Your 2026 Prescription Drug List

Access 3-Tier

Effective May 1, 2026

United Healthcare

This Prescription Drug List (PDL) is accurate as of May 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, UHC Freedom Plan, Neighborhood Health Partnership Plan, River Valley, Student Resources and New Jersey Oxford medical plans when sold in your market with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/ coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

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

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

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

About this PDL

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

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.

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.

Reading your PDL

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

Tier information

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

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

Reading your PDL (continued)

Drug list information

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

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

Coverage details

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

- **Central nervous system: sedatives/hypnotics**
  Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
  Diabetic supplies and prescription medications may be subject to different cost-share amounts for New Jersey Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.
- **Diabetes: continuous glucose monitors, sensors**
  Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
  Coverage is set by your prescription drug benefit plan.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. Not applicable to certain Neighborhood Health Plan and New Jersey Oxford plans.

Reading your PDL (continued)

- **Infertility**
  Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required for New Jersey Oxford plans or where a state mandates infertility drug coverage.
- **Medications for sexual dysfunction**
  Coverage is set by your prescription drug benefit plan.
- **Termination of pregnancy**
  Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine	1	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eql nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H

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

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
THRIVE	3	H
varenicline	1	H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
fidaxomicin oral tablet	1	QL
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
mupirocin cream	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XEPI	3	QL
XIFAXAN ORAL TABLET 200 MG	3	
XIFAXAN ORAL TABLET 550 MG	3	QL
ZITHROMAX	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
rivaroxaban	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	3	
ONFI	3	PA
oxcarbazepine	1	
perampanel	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA

Drug Name	Drug Tier	Requirements & Limits
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral	1	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	QL
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
RALDESY	3	PA
SERTRALINE HCL ORAL CAPSULE	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
doxylamine-pyridoxine	1	
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 200 MG	3	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	3	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	3	

Drug Name	Drug Tier	Requirements & Limits
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	3	PA, QL, SP
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abirtega	1	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ENSACOVE	2	PA, QL, SP

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
GAVRETO	3	PA, QL, SP
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
LENVIMA	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	3	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
tiopronin	1	SP
tiopronin delayed release	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
STROMECTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
ziprasidone hcl	1	

Drug Name	Drug Tier	Requirements & Limits
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
valacyclovir hcl oral	1	
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL ORAL CAPSULE 25 MG	3	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	1	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ARBLI	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
chlorthalidone	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch	1	
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORLANOR	3	PA, QL
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	3	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	3	QL
LOPID	3	
LOPRESSOR ORAL SOLUTION	3	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	H
matzim la	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	

Drug Name	Drug Tier	Requirements & Limits
pentoxifylline er	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	QL
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TEZRULY	3	PA
THALITONE	3	
tiadylt er	1	
TIAZAC	3	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TIKOSYN	3	
torsemide	1	
trandolapril	1	
triamterene-hctz	1	
valsartan oral solution	3	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT	3	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST, QL
clonidine hcl er	1	
COTEMPLA XR-ODT	3	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL

Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	QL
EVEKEO	3	
FOCALIN	3	
guanfacine hcl er	1	
JORNAY PM	2	ST, QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral	1	
MYDAYIS	3	QL
ONYDA XR	3	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA: SP
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/ throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/ throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ACANYA	3	
accutane	1	
acitretin	1	
adapalene-benzoyl peroxide external gel	1	
AKLIEF	3	
alclometasone dipropionate	1	
amnesteem	1	
AMZEEQ	3	
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos (twice-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMACINRX UREA	3	
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
desoximetasone external cream	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	PA
DIPROLENE	3	
DRYSOL	2	
DUPIXENT	2	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
imiquimod external cream 5 %	1	
IMPOYZ	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	

Drug Name	Drug Tier	Requirements & Limits
KLARON	3	
KLISYRI	3	ST
METROCREAM	3	
METROLOTION	3	
metronidazole external	1	
MIRVASO	2	PA
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	1	QL
ONEXTON	3	
OPZELURA	3	PA, QL, SP
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox external solution	1	
RHOFADE	3	PA
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
SYNALAR	3	
SYNALAR EXTERNAL SOLUTION 0.01 %	3	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	
tazarotene external cream	1	PA

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TAZORAC EXTERNAL CREAM	3	PA
TOLAK	3	
TOPICORT	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
UREMEZ-40	3	
VTAMA	3	PA
ZELSUVMI	3	PA, QL
zenatane	1	
ZILXI	3	PA, ST
ZORYVE EXTERNAL CREAM 0.15%, 0.3%	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EMBECTA INSULIN SYRINGE	2	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
BAQSIMI TWO PACK	2	
BRENZAVVY	3	ST, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
BYETTA	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide	1	PA, QL
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	1	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	QL

Drug Name	Drug Tier	Requirements & Limits
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	SP
eltrombopag powder	1	PA, QL: SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROMACTA POWDER	3	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	QL
avanafil	1	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
vardenafil hcl oral tablet	1	QL
VYLEESI	3	QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	

Drug Name	Drug Tier	Requirements & Limits
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3	
FLORIVA PLUS	3	
FLOTREX	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	QL
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	3	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE MINI	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium oral packet	1	QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	1	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	3	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	1	PA, QL
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	1	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
GEMTESA	3	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	
trospium chloride er	1	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST
VESICARE	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	

Drug Name	Drug Tier	Requirements & Limits
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 &0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
conjugated estrogen oral	1	
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/ 0.5GM, 1 MG/GM, 1.25 MG/ 1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	1	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-linyah	1	H
MYFEMBREE	2	QL

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	

Drug Name	Drug Tier	Requirements & Limits
progesterone intramuscular	1	
progesterone oral	1	
PROVERA	3	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	
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
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	3	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
dexamethasone intensol	1	
dexamethasone oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA: SP
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL
testosterone transdermal gel 1.62 %	1	QL (generic Androgel Pump)

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AZASAN	3	
azathioprine oral	1	

Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP
HUMIRA*	E	PA, QL, SP
HYFTOR	3	PA, QL
JYLAMVO	3	PA
KEVZARA	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	

See page 5-7 for coverage details. * Members currently on therapy may be allowed to continue.

Drug Name	Drug Tier	Requirements & Limits
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone suppository	1	
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	1	QL
PROCORT	3	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	
risedronate sodium oral tablet 30 mg, 5 mg	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
XDEMVY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
travoprost (bak free)	1	
VYZULTA	3	ST
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	3	PA, QL
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
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	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	
NEFFY	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
carbinoxamine maleate oral tablet 4 mg	1	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	3	
sodium chloride inhalation	1	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR HFA	2	QL, RS

Drug Name	Drug Tier	Requirements & Limits
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	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	3	ST, QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL, SP
FLEXICHAMBER	2	
FLUTICASONE PROPIONATE HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROCHAMBER VHC	2	
QVAR REDIHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	
YUPELRI	3	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
pirfenidone	1	PA, QL, SP

See page 5-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
bosentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
TANLOR	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
armodafinil	1	QL
BELSOMRA	3	QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	3	
SILENOR	3	QL
SODIUM OXYBATE	3	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 5-7 for coverage details.

Index

A

abigale 30
abigale lo 30
abiraterone acetate oral tablet 250 mg 14
abirtega 14
ABRYSVO 36
acamprosate calcium 9
ACANYA 21
acarbose oral 25
ACCOLATE 40
ACCU-CHEK AVIVA SOLUTION ... 24
ACCU-CHEK FASTCLIX LANCET .. 24
ACCU-CHEK FASTCLIX LANCET DEVICE KIT 24
ACCU-CHEK GUIDE KIT W/ DEVICE 24
ACCU-CHEK GUIDE ME METER ... 24
ACCU-CHEK GUIDE TEST STRIPS 24
ACCU-CHEK SOFTCLIX LANCET . 24
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 24
accutane 21
acebutolol hcl oral 17
acetaminophen-codeine oral tablet 8
acetazolamide er 17
acetazolamide oral 17
acetic acid otic 39
acitretin 21
ACTEMRA ACTPEN 35
ACTEMRA SUBCUTANEOUS 35
ACTIVELLA 30
ACTOPLUS MET 25
ACULAR 38
ACULAR LS 38
ACUVAIL 38
acyclovir external ointment 16
acyclovir oral capsule 16
acyclovir oral suspension 200 mg/5ml 16
acyclovir oral tablet 16
ADACEL 36
ADALIMUMAB-ADAZ 35
adapalene-benzoyl peroxide external gel 21
ADBRY 35
ADDYI 27
ADEMPAS 42
ADVAIR HFA 40
ADVATE 26
ADYNOVATE 26
ADZENYS XR-ODT 20
AEROCHAMBER HOLDING CHAMBER 40
AEROCHAMBER PLS FLOVU MTHPIECE 40
AEROCHAMBER PLUS FLO-VU 40
AEROCHAMBER PLUS FLO-VU INTERM 40
AEROCHAMBER PLUS FLO-VU LARGE 40
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE 40
AEROCHAMBER PLUS FLO-VU SMALL 40
AEROCHAMBER PLUS FLO-VU W/MASK 40
AEROCHAMBER2GO ANTI-STATIC 40
afirmelle 30
AFLURIA PRESERVATIVE FREE ... 36
AFSTYLA 26
AIMOVIG 14
AIRSUPRA 40
AKLIEF 21
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 40
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml 40
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION ... 40
albuterol sulfate oral syrup 2 mg/5ml 40
alclometasone dipropionate 21
ALECENSA 14
alendronate sodium oral tablet ... 37
alfuzosin hcl er 30
aliskiren fumarate 17
allopurinol oral 14
ALOGLIPTIN BENZOATE 25
ALORA 30
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % 38
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % 38
ALPHANATE 26
alprazolam er 17
alprazolam oral 17
alprazolam xr 17
ALPROLIX 26
ALREX 38
altavera 30
ALTUVIIIO 26
ALUNBRIG 14
ALVAIZ 26
alyacen 1/35 30
alyacen 7/7/7 30
alyq 42
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg 30
amantadine hcl oral capsule 15
amantadine hcl oral tablet 15
amethia oral tablet 0.15-0.03 &0.01 mg 30

