALP	27	amantadine hcl oral capsule.....	19
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AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML.....	16	ALPHANATE	36	amnesteem.....	27
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AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	55	alprazolam oral	20	amoxicillin-potassium clavulanate	11
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	55	alprazolam xr	20	amphet-dextroamphet 3-bead er	24
		ALPROLIX	36	amphetamine sulfate.....	24
		ALREX.....	52	amphetamine- dextroamphetamine.....	24
		ALTACE	20	amphetamine- dextroamphetamine er	24
		altavera	40	ampicillin	11
		ALTUVIIIO.....	36		
		ALUNBRIG.....	17		
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AMZEEQ	27	ascomp-codeine	9	AUVELITY	14
ANAFRANIL	14	asenapine maleate	19	AUVI-Q	54
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ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	51	ASMANEX HFA	56	avanafil	36
ANALPRAM-HC EXTERNAL CREAM	51	ATACAND	21	AVAPRO	21
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ANASPAZ	39	atenolol oral	21	AVAR LS CLEANSER	27
anastrozole oral	17	atenolol-chlorthalidone	21	aviane	41
ANDROGEL PUMP	45	ATIVAN ORAL	20	AVIDOXY	12
ANNOVERA	41	atomoxetine hcl	24	AVITA EXTERNAL CREAM 0.025 %	27
ANORO ELLIPTA	56	ATORVALIQ	21	AVODART	40
ANTIVERT ORAL TABLET 50 MG	15	atorvastatin calcium oral tablet 10 mg, 20 mg	21	AVONEX PEN	25
ANUCORT-HC	51	atorvastatin calcium oral tablet 40 mg, 80 mg	21	AVONEX PREFILLED	25
ANUSOL-HC EXTERNAL	51	atovaquone	18	AYGESTIN ORAL TABLET 5 MG	41
ANUSOL-HC RECTAL	51	atovaquone-proguanil hcl	18	ayuna	41
apap-caff-dihydrocodeine	9	ATRALIN	27	AZASAN	47
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	10	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	53	AZASITE	52
aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	atropine sulfate ophthalmic solution 1 %	54	azathioprine oral	47
apri	41	ATROVENT HFA	56	azelaic acid external	27
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APTIOM	13	aubra eq	41	azelastine hcl ophthalmic	52
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AQINJECT PEN NEEDLE	30	AUGMENTIN ES-600	11	AZELEX	27
ARAKODA	18	AUGTYRO	17	AZILECT	19
aranelle	41	aurovela 1/20	41	azithromycin oral packet 1 gm	12
ARANESP (ALBUMIN FREE)	36	aurovela 1.5/30	41	AZOPT	53
ARAVA	47	aurovela 24 fe	41	AZOR	21
ARAZLO	27	aurovela fe 1/20	41	AZSTARYS	24
AREXVY	50	aurovela fe 1.5/30	41	AZULFIDINE	51
ARICEPT	14	AUSTEDO	26	AZULFIDINE EN-TABS	51
ARIMIDEX	17	AUSTEDO XR	26	azurette	41
aripiprazole oral solution	19	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	26		
aripiprazole oral tablet	19	AUSTEDO XR PATIENT TITRATION ORAL TABLET			
armodafinil	58				
ARMOUR THYROID	46				
ARNUITY ELLIPTA	56				
AROMASIN	17				

B

bac (butalbital-acetamin-caff)	9
bacitracin-polymyxin b	52
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budesonide oral	51
budesonide-formoterol fumarate	56
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BUMEX	21
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buprenorphine	9,10
buprenorphine hcl sublingual	10
buprenorphine hcl-naloxone hcl sublingual film	10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	10
bupropion hcl er (smoking det)	10
bupropion hcl er (sr)	14
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14
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buspirone hcl oral	20
butalbital-acetaminophen oral tablet 50-300 mg	9
butalbital-acetaminophen oral tablet 50-325 mg	9
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	9
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9
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butalbital-asa-caff-codeine	9
butalbital-aspirin-caffeine	9
butorphanol tartrate nasal	9
BUTRANS	9
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CALQUENCE	17
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camrese	41
camrese lo	41
CAMZYOS	21
CANASA	51
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candesartan cilexetil-hctz	21
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CAPLYTA	19
captopril oral	21
CAPVAXIVE	50
CARAC EXTERNAL CREAM 0.5 %	27
CARAFATE	38
carbamazepine er	13
carbamazepine oral tablet	13
carbamazepine oral tablet chewable	13
CARBATROL	13
carbidopa-levodopa er	19
carbidopa-levodopa oral tablet	19
carbinoxamine maleate oral tablet 4 mg	54
carbinoxamine maleate oral tablet 6 mg	54
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CARDIZEM CD	21
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CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	31