amiloride hcl oral 17
amiodarone hcl oral 17
AMITIZA 29
amitriptyline hcl oral 12
AMJEVITA..... 35
amlodipine besylate oral 17
amlodipine besylate-benazepril hcl 17
amlodipine besylate-valsartan..... 17
amlodipine-olmesartan 17
amnesteem 21
amoxicillin..... 10
amoxicillin-potassium clavulanate..... 10
amphet-dextroamphet 3-bead er..... 20
amphetamine sulfate..... 20
amphetamine-dextroamphetamine 20
amphetamine-dextroamphetamine er 20
ampicillin..... 10
AMZEEQ..... 21
ANALPRAM HC..... 37
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % 37
ANALPRAM-HC EXTERNAL CREAM 37
ANASPAZ..... 29
anastrozole oral..... 14
ANDEMBRY 35
ANNOVERA 30
ANORO ELLIPTA..... 40
ANUCORT-HC..... 37
ANUSOL-HC..... 37
apap-caff-dihydrocodeine 8
aprepitant oral capsule 125 mg, 40 mg, 80 mg 13
apri 30
APRISO..... 37
APTENSIO XR 20
ARAKODA 15
aranelle..... 30
ARANESP (ALBUMIN FREE) 26
ARBLI..... 17
AREXVY 36
aripiprazole oral..... 16
armodafinil..... 42
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG 35
ARMOUR THYROID TABLET 15 MG ORAL..... 35
ARNUITY ELLIPTA 40
ascomp-codeine..... 8
asenapine maleate 16
ashlyna 30
atenolol oral..... 17
atenolol-chlorthalidone..... 17
atomoxetine hcl 20
ATORVALIQ 17
atorvastatin calcium oral tablet 10 mg, 20 mg..... 17
atorvastatin calcium oral tablet 40 mg, 80 mg 17
atovaquone 15
atovaquone-proguanil hcl..... 15
atropine sulfate ophthalmic solution 1 %..... 39
ATROVENT HFA 40
ATTRUBY 29
aubra eq..... 30
AUGMENTIN 10
AUGTYRO 14
aurovela 1/20 30
aurovela 1.5/30 30
aurovela 24 fe 30
aurovela fe 1/20..... 30
aurovela fe 1.5/30 30
AUSTEDO 21
AUSTEDO XR..... 21
AUVELITY..... 12
AUVI-Q 39
avanafil..... 27
AVAR CLEANSER..... 21
AVAR LS CLEANSER 21
aviane 30
AVIDOXY..... 10
AVITA EXTERNAL CREAM 0.025 % 21
AVONEX..... 20
AYGESTIN ORAL TABLET 5 MG ...30
ayuna..... 30
AZASAN 35
AZASITE..... 38
azathioprine oral..... 35
azelaic acid external 22
azelastine hcl nasal solution 0.1 %, 137 mcg/spray 39
azelastine hcl ophthalmic 38
AZELEX..... 22
azithromycin oral packet 1 gm 10
AZSTARYS..... 20
AZULFIDINE 37
AZULFIDINE EN-TABS..... 37
azurette 30

B

bac (butalbital-acetamin-caff) 8
bacitracin-polymyxin b..... 38
baclofen oral tablet..... 42
BACTRIM..... 10
BACTRIM DS 10
BAFIERTAM 20
balsalazide disodium 37
balziva..... 30
BAQSIMI ONE PACK 25
BAQSIMI TWO PACK..... 26
BD AUTOSHIELD DUO PEN NEEDLES..... 24
BD ULTRA-FINE PEN NEEDLES ... 24
BD ULTRA-FINE U-500 INSULIN SYRINGES..... 24

BD VEO ULTRA-FINE INSULIN SYRINGES. 24
BD-ULTRA FINE INSULIN SYRINGES. 24
BELBUCA. 8
BELSOMRA. 42
benazepril hcl oral 17
benazepril-hydrochlorothiazide . . 17
BENEFIX 26
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 35
BENZAMYCIN 22
benzonatate 39
benzoyl peroxide-erythromycin . . 22
benztropine mesylate oral 15
BESIVANCE 38
BESREMI 14
betamethasone dipropionate aug external cream 22
betamethasone dipropionate aug external lotion. 22
betamethasone dipropionate aug external ointment. 22
betamethasone dipropionate external 22
betamethasone valerate external cream. 22
betamethasone valerate external lotion 22
betamethasone valerate external ointment 22
BETASERON. 20
bethanechol chloride oral. 30
BETIMOL OPHTHALMIC SOLUTION 0.25 %. 38
BETIMOL OPHTHALMIC SOLUTION 0.5 %. 39
BEVESPI AEROSPHERE. 40
bicalutamide. 14
BIJUVA 30
BIKTARVY 16
bimatoprost ophthalmic 39
BIMZELX 35
bis subcit-metronid-tetracyc 28
bismuth/metronidaz/tetracyclin . 28
bisoprolol fumarate oral tablet . . . 17
bisoprolol-hydrochlorothiazide. . . 17
blisovi 24 fe 30
blisovi fe 1/20 30
blisovi fe 1.5/30 30
BONSITY 37
BOOSTRIX 36
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5. 36
bosentan 42
BREATHE COMFORT CHAMBER/ ADULT 40
BREATHE COMFORT CHAMBER/ CHILD 40
BRENZAVVY. 26
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT 40
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH 41
BREZTRI AEROSPHERE. 41
briellyn 31
BRILINTA. 16
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % 39
brinzolamide 39
BRIVIACT ORAL TABLET 11
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML 39
bromfenac sodium (once-daily) . . 38
bromfenac sodium ophthalmic . . . 38
bromocriptine mesylate oral tablet. 16
bromphen-pseudoeph-dm 39
BROMSITE 38
BRONCHITOL. 41
BRUKINSA. 14
budesonide inhalation. 41
budesonide oral 37
bumetanide oral 17
BUMEX 17
buprenorphine. 8, 9
buprenorphine hcl sublingual. 9
buprenorphine hcl-naloxone hcl sublingual film 9
buprenorphine hcl-naloxone hcl sublingual tablet sublingual. 9
bupropion hcl er (smoking det) 9
bupropion hcl er (sr) 12
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg 12
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG 12
bupropion hcl oral 12
buspirone hcl oral. 17
butalbital-acetaminophen oral tablet 50-325 mg 8
butalbital-apap-caff-cod 8
butalbital-apap-caffeine. 8
butalbital-asa-caff-codeine. 8
butalbital-aspirin-caffeine 8
butorphanol tartrate nasal 8
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML. 26
BYETTA. 26
BYLVAY 29
BYLVAY (PELLETS). 29

C

cabergoline 34
CABOMETYX. 14
calcipotriene external cream 22
calcipotriene external ointment . . 22
calcipotriene external solution . . . 22
CALCITRENE. 22
calcitriol oral capsule. 38

calcium acetate (phos binder) oral capsule 30
CALQUENCE 14
camila 31
camrese 31
camrese lo 31
CAMZYOS 17
candesartan cilexetil 17
candesartan cilexetil-hctz 17
capecitabine 14
CAPLYTA 16
captopril oral 17
CAPVAXIVE 36
carbamazepine er 11
carbamazepine oral tablet 11
carbamazepine oral tablet chewable 11
CARBATROL 11
carbidopa-levodopa er 16
carbidopa-levodopa oral tablet 16
carbinoxamine maleate oral tablet 4 mg 40
CARDURA 17
carisoprodol oral 42
CARNITOR ORAL SOLUTION 27
CARNITOR ORAL TABLET 29
CARNITOR SF 27
cartia xt 17
carvedilol 17
carvedilol phosphate er 17
cefadroxil oral capsule 10
cefadroxil oral suspension reconstituted 10
cefdinir 10
cefixime oral capsule 10
cefpodoxime proxetil oral tablet 10
cefprozil 10
cefuroxime axetil 10
celecoxib oral 8
cephalexin 10
CEQUR SIMPLICITY 2U 8PK 24
CERDELGA 29
CETROTIDE 37
cevimeline hcl 21
charlotte 24 fe 31
chateal eq 31
chlordiazepoxide hcl 17
chlordiazepoxide-clidinium 29
chlorhexidine gluconate mouth/throat 21
chlorpromazine hcl oral tablet 16
chlorthalidone 17
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg 42
cholestyramine light 18
cholestyramine oral 18
CHORIONIC GONADOTROPIN INTRAMUSCULAR 37
CIBINQO 22
ciclodan 13
ciclopirox external 13
ciclopirox olamine external cream 13
ciclopirox olamine external suspension 22
cilostazol 16
CIMDUO 16
cimetidine oral 28
CIMZIA 35
cinacalcet hcl 38
CIPRO ORAL TABLET 10
ciprofloxacin hcl ophthalmic 38
ciprofloxacin hcl oral 10
ciprofloxacin-dexamethasone 39
citalopram hydrobromide oral tablet 12
claravis 22
clarithromycin oral tablet 10
CLENPIQ 29
CLEOCIN ORAL CAPSULE 150 MG, 300 MG 10
CLEOCIN ORAL CAPSULE 75 MG. 10
CLEOCIN ORAL SOLUTION RECONSTITUTED 10
CLEOCIN VAGINAL CREAM 10
CLEOCIN-T 22
CLIMARA PRO 31
clindacin etz external swab 22
clindacin-p 22
CLINDAGEL 22
clindamycin hcl oral 10
clindamycin palmitate hcl 10
clindamycin phos (once-daily) gel 1 % external 22
clindamycin phos (twice-daily) gel 1 % external 22
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 % 22
clindamycin phos-benzoyl perox external gel 1.2-5 % 22
clindamycin phosphate external lotion 22
clindamycin phosphate external solution 22
clindamycin phosphate external swab 22
clindamycin phosphate vaginal 10
CLINDESSE 10
CLINPRO 5000 21
clobazam oral suspension 2.5 mg/ml 11
clobazam oral tablet 11
clobetasol prop emollient base external cream 0.05 % 22
clobetasol propionate e 22
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 % 22
clobetasol propionate external cream 0.05 % 22
clobetasol propionate external foam 22
clobetasol propionate external gel 22

clobetasol propionate external liquid 22
clobetasol propionate external ointment 22
clobetasol propionate external shampoo 22
clobetasol propionate external solution 22
clodan 22
CLOMID 37
clomiphene citrate oral 37
clomipramine hcl oral 12
clonazepam oral 17
clonidine hcl er 20
clonidine hcl oral 18
clonidine patch 18
clopidogrel bisulfate oral 16
clorazepate dipotassium 17
clotrimazole mouth/throat 13
clotrimazole-betamethasone 22
clozapine oral tablet 16
CLOZARIL 16
CO-NATAL FA 27
colchicine oral 14
colchicine-probenecid 14
colesevelam hcl oral tablet 18
COLESTID ORAL TABLET 18
colestipol hcl oral tablet 18
COMBIGAN 39
COMBIPATCH 31
COMBIVENT RESPIMAT 41
COMIRNATY 36
conjugated estrogen oral 31
constulose 29
CONTOUR NEXT EZ KIT W/ DEVICE 24
CONTOUR NEXT GEN MONITOR KIT 24
CONTOUR NEXT MONITOR KIT W/DEVICE 24
CONTOUR NEXT ONE KIT 24
CONTOUR NEXT TEST STRIPS 24
CONTOUR PLUS BLUE KIT W/ DEVICE 24
CONTOUR PLUS TEST STRIP 24
CORGARD ORAL TABLET 20 MG, 40 MG 18
CORLANOR 18
CORTEF 34
CORTIFOAM 37
COSENTYX 35
COSOPT 39
COTELLIC 14
COTEMPLA XR-ODT 20
COVARYX 31
COVARYX HS 31
CREON 29
CRESEMBA ORAL 13
CREXONT 16
cromolyn sodium ophthalmic 39
cromolyn sodium oral 29
cryselle-28 31
cvs nicotine 9
cvs nicotine polacrilex 9
cyanocobalamin injection solution 1000 mcg/ml 27
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML 27
cyanocobalamin nasal 27
cyclobenzaprine hcl oral tablet 10 mg, 5 mg 42
CYCLOGYL 39
cyclopentolate hcl ophthalmic 39
cyclosporine modified oral capsule 35
cyproheptadine hcl oral 40
cyred eq 31
CYTOTEC 28

D

dabigatran etexilate mesylate 11
dalfampridine er 20
dapsone external 22
dapsone oral 14
dasatinib 14
dasetta 1/35 (28) 31
dasetta 7/7/7 31
DAVIMET-FLUORIDE 27
DAYPRO 8
daysee 31
deblitane 31
DELESTROGEN 31
delyla 31
DENTA 5000 PLUS 21, 27
DENTA 5000 PLUS SENSITIVE 27
DENTAGEL 21
DEPAKOTE 11
DEPAKOTE ER 11
DEPAKOTE SPRINKLES 11
DEPEN TITRATABS 29
DEPO-PROVERA 31
DEPO-SUBQ PROVERA 104 31
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML 34
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML 34
DERMA-SMOOTHE/FS BODY 22
DERMA-SMOOTHE/FS SCALP 22
DERMACINRX UREA 22
DERMOTIC 39
DESCOVY ORAL TABLET 120-15 MG 16
DESCOVY ORAL TABLET 200-25 MG 16
desipramine hcl oral 12
desloratadine oral tablet 40
desmopressin acetate oral 34
desmopressin acetate spray 34
desogestrel-ethinyl estradiol 31
desonide external cream 22
desonide external lotion 22

desonide external ointment 22
DESOWEN..... 22
desoximetasone external cream . 23
desoximetasone external ointment 23
desvenlafaxine succinate er 12
dexamethasone intensol..... 34
dexamethasone oral..... 34
dexamethasone sodium phosphate ophthalmic 38
DEXCOM G6 RECEIVER 24
DEXCOM G6 SENSOR 24
DEXCOM G6 TRANSMITTER..... 24
DEXCOM G7 RECEIVER 24
DEXCOM G7 SENSOR 24
dexmethylphenidate hcl 20
dexmethylphenidate hcl er 20
dextroamphetamine sulfate er ... 20
dextroamphetamine sulfate oral tablet..... 20
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG 11
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG..... 11
diazepam oral solution 17
diazepam oral tablet..... 17
diazepam rectal..... 11
diclofenac potassium oral tablet 50 mg 8
diclofenac sodium er 8
diclofenac sodium external gel 3 %..... 23
diclofenac sodium ophthalmic.... 38
diclofenac sodium oral 8
diclofenac-misoprostol 8
dicloxacillin sodium..... 10
dicyclomine hcl oral capsule 29
dicyclomine hcl oral tablet 10mg, 20 mg 29
difluprednate 39
digoxin oral tablet 18
DILANTIN..... 11
dilt-xr 18
diltiazem hcl er..... 18
diltiazem hcl er beads 18
diltiazem hcl er coated beads..... 18
diltiazem hcl oral..... 18
dimethyl fumarate oral..... 20
DIPENTUM 37
diphenoxylate-atropine oral tablet..... 29
DIPROLENE..... 23
disulfiram oral 9
divalproex sodium er 11
divalproex sodium oral 11
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM 31
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM..... 31
DODEX INJECTION SOLUTION 1000 MCG/ML 27
dofetilide..... 18
donepezil hcl oral tablet..... 12
DOPTELET 26
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC..... 39
dorzolamide hcl-timolol mal 39
dorzolamide hcl-timolol mal pf ... 39
dotti 31
DOVATO..... 16
doxazosin mesylate oral..... 18
doxepin hcl oral capsule..... 12
doxepin hcl oral concentrate 12
doxepin hcl oral tablet..... 42
doxycycline hyclate oral capsule.. 10
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg.... 10
doxycycline monohydrate oral.... 10
doxylamine-pyridoxine..... 13
DRISDOL..... 27
dronabinol 13
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg 31
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg 31
drospirenone-ethinyl estradiol ... 31
DRYSOL 23
DUAVEE 31
DULERA 41
duloxetine hcl oral 13
DUPIXENT 23
dutasteride oral..... 30
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 20

E

E.E.S. GRANULES 10
EASIVENT..... 41
EASIVENT MASK LARGE 41
EASIVENT MASK MEDIUM 41
EASIVENT MASK SMALL 41
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 23
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG..... 8
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG 8
ec-naproxen 8
econazole nitrate external 13
EDARBI..... 18
EDARBYCLOR 18
EEMT 31
EEMT HS..... 31
EFUDEX EXTERNAL CREAM 5 % .. 23
ELESTRIN 31
eletriptan hydrobromide 14
ELIMITE..... 15
elinest 31
ELIQUIS TABLET..... 11
ELLA..... 31
ELMIRON..... 30