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cholestyramine oral.....	21	clindamycin hcl oral.....	12	clomipramine hcl oral.....	15
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CIALIS	36	clindamycin phos (once-daily) gel 1 % external	27	clonidine hcl er	24
CIBINQO	27	clindamycin phos (twice-daily) gel 1 % external	27	clonidine hcl oral	21
ciclodan	16	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	27	clonidine patch weekly 0.1 mg/24hr transdermal	21
ciclopirox external	16	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	27	clonidine patch weekly 0.2 mg/24hr transdermal	21
ciclopirox olamine external cream	16	clindamycin phosphate external lotion.....	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox olamine external suspension	27	clindamycin phosphate external solution.....	27	clopidogrel bisulfate oral	19
cilostazol	19	clindamycin phosphate external swab	27	clorazepate dipotassium	20
CIMDUO	19	clindamycin phosphate external vaginal.....	12	clotrimazole external cream.....	28
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cinacalcet hcl.....	52	clobazam oral tablet.....	13	CLOZARIL	19
CINRYZE.....	47	clobetasol prop emollient base external cream 0.05 %	27	CO-NATAL FA.....	37
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ciprofloxacin hcl ophthalmic	52	clobetasol propionate external cream 0.05 %	27	colchicine-probenecid.....	16
ciprofloxacin hcl oral.....	12	clobetasol propionate external foam	27	COLCRYS ORAL TABLET 0.6 MG ..	16
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CONTOUR PLUS TEST STRIP	31	cyanocobalamin nasal	37	dasetta 1/35 (28).....	41
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CRESEMBA ORAL	16	dalfampridine er	25	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	45
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cromolyn sodium ophthalmic ...	54			DERMACINRX UREA	28
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				desloratadine oral tablet.....	55
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desogestrel-ethinyl estradiol.....	41	diazepam oral solution.....	20	divalproex sodium er.....	13
desonide external cream.....	28	diazepam oral tablet.....	20	divalproex sodium oral.....	13
desonide external lotion.....	28	diazepam rectal.....	13	DIVIGEL.....	41
desonide external ointment.....	28	DICLEGIS.....	15	DODEX INJECTION SOLUTION 1000 MCG/ML.....	37
DESOWEN.....	28	diclofenac potassium oral tablet 25 mg.....	10	dofetilide.....	21
desoximetasone external cream.....	28	diclofenac potassium oral tablet 50 mg.....	10	donepezil hcl oral tablet.....	14
desoximetasone external ointment.....	28	diclofenac sodium er.....	10	DOPTelet.....	36
desvenlafaxine succinate er.....	15	diclofenac sodium external gel 1 %.....	10	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	53
DETROL.....	40	diclofenac sodium external gel 3 %.....	28	dorzolamide hcl-timolol mal.....	53
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG.....	40	diclofenac sodium ophthalmic.....	52	dorzolamide hcl-timolol mal pf....	53
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dexamethasone intensol.....	45	diclofenac-misoprostol.....	10	DOVATO.....	19
dexamethasone oral.....	45	DICLOFONO.....	10	doxazosin mesylate oral.....	22
dexamethasone sodium phosphate ophthalmic.....	52	dicloxacin sodium.....	12	doxepin hcl oral capsule.....	15
DEXCOM G6 RECEIVER.....	31	dicyclomine hcl oral capsule.....	39	doxepin hcl oral concentrate.....	15
DEXCOM G6 SENSOR.....	31	dicyclomine hcl oral tablet 20 mg.....	39	doxepin hcl oral tablet.....	58
DEXCOM G6 TRANSMITTER.....	31	DIFFERIN EXTERNAL GEL 0.3 %..	28	doxycycline.....	12, 28
DEXCOM G7 RECEIVER.....	31	DIFICID ORAL TABLET.....	12	doxycycline hyclate oral capsule ..	12
DEXCOM G7 SENSOR.....	31	DIFLUCAN.....	16	doxycycline hyclate oral tablet 100 mg, 20 mg.....	12
DEXEDRINE.....	24	difluprednate.....	54	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg.....	12