ELOCTATE. 26
eltrombopag powder. 26
eluryng 31
EMBECTA INSULIN SYRINGE 24
EMGALITY 14
EMPAVELI. 35
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg 16
emtricitabine-tenofovir df oral tablet 200-300 mg 16
emzahh. 31
enalapril maleate oral 18
enalapril-hydrochlorothiazide 18
ENBREL 35
ENBREL MINI 35
ENBREL SURECLICK. 35
endocet 8
ENDOMETRIN 37
ENGERIX-B. 36
enilloring 31
ENLITE GLUCOSE SENSOR 24
enoxaparin sodium injection solution prefilled syringe. 11
enpresse-28. 31
ENSACOVE. 14
enskyce 31
ENSTILAR. 23
entecavir 16
ENTYVIO PEN. 35
enulose. 29
EPCLUSA ORAL TABLET. 16
EPIDIOLEX. 11
epinastine hcl 38
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML. 39
epinephrine solution auto-injector. 39
epitol 11
eplerenone. 18
eq nicotine 9
eq nicotine mouth/throat gum 4 mg. 9
eq nicotine polacrilex. 9
eq nicotine step 3. 9
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg 9
ergocalciferol oral capsule. 27, 28
ERIVEDGE 15
ERLEADA. 15
ERMEZA. 35
errin 31
ERYGEL. 23
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML . . 10
ERYPED 400 10
erythromycin base oral tablet 10
erythromycin ethylsuccinate oral suspension reconstituted 10
erythromycin external. 23
erythromycin ophthalmic 38
escitalopram oxalate oral solution 5 mg/5ml. 13
escitalopram oxalate oral tablet . . 13
ESGIC ORAL CAPSULE 50-325-40 MG 8
ESGIC ORAL TABLET 50-325-40 MG 8
eslicarbazepine acetate 11
esomeprazole magnesium oral packet. 28
est estrogens-methyltest 31
est estrogens-methyltest ds 31
est estrogens-methyltest hs 31
estarylla 31
estradiol oral. 31, 33
estradiol patch twice weekly 31
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm. 31
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%). 31
estradiol transdermal patch weekly 31
estradiol vaginal 31
estradiol valerate intramuscular . . 31
estradiol-norethindrone acet 31
estratest f.s. 31
ESTRATEST H.S. 31
ESTRING 31
ESTROGEL 31
eszopiclone 42
ethambutol hcl oral. 14
ethosuximide oral 11
ethynodiol diac-eth estradiol 31
etodolac. 8
etonogestrel-ethinyl estradiol 31
EUCRISA 23
euthyrox. 35
EVAMIST 31
EVEKEO 20
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg 35
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg 15
EVRYSDI ORAL SOLUTION RECONSTITUTED. 29
exemestane. 15
EXKIVITY ORAL CAPSULE 40 MG 15
EYSUVIS 38
ezetimibe 18
ezetimibe-simvastatin. 18

F

FABHALTA. 26
falmina 31
famciclovir oral 16
famotidine oral suspension reconstituted 28
FASENRA PEN. 41

fayosim oral tablet 42-21-21-7 days 31
febuxostat 14
feirza 1/20..... 31
feirza 1.5/30..... 31
FELDENE ORAL CAPSULE 20 MG.. 8
felodipine er 18
FEMRING 31
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg..... 18
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG..... 18
fenofibrate oral capsule 134 mg, 200 mg, 67 mg..... 18
fenofibrate oral tablet..... 18
fenofibric acid oral capsule delayed release 18
fentanyl 8
FETZIMA 13
fidaxomicin oral tablet 10
FINACEA EXTERNAL FOAM..... 23
finasteride oral tablet 5 mg 30
fingolimod hcl 20
finzala 32
FIORICET 8
flac otic oil 0.01 %..... 39
FLAREX 38
flecainide acetate 18
FLEXICHAMBER 41
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML..... 27
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG 27
FLORIVA PLUS..... 27
FLOTREX..... 27
FLUAD..... 36
FLUARIX 36
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE..... 36
fluconazole oral..... 13
fludrocortisone acetate oral 34
FLULAVAL..... 36
flunisolide nasal..... 40
fluocinolone acetonide body 23
fluocinolone acetonide external.. 23
fluocinolone acetonide otic..... 39
fluocinolone acetonide scalp 23
fluocinonide external..... 23
FLUORIDEX..... 21
FLUORIDEX ENHANCED WHITENING..... 21
FLUORIMAX 5000.....21, 27
FLUORIMAX 5000 SENSITIVE.... 27
fluorometholone 38
fluorouracil external cream 5 %... 23
fluoxetine hcl oral capsule 13
fluoxetine hcl oral solution..... 13
fluoxetine hcl oral tablet 10 mg... 13
fluoxetine hcl oral tablet 20 mg, 60 mg 13
fluticasone propionate external cream 23
fluticasone propionate external ointment 23
FLUTICASONE PROPIONATE HFA 41
fluticasone propionate nasal..... 40
FLUTICASONE-SALMETEROL INHALATION AEROSOL..... 41
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act..... 41
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT 41
fluvoxamine maleate..... 13
fluvoxamine maleate er 13
FLUZONE HIGH-DOSE 36
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE..... 36
FML FORTE 38
FML LIQUIFILM 38
FOCALIN..... 20
folic acid oral tablet 1 mg..... 27
FOLLISTIM AQ..... 37
FORFIVO XL 13
FOSAMAX..... 37
fosfomycin tromethamine 10
fosinopril sodium 18
FRAICHE 5000 DENTAL..... 21
FREESTYLE LIBRE 14 DAY READER 24
FREESTYLE LIBRE 14 DAY SENSOR..... 24
FREESTYLE LIBRE 2 PLUS SENSOR..... 24
FREESTYLE LIBRE 2 READER 24
FREESTYLE LIBRE 2 SENSOR 24
FREESTYLE LIBRE 3 PLUS SENSOR..... 25
FREESTYLE LIBRE 3 READER 25
FREESTYLE LIBRE 3 SENSOR 25
FREESTYLE LIBRE READER 25
frovatriptan succinate..... 14
ft naloxone hcl..... 9
ft nicotine..... 9
ft nicotine mini..... 9
FUROSCIX 18
furosemide oral..... 18
fyavolv..... 32
FYCOMPA 11
FYREMADEL 37

G

g tussin ac.....40
gabapentin oral capsule.....11
gabapentin oral solution 250 mg/5ml.....11

gabapentin oral tablet 600 mg, 800 mg ... 11
gallifrey ... 32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ... 37
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ... 36
gatifloxacin ophthalmic ... 38
gavilyte-c ... 29
gavilyte-g ... 29
gavilyte-n with flavor pack ... 29
GAVRETO ... 15
gemfibrozil oral ... 18
GEMTESA ... 30
generlac ... 29
gengraf oral capsule ... 35
gentamicin sulfate external ... 10
gentamicin sulfate ophthalmic ... 38
GENVOYA ... 16
GILENYA ORAL CAPSULE 0.25 MG ... 20
glatiramer acetate ... 20
glatopa ... 20
glimepiride oral tablet 1 mg, 2 mg, 4 mg ... 26
glipizide er ... 26
glipizide ir ... 26
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg ... 26
glipizide-metformin hcl ... 26
glucagon emergency kit 1 mg injection ... 26
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius) ... 26
GLUCOTROL XL ... 26
glyburide oral ... 26
glyburide-metformin ... 26
glycopyrrolate oral tablet 1 mg, 2 mg ... 29
GLYXAMBI ... 26
gnp naloxone hcl ... 9
gnp nicotine mini ... 9
gnp nicotine polacrilex mouth/throat gum 2 mg ... 9
gnp nicotine polacrilex mouth/throat lozenge ... 9
gnp nicotine transdermal ... 9
GOLYTELY ... 29
GONAL-F ... 37
goodsense nicotine ... 9
griseofulvin microsize oral suspension ... 13
guaifenesin ac oral syrup 100-10 mg/5ml ... 40
guaifenesin-codeine ... 40
guanfacine hcl ... 18, 20
guanfacine hcl er ... 20
GUARDIAN 4 GLUCOSE SENSOR ... 25
GUARDIAN 4 TRANSMITTER ... 25
GUARDIAN CONNECT TRANSMITTER ... 25
GUARDIAN LINK 3 TRANSMITTER ... 25
GUARDIAN REAL-TIME REPLACE PED ... 25
GUARDIAN SENSOR 3 ... 25
GVOKE HYPOPEN 1-PACK ... 26
GVOKE HYPOPEN 2-PACK ... 26
GVOKE KIT ... 26
GVOKE PFS ... 26
GYNAZOLE-1 ... 13

H

habitrol ... 9
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT ... 35
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT ... 35
hailey 1.5/30 ... 32
hailey 24 fe ... 32
hailey fe 1/20 ... 32
hailey fe 1.5/30 ... 32
HALCION ... 17
halobetasol propionate external cream ... 23
halobetasol propionate external ointment ... 23
haloette ... 32
haloperidol oral ... 16
HARVONI ORAL TABLET ... 16
HAVRIX ... 36
heather ... 32
HEMANGEOL ... 18
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML ... 26
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG ... 37
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG ... 37
HEMOFIL M ... 26
HEPLISAV-B ... 36
HIPREX ... 10
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg ... 9
hm nicotine polacrilex mouth/throat lozenge 2 mg ... 9
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr ... 9
HUMALOG CARTRIDGE ... 25
HUMALOG KWIKPEN ... 25
HUMALOG MIX 50/50 KWIKPEN ... 25
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ... 25
HUMALOG MIX 75/25 KWIKPEN ... 25
HUMALOG MIX 75/25 VIAL ... 25
HUMALOG U-100 JUNIOR KWIKPEN ... 25
HUMALOG VIAL ... 25
HUMATE-P ... 26

HUMIRA ... 35
HUMULIN 70/30 KWIKPEN ... 25
HUMULIN 70/30 VIAL ... 25
HUMULIN N KWIKPEN ... 25
HUMULIN N VIAL ... 25
HUMULIN R U-500 KWIKPEN ... 25
HUMULIN R U-500 VIAL ... 25
HUMULIN R VIAL ... 25
hydralazine hcl oral ... 18
hydrochlorothiazide oral ... 18
hydrocod poli-chlorphe poli er ... 40
hydrocodone bit-homatrop mbr oral solution ... 40
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml ... 8
hydrocodone-acetaminophen oral tablet ... 8
hydrocort-pramoxine (perianal) ... 37
hydrocortisone (perianal) external cream 2.5 % ... 37
hydrocortisone ace-pramoxine external cream 1-1 % ... 37
hydrocortisone acetate rectal ... 37
hydrocortisone external cream 2.5 % ... 23
hydrocortisone external ointment 1 %, 2.5 % ... 23
hydrocortisone oral ... 34
hydrocortisone valerate external cream ... 23
hydrocortisone-acetic acid ... 39
hydromet ... 40
hydromorphone hcl oral tablet ... 8
hydroxychloroquine sulfate oral ... 15
hydroxyurea oral ... 15
hydroxyzine hcl oral ... 17
hydroxyzine pamoate oral ... 17
HYFTOR ... 35
HYMPAVZI ... 27
hyoscyamine sulfate er ... 29
hyoscyamine sulfate oral tablet ... 29
hyoscyamine sulfate oral tablet dispersible ... 29
hyoscyamine sulfate sublingual ... 29
HYPERSAL ... 40

I

ibandronate sodium oral ... 37
IBRANCE ORAL TABLET ... 15
ibuprofen oral tablet 400 mg, 600 mg, 800 mg ... 8
iclevia ... 32
ICLUSIG ... 15
IDELVION ... 27
IDHIFA ... 15
ILEVRO ... 38
imatinib mesylate oral ... 15
IMBRUVICA ORAL CAPSULE ... 15
IMBRUVICA ORAL TABLET 420 MG ... 15
imipramine hcl oral ... 13
imiquimod external cream 5 % ... 23
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT ... 14
IMKELDI ... 15
IMPOYZ ... 23
IMVEXXY MAINTENANCE PACK ... 27
IMVEXXY STARTER PACK ... 27
INBRIJA ... 16
incassia ... 32
indapamide ... 18
indomethacin er ... 9
indomethacin oral capsule ... 9
INGREZZA ... 21
INGREZZA SPRINKLE ... 21
INPEN ... 25
INSPIREASE ... 41
INSULIN LISPRO JUNIOR KWIKPEN ... 25
INSULIN LISPRO KWIKPEN ... 25
INSULIN LISPRO PROT & LISPRO ... 25
INSULIN LISPRO VIAL ... 25
INTRAROSA ... 27
introvale ... 32
INVELTYS ... 38
INZIRQO ... 18
IPOL ... 36
ipratropium bromide inhalation ... 41
ipratropium bromide nasal ... 40
ipratropium-albuterol ... 41
IQIRVO ... 29
irbesartan ... 18
irbesartan-hydrochlorothiazide ... 18
ISENTRESS HD ... 16
ISENTRESS ORAL TABLET ... 16
isibloom ... 32
isoniazid oral tablet ... 14
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % ... 39
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg ... 18
isosorbide mononitrate er ... 18
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg ... 23
ISTALOL ... 39
itraconazole oral capsule ... 13
ivabradine hcl ... 18
ivermectin oral tablet 3 mg ... 15
ivermectin oral tablet 6 mg ... 15
IYUZEH ... 39

J

jaimiess ... 32
JAKAFI ... 15
jantoven ... 11
JARDIANCE ... 26
jasmiel ... 32
jencycla ... 32
JENTADUETO ... 26

JENTADUETO XR 26
jinteli 32
jolessa 32
JORNAY PM 20
JOURNAVX 8
JUBLIA 13
juleber 32
JULUCA 16
junel 1/20 32
junel 1.5/30 32
junel fe 1/20 32
junel fe 1.5/30 32
junel fe 24 32
JUST RIGHT 5000 DENTAL GEL 1.1 % 21
JUST RIGHT 5000 DENTAL PASTE 21
JYLAMVO 35

K

K-PHOS-NEUTRAL 27
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ 27
kalliga 32
KAPSPARGO SPRINKLE 18
kariva 32
kelnor 1/35 32
kelnor 1/50 32
KEPPRA ORAL 11
KEPPRA XR 12
KERENDIA ORAL TABLET 10 MG, 20 MG 18
KESIMPTA 21
ketoconazole external cream 13
ketoconazole external shampoo 13
ketoconazole oral 13
ketorolac tromethamine ophthalmic 38
ketorolac tromethamine oral 9
KEVZARA 35
KISQALI 15
KLARON 23
klayesta 13
KLISYRI 23
klor-con 27
klor-con 10 27
klor-con m10 27
klor-con m15 27
klor-con m20 27
KLOXXADO 9
kls quit2 9
kls quit4 9
KOATE 27
KOATE-DVI 27
KOGENATE FS 27
KOSELUGO 15
KOURZEQ 21
KOVALTRY 27
KRINTAFEL 15
kurvelo 32
KYZATREX 34

L

labetalol hcl oral 18
lacosamide oral 12
lactulose encephalopathy 29
lactulose oral solution 29
LAGEVRIO 16
LAMICTAL 12
LAMICTAL ODT ORAL TABLET DISPERSIBLE 12
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12
lamotrigine er 12
lamotrigine oral tablet 12
lamotrigine oral tablet chewable 12
lamotrigine oral tablet dispersible 12
LANOXIN ORAL TABLET 125 MCG, 250 MCG 18
LANOXIN ORAL TABLET 62.5 MCG 18
lansoprazole oral tablet delayed release dispersible 28
LANTUS SOLOSTAR 25
LANTUS U-100 VIAL 25
larin 1/20 32
larin 1.5/30 32
larin 24 fe 32
larin fe 1/20 32
larin fe 1.5/30 32
LASIX 18
latanoprost ophthalmic 39
LEDIPASVIR-SOFOSBUVIR 16
leena 32
leflunomide oral 35
lenalidomide 15
LENVIMA 15
lessina 32
letrozole oral 15
leucovorin calcium oral 15
leuprolide acetate injection 34
levalbuterol hcl inhalation 41
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT 41
LEVBID 29
levetiracetam er 12
levetiracetam oral solution 12
levetiracetam oral tablet 12
levo-t 35
levocarnitine oral solution 27
levocarnitine oral tablet 29
levocarnitine sf 27
levocetirizine dihydrochloride oral 40
levofloxacin oral tablet 10
levonest 32
levonorg-eth estrad triphasic 32
levonorgest-eth est & eth est oral tablet 42-21-21-7 days 32

levonorgest-eth estrad 91-day.... 32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg..... 32
levora 0.15/30 (28) 32
LEVOTHYROXINE SODIUM ORAL CAPSULE..... 35
levothyroxine sodium oral tablet . 35
levoxyl..... 35
LEVSIN..... 29
LEVSIN/SL..... 29
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG..... 12
lidocaine external ointment 5 % ... 8
lidocaine external patch 5 % 8
lidocaine hcl mouth/throat 21
lidocaine viscous hcl..... 21
lidocaine-prilocaine external cream 8
LIKMEZ..... 10
linezolid oral tablet 10
LINZESS..... 29
liothyronine sodium oral 35
liraglutide..... 26
lisdexamfetamine dimesylate..... 20
lisinopril oral 18
lisinopril-hydrochlorothiazide..... 18
LITFULO 35
lithium carbonate er..... 17
lithium carbonate oral..... 17
LITHOBID..... 17
LIVDELZI 29
LO LOESTRIN FE..... 32
lo-zumandimine 32
LODOCO 18
lojaimiess 32
LOKELMA 27
LOMOTIL..... 29
LOPID 18
LOPRESSOR ORAL SOLUTION.... 18
lorazepam oral tablet..... 17
loryna 32
losartan potassium oral 18
losartan potassium-hctz 18
LOTEMAX OPHTHALMIC GEL..... 38
LOTEMAX OPHTHALMIC OINTMENT..... 38
LOTEMAX SM 38
LOTENSIN..... 18
LOTENSIN HCT 18
loteprednol etabonate 38
lovastatin oral..... 18
low-ogestrel 32
lubiprostone 29
LUMAKRAS..... 15
LUMIGAN 39
LUMRYZ..... 42
LUPKYNIS..... 35
lurasidone hcl..... 16
lutera..... 32
lyleq 32
lyllana 32
LYNPARZA 15
LYRICA ORAL CAPSULE..... 21
LYUMJEV KWIKPEN 25
LYUMJEV VIAL 25
lyza 32