DEXILANT.....	38	digoxin oral tablet.....	21	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	12
dexlansoprazole.....	38	DILANTIN.....	13	doxycycline monohydrate oral capsule 150 mg, 75 mg.....	12
dexmethylphenidate hcl.....	24	DILAUDID ORAL TABLET.....	9	doxycycline monohydrate oral suspension reconstituted.....	12
dexmethylphenidate hcl er.....	24	dilt-xr.....	21	doxycycline monohydrate oral tablet.....	12
dextroamphetamine sulfate er....	24	diltiazem hcl er.....	21	doxylamine-pyridoxine.....	15
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	24	diltiazem hcl er beads.....	21	DRISDOL.....	37
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DYANAVAL XR ORAL TABLET EXTENDED RELEASE	24	eletriptan hydrobromide.....	16	ENVARUS XR	48
DYMISTA.....	55	ELIDEL.....	28	EPANED.....	22
E		ELIMITE	18	EPCLUSA ORAL TABLET	20
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EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	emtricitabine-tenofovir df oral tablet 200-300 mg.....	19	eq nicotine mouth/throat gum 4 mg	11
		emzahh.....	41	eq nicotine polacrilex.....	11
		enalapril maleate oral solution ...22		eq nicotine step 3	11
		enalapril maleate oral tablet.....22		eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
		enalapril-hydrochlorothiazide....22		ergocalciferol oral capsule37, 38	
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est estrogens-methyltest ds	41	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	48	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	22
est estrogens-methyltest hs	41	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg.....	17	FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	22
estarylla	41	EVERSENSE 365 SENSOR/ HOLDER	32	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	22
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estradiol patch twice weekly 0.075 mg/24hr transdermal	42	EVISTA.....	52	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	9
estradiol patch twice weekly 0.1 mg/24hr transdermal	42	EVOXAC	26	FETZIMA.....	15
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flac otic oil 0.01 %	54	fluoxetine hcl oral capsule.....	15	STRIP	32
FLAREX.....	52	fluoxetine hcl oral solution	15	FOSAMAX.....	52
flecainide acetate.....	22	fluoxetine hcl oral tablet 10 mg ...	15	fosfomycin tromethamine.....	12
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0.4 MG	40	FLUTICASONE FUROATE-		FRAICHE 5000 SENSITIVE	
FLORAFOL PEDIATRIC ORAL		VILANTEROL	56	DENTAL GEL 1.1-4.5 %.....	37
SOLUTION 0.25 MG/ML	37	fluticasone propionate external		FREESTYLE LIBRE 14 DAY	
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FLOTREX	37	HFA.....	56	SENSOR.....	32
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FLUAD	50	fluticasone-salmeterol		SENSOR.....	32
FLUARIX.....	50	inhalation aerosol powder		FREESTYLE LIBRE 3 READER.....	32
FLUCELVAX INTRAMUSCULAR		breath activated 100-50 mcg/		FREESTYLE LIBRE 3 SENSOR.....	32
SUSPENSION PREFILLED		act, 250-50 mcg/act,		FREESTYLE LIBRE READER.....	32
SYRINGE.....	50	500-50 mcg/act	56	FREESTYLE PRECISION NEO	
fluconazole oral	16	FLUTICASONE-SALMETEROL		SYSTEM.....	32
fludrocortisone acetate oral.....	45	INHALATION AEROSOL		FREESTYLE PRECISION NEO	
FLULAVAL	50	POWDER BREATH ACTIVATED		TEST	32
flunisolide nasal	55	113-14 MCG/ACT, 232-14 MCG/		FREESTYLE TEST.....	32
fluocinolone acetonide body.....	28	ACT, 55-14 MCG/ACT.....	56	FROVA	16
fluocinolone acetonide external ..	28	fluvoxamine maleate.....	15	frovatriptan succinate	16
fluocinolone acetonide otic	54	fluvoxamine maleate er.....	15	ft naloxone hcl	11
fluocinolone acetonide scalp.....	28	FLUZONE HIGH-DOSE.....	50	ft nicotine	11
fluocinonide external cream		FLUZONE INTRAMUSCULAR		ft nicotine mini.....	11
0.05 %.....	28	SUSPENSION PREFILLED		FUROSCIX.....	22
fluocinonide external cream		SYRINGE.....	50	furosemide oral	22
0.1 %.....	28	FML FORTE.....	52	fyavolv	42
fluocinonide external gel	28	FML LIQUIFILM.....	52	FYCOMPA ORAL SUSPENSION ...	13
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G