M

M-M-R II..... 36
M-NATAL PLUS..... 27
MACROBID..... 10
MACRODANTIN..... 10
MALARONE 15
marlissa 32
matzim la..... 18
MAVENCLAD..... 21
MAVYRET ORAL PACKET..... 16
maxi-tuss ac 40
MAXITROL..... 38
MAXZIDE ORAL TABLET 75-50 MG 19
MAXZIDE-25 ORAL TABLET 37.5-25 MG..... 19
MAYZENT 21
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG..... 34
MEDROL ORAL TABLET 2 MG..... 34
MEDROL ORAL TABLET THERAPY PACK 34
medroxyprogesterone acetate intramuscular..... 32
medroxyprogesterone acetate oral 32
mefloquine hcl..... 15
megestrol acetate oral suspension 40 mg/ml 34
megestrol acetate oral tablet..... 32
meleya 32
meloxicam oral tablet 9
memantine hcl er..... 12
memantine hcl oral tablet..... 12
MENOPUR..... 37
MENOSTAR..... 32
MENQUADFI..... 36
MENVEO 36
mercaptopurine oral tablet 15
mesalamine oral capsule delayed release 400 mg..... 37
mesalamine oral tablet delayed release 1.2 gm..... 37
mesalamine rectal enema..... 37
mesalamine rectal suppository... 37
metaxalone oral tablet 400 mg, 800 mg..... 42
metformin hcl er..... 26
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg 26
methadone hcl oral tablet..... 8
methenamine hippurate 10
methimazole oral 35
methocarbamol oral..... 42

methotrexate sodium (pf) 35
methotrexate sodium injection solution 35
methotrexate sodium oral 35
METHYLIN 20
methylphenidate hcl er (cd) 20
methylphenidate hcl er (la) oral capsule extended release 24 hour 20
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg 20
methylphenidate hcl er (xr) 20
methylphenidate hcl er oral tablet extended release 20
methylphenidate hcl oral 20
methylprednisolone oral 34
metoclopramide hcl oral tablet ... 13
metolazone 19
metoprolol succinate er 19
metoprolol tartrate oral 19
metoprolol-hydrochlorothiazide .. 19
METROCREAM 23
METROLOTION 23
metronidazole external 23
metronidazole oral tablet 250 mg, 500 mg 10
metronidazole vaginal 10
mexiletine hcl oral 19
mibelas 24 fe 32
MICROCHAMBER 41
microgestin 1/20 32
microgestin 1.5/30 32
microgestin 24 fe oral tablet 1-20 mg-mcg 32
microgestin fe 1/20 32
microgestin fe 1.5/30 32
midodrine hcl 19
MIEBO 39
mili 32
mimvey 32
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG 19
minocycline hcl oral capsule 10
minoxidil oral 19
mirabegron er 30
mirtazapine oral 13
MIRVASO 23
misoprostol oral 28
MITIGARE 14
modafinil oral 42
MODERNA COVID-19 VAC 6M-11Y 36
mometasone furoate external 23
mometasone furoate nasal 40
mono-linyah 32
montelukast sodium oral 41
morphine sulfate er oral tablet extended release 8
morphine sulfate oral tablet 8
MOTPOLY XR 12
MOUNJARO 26
MOVIPREP 29
moxifloxacin hcl (2x day) 38
moxifloxacin hcl ophthalmic 38
moxifloxacin hcl oral 10
MULTAQ 19
MULTI-VIT-FLOR 27
multi-vitamin/fluoride 27
multivitamin w/fluoride 27
multivitamin/fluoride oral tablet chewable 27
mupirocin cream 11
mupirocin ointment 11
MYAMBUTOL ORAL TABLET 400 MG 14
mycophenolate mofetil oral capsule 35
mycophenolate mofetil oral tablet 35
mycophenolate sodium 36
mycophenolic acid 36
MYDAYIS 20
MYFEMBREE 32
MYHIBBIN 36
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ... 30
MYSOLINE 12

N

na sulfate-k sulfate-mg sulf 29
nabumetone oral 9
nadolol oral 19
naloxone hcl injection solution prefilled syringe 9
naloxone hcl nasal 9
naltrexone hcl oral 9
naproxen dr 9
naproxen oral tablet 9
naproxen oral tablet delayed release 9
naproxen sodium oral tablet 275 mg, 550 mg 9
naratriptan hcl 14
NARCAN 9
NASCOBAL 28
NATAZIA 33
nateglinide 26
NAYZILAM 12
nebivolol hcl 19
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % ... 40
necon 0.5/35 (28) 33
NEFFY 39
NEMLUVIO 23
neomycin sulfate oral 11
neomycin-polymyxin-dexameth .. 38
neomycin-polymyxin-hc otic 39
NEONATAL COMPLETE 28
NEONATAL PLUS 28
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG 26
neuac 23

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

O

ocella ... 33
OCUFLOX ... 38
ODACTRA ... 40
ODEFSEY ... 16
ODOMZO ... 15
OFEV ... 41
ofloxacin ophthalmic ... 38
ofloxacin otic ... 39
olanzapine oral ... 16
olmesartan medoxomil oral ... 19
olmesartan medoxomil-hctz ... 19
olmesartan-amlodipine-hctz ... 19
olopatadine hcl nasal ... 40
olopatadine hcl ophthalmic solution 0.1 % ... 38
OLUMIANT ... 36
OMECLAMOX-PAK ... 28
omega-3-acid ethyl esters ... 19
omeprazole oral capsule delayed release ... 28
OMNIPOD 5 DEXCOM INTRO KIT ... 25

OMNIPOD 5 DEXCOM PODS 25
OMNIPOD 5 G7 INTRO (GEN 5) KIT 25
OMNIPOD 5 G7 PODS (GEN 5) 25
OMNIPOD 5 LIBRE INTRO KIT 25
OMNIPOD 5 LIBRE PODS 25
OMNITROPE 34
OMVOH SUBCUTANEOUS 36
ondansetron hcl oral 13
ondansetron odt oral tablet dispersible 4 mg, 8 mg 13
ONE VITE WOMENS PLUS 28
ONEXTON 23
ONFI 12
ONYDA XR 20
OPSUMIT 42
OPVEE 9
OPZELURA 23
ORACIT 28
ORAL CITRATE 28
ORALONE 21
ORENCIA CLICKJECT 36
ORENCIA SUBCUTANEOUS 36
ORFADIN ORAL CAPSULE 29
ORFADIN ORAL SUSPENSION 29
ORGOVYX 15
ORIAHNN 34
ORILISSA 34
orphenadrine citrate er 42
OSCIMIN 29
oseltamivir phosphate oral 16
OSPHENA 27
OTEZLA 36
OTEZLA XR 36
OVACE PLUS WASH EXTERNAL LIQUID 23
OVACE WASH 23
OVIDREL 37
oxaprozin oral tablet 9
oxcarbazepine 12
oxybutynin chloride er 30
oxybutynin chloride oral 30
oxycodone hcl oral capsule 8
oxycodone hcl oral solution 8
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg 8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg 8
OZEMPIC 26

P

PACERONE ORAL TABLET 100 MG, 400 MG 19
PACERONE ORAL TABLET 200 MG 19
paliperidone er 16
PANCREAZE 29
PANRETIN 23
pantoprazole sodium oral tablet delayed release 28
paroxetine hcl er 13
paroxetine hcl oral tablet 13
PAXLOVID 16
PEDIAPRED 34
peg 3350-kcl-na bicarb-nacl 29
peg-3350/electrolytes 29
peg-3350/electrolytes/ascorbat . 29
peg-kcl-nacl-nasulf-na asc-c 29
penicillin v potassium 11
pentoxifylline er 19
perampanel 12
PERFOROMIST 41
PERIDEX 21
periogard 21
permethrin external 15
perphenazine oral 13
PERTZYE 29
PFIZER COVID-19 VAC-TRIS 5-11Y 36
PFIZER COVID-19 VAC-TRIS 6M-4Y 36
phenazo oral tablet 200 mg 30
phenazopyridine hcl oral tablet 100 mg, 200 mg 30
phenobarbital oral tablet 12
phenytek 12
phenytoin sodium extended 12
philith 33
PHOSPHA 250 NEUTRAL 28
phospho-trin 250 neutral 28
phosphorous 28
pilocarpine hcl oral 21
pimecrolimus 23
pimtrea 33
pioglitazone hcl 26
pioglitazone hcl-metformin hcl ... 26
PIQRAY 15
pirfenidone 41
piroxicam oral 9
PLEGRIDY 21
PLENVU 29
PLEXION CLEANSER 23
pnv 27-ca/fe/fa 28
podofilox external solution 23
POLY-VI-FLOR ORAL TABLET CHEWABLE 28
POLYCIN 38
polymyxin b-trimethoprim 38
POMALYST 15
portia-28 33
posaconazole oral tablet delayed release 14
potassium chloride crys er 28
potassium chloride er 28
potassium chloride oral 28
potassium citrate er 28
pramipexole dihydrochloride 16
prasugrel hcl 16
pravastatin sodium 19
prazosin hcl oral 19
PRED MILD 38