g tussin ac	55
gabapentin oral capsule	13

gabapentin oral solution 250 mg/5ml	13	glipizide-metformin hcl.	35	GUARDIAN REAL-TIME REPLACE PED	32
GABAPENTIN ORAL TABLET 25 MG, 50 MG	13	glucagon emergency kit 1 mg injection	35	GUARDIAN SENSOR 3.	32
gabapentin oral tablet 600 mg, 800 mg	13	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	35	GVOKE HYPOPEN 1-PACK	32
GABARONE.....	13	GLUCOCARD EXPRESSION TEST ..	32	GVOKE HYPOPEN 2-PACK	32
gallifrey	42	GLUCOCARD SHINE TEST	32	GVOKE KIT	32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	51	GLUCOCARD VITAL TEST	32	GVOKE PFS	32
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50	GLUCOTROL XL.....	35	GYNAZOLE-1	16
GASTROCROM	39	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG.....	35	H	
gatifloxacin ophthalmic	52	glyburide oral.....	35	habitrol	11
gavilyte-c	39	glyburide-metformin	35	HADLIMA	48
gavilyte-g.....	39	GLYCATÉ.....	39	HADLIMA PUSHTOUCH.....	48
gavilyte-n with flavor pack.....	39	glycopyrrolate oral tablet 1 mg, 2 mg.....	39	HAEGARDA	48
GAVRETO.....	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG	39	hailey 1.5/30.....	42
gemfibrozil oral	22	GLYXAMBI.....	35	hailey 24 fe.....	42
GEMTESA.....	40	gnp naloxone hcl.....	11	hailey fe 1/20	42
GEN7T EXTERNAL PATCH 3.5 %	9	gnp nicotine mini.....	11	hailey fe 1.5/30	42
generlac	39	gnp nicotine polacrilex mouth/ throat gum 2 mg	11	HALCION	20
gengraf oral capsule	48	gnp nicotine polacrilex mouth/ throat lozenge.....	11	halobetasol propionate external cream.....	28
gentamicin sulfate external	12	gnp nicotine transdermal.....	11	halobetasol propionate external ointment.....	28
gentamicin sulfate ophthalmic....	52	GOLYTELY.....	39	haloette.....	42
GENVOYA.....	20	GONAL-F	51	haloperidol oral	19
GEODON ORAL	19	GONAL-F RFF.....	51	HARVONI ORAL TABLET	20
GILENYA ORAL CAPSULE 0.25 MG.....	25	GONAL-F RFF REDIRECT.....	51	HAVRIX	50
GILENYA ORAL CAPSULE 0.5 MG	25	goodsense nicotine	11	HEALTHPRO BLOOD GLUCOSE MONITO	32
glatiramer acetate	25	griseofulvin microsize oral suspension	16	heather	42
glatopa	25	guaifenesin ac oral syrup 100-10 mg/5ml.....	55	HEMADY	45
GLEEVEC	18	guaifenesin-codeine.....	55	HEMANGEOL.....	22
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	35	guanfacine hcl.....	22, 25	HEMICLOR	22
glimepiride oral tablet 3 mg	35	guanfacine hcl er.....	25	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	36
glipizide er.....	35	GUARDIAN 4 GLUCOSE SENSOR.	32	HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	36
glipizide oral tablet 10 mg, 5 mg...35		GUARDIAN 4 TRANSMITTER	32	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG.....	51
glipizide oral tablet 2.5 mg.....	35	GUARDIAN CONNECT TRANSMITTER	32	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG.....	51
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	35	GUARDIAN LINK 3 TRANSMITTER	32	HEMOFIL M.....	36
				HEPLISAV-B	50



HIDEX 6-DAY	45	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML....	48	hydrocortisone external cream 2.5 %	28
HIPREX	12	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML.....	48	hydrocortisone external lotion 2 %, 2.5 %.....	28
hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg.....	11	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	48	hydrocortisone external ointment 1 %, 2.5 %	28
hm nicotine polacrilex mouth/ throat lozenge 2 mg.....	11	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML.....	48	hydrocortisone oral	45
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr....	11	HUMIRA-PSORIASIS/UVEIT STARTER.....	48	hydrocortisone valerate external cream.....	28
HULIO (2 PEN).....	48	HUMULIN 70/30 KWIKPEN.....	34	hydrocortisone-acetic acid.....	54
HULIO (2 SYRINGE).....	48	HUMULIN 70/30 VIAL	34	hydromet.....	55
HUMALOG CARTRIDGE.....	34	HUMULIN N KWIKPEN.....	34	hydromorphone hcl oral tablet.....	9
HUMALOG INJECTION	34	HUMULIN N VIAL	34	hydroquinone external.....	29
HUMALOG KWIKPEN	34	HUMULIN R U-500 KWIKPEN.....	34	hydroxychloroquine sulfate oral...18	
HUMALOG MIX 50/50 KWIKPEN .	34	HUMULIN R U-500 VIAL.....	34	HYDROXYM EXTERNAL CREAM...29	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.....	34	HUMULIN R VIAL.....	34	hydroxyurea oral	18
HUMALOG MIX 75/25 KWIKPEN .	34	HYCODAN ORAL SOLUTION	55	hydroxyzine hcl oral.....	20
HUMALOG MIX 75/25 VIAL.....	34	hydralazine hcl oral.....	22	hydroxyzine pamoate oral	20
HUMALOG SUBCUTANEOUS	34	HYDREA	18	HYFTOR.....	48
HUMALOG TEMPO PEN.....	34	hydrochlorothiazide oral.....	22	HYMPAVZI.....	36
HUMALOG U-100 JUNIOR KWIKPEN	34	hydrocod poli-chlorphe poli er ...	55	hyoscyamine sulfate er	39
HUMATE-P.....	36	hydrocodone bit-homatrop mbr oral solution	55	hyoscyamine sulfate oral tablet ..	39
HUMIRA (1 PEN).....	48	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	9	hyoscyamine sulfate oral tablet dispersible.....	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	48	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9	hyoscyamine sulfate sublingual ..	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	48	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9	HYPERSAL	55
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML....	48	hydrocort-pramoxine (perianal)...	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML.....	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS...	48	hydrocortisone (perianal) external cream 1 %	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS ..	48	hydrocortisone (perianal) external cream 2.5 %.....	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ..	48	hydrocortisone ace-pramoxine external cream 1-1 %	51	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	49
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	48	hydrocortisone acetate rectal....	51	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	49
HUMIRA-CD/UC/HS STARTER....	48	hydrocortisone external cream 1%.....	28	HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	49