prednisolone acetate ophthalmic....38
prednisolone oral solution....34
prednisolone sodium phosphate oral solution 15 mg/5ml....34
prednisone oral....34
pregabalin oral capsule....21
PREGNYL....37
PREMARIN ORAL....33
PREMARIN VAGINAL....33
premium lidocaine....8
PREMPHASE....33
PREMPRO....33
prenatal oral tablet 27-1 mg....28
prenatal plus....28
prenatal plus vitamin/mineral....28
PRENATE MINI....28
prevalite....19
PREVIDENT 5000 BOOSTER PLUS....21
PREVIDENT 5000 DRY MOUTH....21
PREVIDENT 5000 ENAMEL PROTECT....28
PREVIDENT 5000 KIDS....21
PREVIDENT 5000 ORTHO DEFENSE....21
PREVIDENT 5000 PLUS....21
PREVIDENT 5000 SENSITIVE....28
PREVIDENT DENTAL....21
PREVNAR 20....36
PREVYMIS ORAL TABLET....16
PREZCOBIX....16
primidone oral tablet 125 mg....12
primidone oral tablet 250 mg, 50 mg....12
PRIORIX....36
probenecid....14
PROCHAMBER VHC....41
prochlorperazine maleate oral....13
PROCORT....37
procto-med hc....37
PROCTOCORT RECTAL....37
PROCTOFOAM HC....37
PROCTOSOL HC....37
PROCTOZONE-HC....37
progesterone intramuscular....33
progesterone oral....33
progesterone suppository....37
PROGRAF ORAL CAPSULE....36
PROLENSA....38
PROMACTA POWDER....27
promethazine hcl oral solution....13
promethazine hcl oral tablet....13
promethazine hcl rectal....13
promethazine-codeine....40
promethazine-dm....40
PROMETHEGAN....13
propafenone hcl....19
propafenone hcl er....19
propranolol hcl er....19
propranolol hcl oral....19
propylthiouracil oral....35
PROVERA....31, 33
prucalopride succinate....29
pseudoephedrine-bromphen-dm....40
PULMOSAL....40
PULMOZYME....41
PYLERA....28
PYRIDIUM....30
pyridostigmine bromide oral tablet 60 mg....14

Q

qc nicotine transdermal system....10
QUESTRAN....19
QUESTRAN LIGHT....19
quetiapine fumarate....16
quetiapine fumarate er....16
QUFLORA PEDIATRIC....28
QUILLICHEW ER....20
QUILLIVANT XR....20
QULIPTA....14
QVAR REDIHALER....41

R

ra mini nicotine....10
ra nicotine mouth/throat gum 4 mg....10
ra nicotine polacrilex....10
ra nicotine transdermal patch 24 hour 21 mg/24hr....10
rabeprazole sodium oral tablet delayed release....28
RADICAVA ORS....21
RADICAVA ORS STARTER KIT....21
RALDESY....13
raloxifene hcl....37
ramelteon....42
ramipril....19
ranolazine er....19
rasagiline mesylate oral....16
RASUVO....36
reclipsen....33
RECOMBINATE....27
RECOMBIVAX HB....36
RECTIV....19
REGLAN....13
RENTHYROID....35
repaglinide....26
REPATHA....19
REPATHA PUSHTRONEX SYSTEM....19
REPATHA SURECLICK....19
RESTASIS....39
RESTASIS MULTIDOSE....39
RESTORIL....42
RETACRIT....27
RETEVMO....15
REVLIMID....15
REXTOVY....10
REXULTI....16

REYVOW 14
REZDIFFRA 29
RHOFADE 23
RHOPRESSA 39
rifampin oral 14
RINVOQ 36
risedronate sodium oral tablet 150 mg, 35 mg 37
risedronate sodium oral tablet 30 mg, 5 mg 37
risperidone 16
rivaroxaban 11
rivastigmine 12
rivastigmine tartrate 12
rivelsa 33
rizatriptan 14
ROCALTROL ORAL CAPSULE 38
ROCKLATAN 39
roflumilast 41
ropinirole hcl 16
rosuvastatin calcium oral 19
rosyrah 33
roweepra 12
ROZLYTREK 15
RUCONEST 36
RUKOBIA 16
RYALTRIS 40
RYBELSUS 26
RYDAPT 15

S

sacubitril-valsartan 19
SALAGEN 21
SANTYL 23
SAVELLA 21
saxagliptin hcl 26
saxagliptin-metformin er 26
SCEMBLIX 15
scopolamine 13
selenium sulfide external lotion 23
SEREVENT DISKUS 41
SERTRALINE HCL ORAL CAPSULE 13
sertraline hcl oral concentrate 13
sertraline hcl oral tablet 13
setlakin 33
sevelamer carbonate oral tablet 30
sf 5000 plus 21
sf gel 1.1% 21
SFROWASA 37
sharobel 33
SHINGRIX 36
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg 27
sildenafil citrate oral tablet 20 mg 42
SILENOR 42
silodosin 30
SILVADENE 11
silver sulfadiazine external 11
simliya 33
simpesse 33
SIMPONI 36
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg 19
simvastatin oral tablet 80 mg 19
SINEMET 16
SINGULAIR ORAL PACKET 41
sirolimus oral tablet 36
SKYRIZI 36
SKYTROFA 34
SLYND 33
sm nicotine 10
sm nicotine polacrilex 10
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr 10
SOAANZ 19
sod citrate-citric acid oral solution 500-334 mg/5ml 28
sod fluoride-potassium nitrate 28
sodium chloride inhalation 40
sodium fluoride 5000 enamel 28
sodium fluoride 5000 plus 21
sodium fluoride 5000 ppm 21
sodium fluoride 5000 sensitive 28
sodium fluoride dental 21
sodium fluoride oral solution 28
sodium fluoride oral tablet chewable 28
SODIUM OXYBATE 42
sodium sulfacetamide wash 23
SOFOSBUVIR-VELPATASVIR 16
solifenacin succinate 30
SOLIQUA 26
SOOLANTRA 23
sotalol hcl oral 19
SOTYKTU 36
SPIKEVAX 36
SPIRIVA HANDIHALER 41
SPIRIVA RESPIMAT 41
spironolactone oral tablet 19
spironolactone-hctz 19
SPORANOX 14
SPRAVATO 13
sprintec 28 33
sronyx 33
ssd 11
STENDRA 27
STEQEYMA SUBCUTANEOUS 36
STIOLTO RESPIMAT 41
STIVARGA 15
STRENSIQ 29
STRIVERDI RESPIMAT 41
STROMECTOL 15
subvenite 12
SUCRAID 29
sucralfate oral 28
SUFLAVE 29
sulfacetamide sod-sulfur wash external liquid 9-4 % 23

sulfacetamide sodium (acne) 23
sulfacetamide sodium external ... 23
sulfacetamide sodium ophthalmic solution 38
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 % 23
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml. . . 11
sulfamethoxazole-trimethoprim oral tablet 11
sulfasalazine oral 37
sulfatrim pediatric 11
sulindac oral 9
sumatriptan nasal 14
sumatriptan succinate oral 14
sumatriptan succinate subcutaneous solution auto-injector 14
SUNOSI 42
SUPREP BOWEL PREP KIT 29
SUTAB 29
syeda 33
SYMBICORT 41
SYMFI 16, 17
SYMFI LO ORAL TABLET 400-300-300 MG 17
SYMLINPEN 120 26
SYMLINPEN 60 26
SYMPAZAN 12
SYMPROIC 29
SYNALAR 23
SYNALAR EXTERNAL SOLUTION 0.01 % 23
SYNJARDY 26
SYNJARDY XR 26

T

TABRECTA 15
TACLONEX EXTERNAL SUSPENSION 23
tacrolimus external 23
tacrolimus oral 36
tadalafil (pah) 42
tadalafil oral 27
TADLIQ 42
tafluprost (pf) 39
TAGRISSO 15
TAKHZYRO SUBCUTANEOUS SOLUTION 36
tamoxifen citrate oral tablet 10 mg 15
tamoxifen citrate oral tablet 20 mg 15
tamsulosin hcl 30
TANLOR 42
TAPERDEX 12-DAY 34
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG 34
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) 34
TAPERDEX 7-DAY 34
tarina 24 fe 33
tarina fe 1/20 eq 33
TAVALISSE 27
tazarotene external cream 23
TAZORAC EXTERNAL CREAM 24
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg 19
TECHLITE INSULIN SYRINGES (Arkray) 25
TECHLITE PEN NEEDLES (Arkray) 25
TECHLITE PLUS PEN NEEDLES (Arkray) 25
TEGLUTIK 21
TEGRETOL ORAL TABLET 12
TEGRETOL-XR 12
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML 30
TEKTURNA 19
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG 19
telmisartan 19
telmisartan-hctz 19
temazepam 42
temozolomide 15
TENCON 8
TENIVAC 36
tenofovir disoproxil fumarate 17
terazosin hcl 30
terbinafine hcl oral 14
terconazole 14
teriflunomide 21
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS 37
TESTIM 34
testosterone cypionate intramuscular 34
testosterone enanthate intramuscular 34
testosterone gel 25 mg/2.5gm (1%) transdermal 34
testosterone transdermal gel 1.62 % 34
tetracycline hcl oral capsule 11
TEZRULY 19
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 41
THALITONE 19
THRIVE 10
THYQUIDITY 35
thyroid oral 35
tiadylt er 19
TIAZAC 19
ticagrelor 16
TIGLUTIK 21
TIKOSYN 20
tilia fe 33
timolol hemihydrate 39
timolol maleate (once-daily) 39
timolol maleate ocudose 39
timolol maleate ophthalmic 39