HYRIMOZ-PED<40KG CROHN STARTER.....	49	IMBRUVICA ORAL TABLET 420 MG	18	INSULIN LISPRO PROT & LISPRO	34
HYRIMOZ-PED>/=40KG CROHN START	49	imipramine hcl oral.....	15	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	32
HYRIMOZ-PLAQ PSOR/UVEIT START	49	imiquimod external cream 3.75 %	29	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	32
HYRIMOZ-PLAQUE PSORIASIS START	49	imiquimod external cream 5 % ...	29		
HYZAAR.....	22	imiquimod pump.....	29		
I					
ibandronate sodium oral.....	52	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	16		
IBRANCE ORAL TABLET	18	IMITREX ORAL	16	INTRAROSA	36
IBSRELA	39	IMITREX STATDOSE SYSTEM.....	17	introvale	42
ibuprofen oral suspension 100 mg/5ml	10	IMKELDI	18	INTUNIV	25
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10	IMPOYZ.....	29	INVEGA.....	19
iclevia	42	IMURAN	49	INVELTYS.....	52
ICLUSIG ORAL TABLET 10 MG, 30 MG.....	18	IMVEXXY MAINTENANCE PACK..	36	INVOKANA	35
ICLUSIG ORAL TABLET 15 MG, 45 MG.....	18	IMVEXXY STARTER PACK	36	INZIRQO.....	22
icosapent ethyl.....	22	INBRIJA	19	IPOL	50
IDACIO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	49	incassia	42	ipratropium bromide inhalation..	56
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	49	indapamide.....	22	ipratropium bromide nasal	55
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	49	INDERAL LA	22	ipratropium-albuterol.....	56
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML.....	49	indomethacin er.....	10	IQIRVO.....	39
IDELVION.....	36	indomethacin oral capsule	10	irbesartan	22
IDHIFA	18	INGREZZA ORAL CAPSULE 40 MG, 80 MG	26	irbesartan-hydrochlorothiazide ..	22
IHEALTH BLOOD GLUCOSE TEST STR	32	INGREZZA ORAL CAPSULE 60 MG.....	26	ISENTRESS HD	20
IHEALTH GLUCO+ KIT 10	32	INGREZZA ORAL CAPSULE SPRINKLE	26	ISENTRESS ORAL TABLET	20
IHEALTH GLUCO+ KIT 100	32	INGREZZA ORAL CAPSULE THERAPY PACK.....	26	isibloom	42
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imatinib mesylate oral	18	INSPIREASE	56	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	54
IMBRUVICA ORAL CAPSULE	18	INSPIRA	22	ISORDIL TITRADOSE	22
IMBRUVICA ORAL TABLET 140 MG, 280 MG.....	18	INSULIN ASPART.....	34	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	22
		INSULIN ASPART FLEXPEN.....	34	isosorbide dinitrate oral tablet 40 mg.....	22
		INSULIN DEGLUDEC FLEXTOUCH.....	34	isosorbide mononitrate er	22
		INSULIN GLARGINE	34	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	29
		INSULIN GLARGINE MAX SOLOSTAR.....	34	isotretinoin oral capsule 25 mg, 35 mg	29
		INSULIN GLARGINE SOLOSTAR ..	34	ISTALOL	53
		INSULIN LISPRO	34	itraconazole oral capsule	16
		INSULIN LISPRO (1 UNIT DIAL) ..	34	ivabradine hcl	22
		INSULIN LISPRO KWIKPEN	34		

ivermectin external cream	29
ivermectin oral tablet 3 mg	18
ivermectin oral tablet 6 mg	18
IYUZEH	53

J

jaimiess	42
JAKAFI	18
jantoven	13
JANUMET	35
JANUVIA	35
JARDIANCE	35
jasmiel	42
JATENZO	45
jencycla	42
JENTADUETO	35
JENTADUETO XR	35
jinteli	42
jolessa	42
JORNAY PM	25
JOURNAVX	9
JUBLIA	16
juleber	42
JULUCA	20
junel 1/20	42
junel 1.5/30	42
junel fe 1/20	42
junel fe 1.5/30	42
junel fe 24	42
JUST RIGHT 5000 DENTAL GEL 1.1 %	26
JUST RIGHT 5000 DENTAL PASTE	26
JYLAMVO	49
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JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	40