timolol maleate pf 39
TIMOPTIC OCUDOSE 39
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %..... 39
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %..... 39
tinidazole oral..... 11
tiopronin 15
tiopronin delayed release 15
TIROSINT 35
TIROSINT-SOL..... 35
TIVICAY 17
tizanidine hcl oral..... 42
TOBI PODHALER..... 41
TOBRADEX OPHTHALMIC OINTMENT..... 38
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %..... 38
TOBRADEX ST 38
tobramycin ophthalmic 38
tobramycin-dexamethasone..... 38
TOLAK..... 24
tolterodine tartrate..... 30
tolterodine tartrate er..... 30
tolvaptan oral tablet therapy pack 30
TOPAMAX 12
TOPAMAX SPRINKLE 12
TOPICORT 24
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %..... 24
topiramate oral capsule sprinkle.. 12
topiramate oral tablet..... 12
torpenz..... 15
torsemide..... 20
TOSYMRA 14
TOUJEO MAX SOLOSTAR 25
TOUJEO SOLOSTAR 25
TRADJENTA..... 26
tramadol hcl (er biphasic) oral tablet extended release 24 hour... 8
tramadol hcl er..... 8
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg 8
tramadol-acetaminophen 8
trandolapril 20
tranexamic acid oral..... 27
travoprost (bak free) 39
trazodone hcl oral 13
TRELEGY ELLIPTA 41
TREMFYA..... 36
tretinoin external cream 24
tretinoin external gel 0.01 %, 0.025 %..... 24
tretinoin external gel 0.05 % 24
TREXALL 36
TREZIX 8
tri-estarylla 33
tri-legest fe 33
tri-linyah..... 33
tri-lo-estarylla 33
tri-lo-marzia 33
tri-lo-mili 33
tri-lo-sprintec..... 33
tri-mili 33
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg..... 33
tri-sprintec..... 33
tri-vite/fluoride..... 28
tri-vylibra..... 33
tri-vylibra lo 33
triamcinolone acetonide external cream..... 24
triamcinolone acetonide external lotion 24
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %..... 24
triamcinolone acetonide mouth/throat..... 21
triamterene-hctz 20
triazolam 17
TRICARE ORAL TABLET 28
triderm 24
TRIDESILON EXTERNAL CREAM 0.05 % 24
trihexyphenidyl hcl oral tablet 16
TRIJARDY XR..... 26
TRIKAFTA ORAL TABLET THERAPY PACK 41
TRILEPTAL 12
trimethoprim oral 11
TRINATAL RX 1..... 28
TRINATE..... 28
TRINTELLIX..... 13
TRIUMEQ..... 17
trivora (28) 33
trospium chloride..... 30
trospium chloride er..... 30
TRULANCE..... 29
TRULICITY..... 26
TRUQAP ORAL TABLET..... 15
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG 17
TRYPTYR 39
turqoz 33
TWIIST REFILL KIT 25
TWIIST REFILL KIT/INFUSION SET 25
TWIIST STARTER KIT 25
TWINRIX 36
TWIRLA 33
TYBLUME 33
tydemy oral tablet 3-0.03-0.451 mg..... 33
TYMLOS..... 37
TYRVAYA 39
TYVASO 42
TYVASO DPI 42

U

UBRELVY 14
UCERIS ORAL 37
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 27
unithroid 35
urea external cream 20 %, 40 %, 41 %, 45 % 24
UREMEZ-40 24
UROCIT-K 10 28
UROCIT-K 15 28
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) 28
ursodiol oral capsule 300 mg 29
ursodiol oral tablet 29

V

valacyclovir hcl oral 17
valganciclovir hcl oral tablet 17
valproic acid oral capsule 12
valproic acid oral solution 250 mg/5ml 12
valsartan oral solution 20
valsartan oral tablet 20
valsartan-hydrochlorothiazide 20
VALTOCO 12
valtya 1/50 34
VANCOCIN 11
vancomycin hcl oral capsule 11
VANDAZOLE 11
VANRAFIA 30
VAQTA 36
vardenafil hcl oral tablet 27
varenicline 10
VARIVAX 36
velivet 34
VELPHORO 30
VELTASSA 28
VENCLEXTA 15
venlafaxine hcl 13
venlafaxine hcl er oral capsule extended release 24 hour 13
venlafaxine hcl er oral tablet extended release 24 hour 13
VEOZAH 21
verapamil hcl er 20
verapamil hcl oral 20
VERELAN 20
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG 20
VERKAZIA 39
VERQUVO 20
VERZENIO 15
VESICARE 30
vestura 34
VFEND ORAL TABLET 200 MG 14
VFEND ORAL TABLET 50 MG 14
VIBERZI 29
VIBRAMYCIN ORAL CAPSULE 100 MG 11
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML 11
vienva 34
vilazodone hcl 13
VIMPAT ORAL 12
viorele 34
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG 17
VISTARIL ORAL CAPSULE 25 MG 17
VITAFOL FE+ 28
VITAFOL ULTRA 28
VITAFOL-OB 28
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit 28
VITATHELY WITH GINGER 28
VITRAKVI 15
VIVJOA 14
volnea 34
VOQUEZNA 28
VOQUEZNA DUAL PAK 28
VOQUEZNA TRIPLE PAK 28
voriconazole oral tablet 14
VORTEX HOLD CHMBR/MASK/ CHILD DEVICE 41
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE 41
VORTEX VALVE CHAMBER-PEDI MASK 41
VORTEX VALVED HOLDING CHAMBER 41
VOSEVI 17
VOYDEYA 27
VRAYLAR 16
VTAMA 24
vyfemla 34
VYLEESI 27
vylibra 34
VYNDAMAX 30
VYNDAQEL 20, 30
VYVGART HYTRULO 14
VYZULTA 39

W

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

X

XACIATO 11
xarah fe 34
XARELTO 11
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG 12

XDEMVY 38
XELJANZ 36
XELJANZ XR 36
XENLETA ORAL TABLET 600 MG . . 11
XEPI 11
XIFAXAN ORAL TABLET 200 MG . . . 11
XIFAXAN ORAL TABLET 550 MG . . . 11
XIIDRA 39
XOFLUZA (40 MG DOSE) 17
XOFLUZA (80 MG DOSE) 17
XOLAIR 41
XOPENEX HFA 41
XTAMPZA ER 8
XTANDI 15
xulane 34
XYWAV 42

Y

YASMIN 28 34
YAZ 34
YESINTEK SUBCUTANEOUS 36
YORVIPATH 38
YUPELRI 41
yuvafem 34

Z

zafemy 34
zafirlukast 41
zaleplon 42
ZANAFLEX ORAL CAPSULE
2 MG, 4 MG, 6 MG 42
ZARONTIN 12
ZARXIO 27
ZAVZPRET 14
ZEBUTAL ORAL CAPSULE
50-325-40 MG 8
ZEGALOGUE SUBCUTANEOUS
SOLUTION AUTO-INJECTOR 26
ZEJULA 15
ZELBORAF 15
ZELSUVMI 24
ZEMBRACE SYMTOUCH 14
zenatane 24
ZENPEP 30
ZEPOSIA 21
ZESTRIL TABLET 10 MG ORAL 20
ZESTRIL TABLET 20 MG ORAL 20
ZESTRIL TABLET 5 MG ORAL 20
ZETONNA NASAL AEROSOL
SOLUTION 37 MCG/ACT 40
ZIAC ORAL TABLET 10-6.25 MG,
2.5-6.25 MG 20
ZIAC ORAL TABLET 5-6.25 MG . . . 20
ZILBRYSQ 14
ZILXI 24
ZIMHI 10
ZIOPTAN 39
ziprasidone hcl 16
ZITHROMAX 11
zolmitriptan oral 14
zolpidem tartrate er 42
zolpidem tartrate oral tablet 42
ZOMIG NASAL SOLUTION
2.5 MG 14
ZOMIG NASAL SOLUTION 5 MG . . 14
ZONEGRAN 12
zonisamide oral capsule 12
ZORYVE EXTERNAL CREAM
0.15%, 0.3% 24
ZORYVE EXTERNAL FOAM 24
zovia 1/35 (28) 34
ZTLIDO 8
ZUBSOLV 10
zumandimine 34
ZURZUVAE 13
ZYLET 38
ZYLOPRIM ORAL TABLET
100 MG, 300 MG 14

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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アルにお電話ください。

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

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

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

توجه: اگر 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 ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ 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 หากคุณ**พูดภาษาไทย** (Thai) ได้
ˆคุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
ˆการพิมพ์ด้วยตัวอักษรขนาดใหญ่ˆโทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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.

W19677758-C 2026 Prescription Drug List – Access 3-Tier

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