K

K-PHOS-NEUTRAL	37
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	37

kalliga	42
KAPSPARGO SPRINKLE	22
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	25
kariva	42
kelnor 1/35	42
kelnor 1/50	42
KEPPRA ORAL	13
KEPPRA XR	13
KERENDIA ORAL TABLET 10 MG, 20 MG	22
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PREVIDENT 5000 ORTHO DEFENSE	26	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	56	ra mini nicotine	11
PREVIDENT 5000 PLUS	26	PROVERA	41, 44	ra nicotine mouth/throat gum 4 mg	11
PREVIDENT 5000 SENSITIVE	38	PROVIGIL	58	ra nicotine polacrilex	11
PREVIDENT DENTAL	26	PROZAC	15	ra nicotine transdermal patch 24 hour 21 mg/24hr	11
PREVNAR 20	50	prucalopride succinate	39	rabeprazole sodium oral tablet delayed release	38
PREVYMIS ORAL TABLET	20	pseudoephedrine- bromphen-dm	55	RADICAVA ORS	26
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primidone oral tablet 250 mg, 50 mg	14	PULMOSAL	55	raloxifene hcl	52
PRIORIX	50	PULMOZYME	57	ramelteon	58
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PROCARDIA XL	23	pyridostigmine bromide oral tablet 30 mg	17	RAPAFLO	40
PROCHAMBER VHC	56	pyridostigmine bromide oral tablet 60 mg	17	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	49
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REPATHA.....	23	rizatriptan benzoate oral tablet dispersible 10 mg.....	17	SEREVENT DISKUS.....	57
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sm nicotine polacrilex.....	11	STIOLTO RESPIMAT.....	57	SYMFI LO ORAL TABLET 400-300-300 MG	20
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	11	STIVARGA	18	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ...	54
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sodium fluoride 5000 plus.....	26	subvenite	14	SYNALAR EXTERNAL SOLUTION 0.01 %	29
sodium fluoride 5000 ppm	26	SUCRAID	40	SYNJARDY.....	35
sodium fluoride 5000 sensitive ..	38	sucralfate oral	38	SYNJARDY XR	35
sodium fluoride dental.....	26	SUFLAVE.....	39	SYNTHROID	46
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sodium fluoride oral tablet chewable	38	sulfacetamide sod-sulfur wash external liquid 9-4.5 %	29		
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sodium sulfacetamide wash	29	sulfacetamide sodium external ..	29		
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SOLIQUA	35	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %.....	29		
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TECFIDERA ORAL CAPSULE DELAYED RELEASE	25	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	46	TOBRADEX ST	53
TECHLITE INSULIN SYRINGES.....	33	testosterone transdermal gel 1.62 %	46	tobramycin ophthalmic.....	53
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TEGRETOL ORAL TABLET	14	THRIVE	11	tolterodine tartrate	40
TEGRETOL-XR	14	THYQUIDITY	46	tolterodine tartrate er	40
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML.....	40	thyroid oral	46	tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	40
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TRACLEER.....	57	tri-nymyo oral tablet		TRINATAL RX 1	38
TRADJENTA	36	0.18/0.215/0.25 mg-35 mcg	44	TRINATE	38
tramadol hcl (er biphasic) oral		tri-sprintec	44	TRINTELLIX	15
tablet extended release 24 hour ..	10	tri-vite/fluoride.....	38	tritocin external ointment	
tramadol hcl er	10	tri-vylibra	44	0.05 %.....	30
tramadol hcl oral tablet 100 mg,		tri-vylibra lo.....	44	TRIUMEQ	20
25 mg, 75 mg	10	triamcinolone acetonide		trivora (28).....	44
tramadol hcl oral tablet 50 mg ..	10	external cream 0.025 %, 0.1 %	30	TROKENDI XR	14
tramadol-acetaminophen.....	10	triamcinolone acetonide		tropium chloride	40
trandolapril.....	24	external cream 0.5 %.....	30	tropium chloride er	40
tranexamic acid oral	36	triamcinolone acetonide		TRUE FOCUS BLOOD GLUCOSE	
TRANSDERM-SCOP		external lotion.....	30	STRIP	33
TRANSDERMAL PATCH 72 HOUR		triamcinolone acetonide		TRUE METRIX AIR GLUCOSE	
1 MG/3DAYS	16	external ointment 0.025 %, 0.1 %, 0.5 %	30	METER KIT.....	33
TRAVATAN Z	53	triamcinolone acetonide		TRUE METRIX BLOOD GLUCOSE	
travoprost (bak free).....	53	external ointment 0.05 %.....	30	TEST	33
trazodone hcl oral.....	15	triamcinolone acetonide mouth/		TRUE METRIX GO GLUCOSE	
TRELEGY ELLIPTA.....	57	throat.....	26	METER.....	33
TREMFYA CROHNS INDUCTION ..	29	triamcinolone in absorbase.....	30	TRUE METRIX METER.....	33
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200 MG/2ML	29	25 MG, 40-5-25 MG	24	100-150 MG, 133-200 MG,	
TREMFYA SUBCUTANEOUS		TRIBENZOR ORAL TABLET 40-5-		167-250 MG.....	20
SOLUTION PREFILLED SYRINGE		12.5 MG	24	TRUVADA ORAL TABLET	
100 MG/ML.....	50	TRICARE ORAL TABLET.....	38	200-300 MG.....	20
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TRESIBA FLEXTOUCH	35	triderm.....	30	SET.....	33
tretinoin external cream.....	29	TRIDESILON EXTERNAL CREAM		TWIIST STARTER KIT.....	34
tretinoin external gel.....	30	0.05 %.....	30	TWINRIX.....	51
TREXALL.....	50	trihexyphenidyl hcl oral tablet.....	19	TWIRLA.....	44
TREZIX.....	10	TRIJARDY XR.....	36	TYBLUME.....	44
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				3-0.03-0.451 mg	44

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VIVOTIF	51	X		YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	50
VOGELXO	46	XACIATO	13	YUFLYMA (2 PEN)	50
VOGELXO PUMP	46	XALATAN	53	YUFLYMA (2 SYRINGE)	50
volnea	44	XANAX	20	YUFLYMA-CD/UC/HS STARTER ..	50
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VOSEVI	20	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	50	ZANAFLEX	58
VOYDEYA	36	XELODA	18	ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	58
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vylibra	44	XIIDRA	54	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36
VYNDAMAX	40	XOFLUZA (40 MG DOSE)	20	ZEJULA ORAL CAPSULE 100 MG ..	18
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VYTORIN	24	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	57	ZEMBRACE SYMTOUCH	17
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W		XTAMPZA ER	10	ZENZEDI	25
WAINUA	15	XTANDI	18	ZEPOSIA	26
WAKIX	58	xulane	44	ZEPOSIA 7-DAY STARTER PACK ..	26
warfarin sodium oral	13	xurea	30	ZEPOSIA STARTER KIT	26
WELCHOL ORAL TABLET	24	XYOSTED	46	ZESTORETIC	24
WELLBUTRIN SR	15	XYWAV	58	ZESTRIL	24
WELLBUTRIN XL	15			ZETIA	24
wera	44	Y		ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	55
wes-phos 250 neutral	38	YASMIN 28	44	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	24
WESTAB PLUS	38	YAZ	44		
WILATE	36	YESINTEK SUBCUTANEOUS	50		
WINLEVI	30				

ZIAC ORAL TABLET 5-6.25 MG . . .	24	ZYTIGA	18
ZILBRYSQ	17	ZYVOX ORAL TABLET	13
ZILXI	30		
ZIMHI	11		
ZIOPTAN	53		
ziprasidone hcl	19		
ZITHROMAX ORAL	13		
ZITHROMAX TRI-PAK	13		
ZITHROMAX Z-PAK	13		
ZOCOR	24		
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	17		
zolmitriptan nasal solution 5 mg . .	17		
zolmitriptan oral	17		
ZOLOFT	15		
zolpidem tartrate er	58		
zolpidem tartrate oral tablet	58		
ZOMIG NASAL SOLUTION 2.5 MG	17		
ZOMIG NASAL SOLUTION 5 MG . .	17		
ZOMIG ORAL TABLET 5 MG	17		
ZONEGRAN	14		
zonisamide oral	14		
ZORTRESS	50		
ZORYVE EXTERNAL CREAM 0.15 %	30		
ZORYVE EXTERNAL CREAM 0.3 %	30		
ZORYVE EXTERNAL FOAM	30		
zovia 1/35 (28)	44		
ZOVIRAX EXTERNAL OINTMENT .	20		
ZTLIDO	10		
ZUBSOLV	11		
zumandimine	44		
ZURZUVAE	15		
ZYCLARA	30		
ZYCLARA PUMP	30		
ZYLET	53		
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	16		
ZYPREXA ORAL	19		
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	19		

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) សេវាជំនួយភាសាភាគតិចផ្លែ និងការទំនាក់ទំនងភាគតិចផ្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចផ្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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