



Your 2026 Prescription Drug List

Louisiana Advantage 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 fully insured UnitedHealthcare and Student Resources medical plans with corporate offices located in Louisiana with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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	13
Antidepressants	
Drugs for Depression.....	13
Antiemetics	
Drugs for Nausea and Vomiting.....	13
Antifungals	
Drugs for Fungal Infections.....	13
Antigout Agents	
Drugs for Gout.....	14
Antimigraine Agents	
Drugs for Migraines	14
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	14
Antimycobacterials	
Drugs to Treat Infections.....	15
Antineoplastics	
Drugs for Cancer	15
Antiparasitics	
Drugs for Parasitic Infections.....	16
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	16
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	16
Antipsychotics	
Drugs for Mood Disorders.....	16
Antivirals	
Drugs for Viral Infections	16
Anxiolytics	
Drugs for Anxiety.....	17
Bipolar Agents	
Drugs for Mood Disorders.....	17
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	17
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	20
Drugs for Multiple Sclerosis.....	21
Miscellaneous.....	21



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

Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

Coverage details

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

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

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

2. Not applicable to Student Resources plans.

3. Not applicable to certain Student Resources plans.



Reading your PDL (continued)

- **Infertility**

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

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (bupalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
bupalbital-acetaminophen oral tablet 50-325 mg	1	
bupalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
bupalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
bupalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
bupalbital-apap-caffeine oral tablet	1	QL
bupalbital-asa-caff-codeine	1	QL
bupalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL

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

See page 5-7 for coverage details.



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

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

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
fidaxomicin oral tablet	3	QL
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	2	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	QL
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	

Drug Name	Drug Tier	Requirements & Limits
tetracycline hcl oral capsule	3	
tinidazole oral	3	
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	QL
XENLETA ORAL TABLET 600 MG	3	
XEPI	3	QL
XIFAXAN	3	PA, QL
ZITHROMAX	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
rivaroxaban	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE ER	3	PA	levetiracetam oral tablet	1	
DEPAKOTE SPRINKLES	3	PA	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL	MOTPOLY XR	3	PA
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL	MYSOLINE	2	PA
diazepam rectal	1	QL	NAYZILAM	3	PA, QL
DILANTIN	3		NEURONTIN	3	PA
divalproex sodium er	2		ONFI	3	PA
divalproex sodium oral capsule delayed release sprinkle	2		oxcarbazepine	1	
divalproex sodium oral tablet delayed release	1		perampanel	2	PA
EPIDIOLEX	3	PA, SP	phenobarbital oral tablet	1	
epitol	1		phenyteK	1	
eslicarbazepine acetate	3	PA	phenytoin sodium extended	1	
ethosuximide oral	1		primidone oral tablet 125 mg	1	PA
FYCOMPA	3	PA	primidone oral tablet 250 mg, 50 mg	1	
gabapentin oral capsule	1		roweepra	1	
gabapentin oral solution 250 mg/5ml	1		subvenite	1	
gabapentin oral tablet 600 mg, 800 mg	1		SYMPAZAN	3	PA
KEPPRA ORAL	3	PA	TEGRETOL ORAL TABLET	3	
KEPPRA XR	3	PA	TEGRETOL-XR	3	
lacosamide oral	2		TOPAMAX	3	PA
LAMICTAL	3	PA	TOPAMAX SPRINKLE	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	topiramate oral capsule sprinkle	1	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	topiramate oral tablet	1	
lamotrigine er	3		TRILEPTAL	3	PA
lamotrigine oral tablet	1		valproic acid oral capsule	1	
lamotrigine oral tablet chewable	1		valproic acid oral solution 250 mg/5ml	1	
lamotrigine oral tablet dispersible	3	PA	VALTOCO	3	PA, QL
levetiracetam er	2		VIMPAT ORAL	3	PA
levetiracetam oral solution	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
			ZARONTIN	3	
			ZONEGRAN	3	PA
			zonisamide oral capsule	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	3	
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 oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	

Drug Name	Drug Tier	Requirements & Limits
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
RALDESY	3	PA
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	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	

See page 5-7 for coverage details.



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

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
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	2	QL, SP
abirtega	2	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	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	2	PA, QL, SP
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	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

Drug Name	Drug Tier	Requirements & Limits
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	2	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	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	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	2	SP
tiopronin delayed release	2	SP
torpenz	2	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	2	
atovaquone-proguanil hcl	2	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
STROMEKTOL	3	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

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

Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL

Antipsychotics - Drugs for Mood Disorders

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

Antivirals - Drugs for Viral Infections

acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	2	
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	2	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	

Drug Name	Drug Tier	Requirements & Limits
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	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	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	2	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
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	3	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	2	

See page 5-7 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	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
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		
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	3	
guanfacine hcl er	2	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
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	

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
metronidazole external lotion	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
MIRVASO	2	PA, QL	triderm	1	QL
mometasone furoate external	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
NEMLUVIO	2	PA, QL, SP	urea external cream 20 %, 40 %, 45 %	1	
neuac	3	QL	UREMEZ-40	3	
OPZELURA	3	PA, QL, SP	VTAMA	3	PA, QL
OVACE PLUS WASH EXTERNAL LIQUID	3		ZELSUVMI	3	PA, QL
OVACE WASH	3		zenatane	2	
PANRETIN	3		ZILXI	3	PA, ST, QL
pimecrolimus	3	QL	ZORYVE EXTERNAL CREAM 0.15%, 0.3%	3	PA, QL
podofilox external solution	1		ZORYVE EXTERNAL FOAM	3	PA, QL
RHOFADE	3	PA, QL	Diabetes - Glucose Monitoring and Supplies		
SANTYL	3	QL	ACCU-CHEK AVIVA SOLUTION	1	
selenium sulfide external lotion	1		ACCU-CHEK FASTCLIX LANCET	1	
sodium sulfacetamide wash	1		ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
SOOLANTRA	3	QL	ACCU-CHEK GUIDE KIT W/ DEVICE	2	
sulfacetamide sodium (acne)	1		ACCU-CHEK GUIDE ME METER	2	
sulfacetamide sodium external	1		ACCU-CHEK GUIDE TEST STRIPS	2	QL
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		ACCU-CHEK SOFTCLIX LANCET	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TACLONEX EXTERNAL SUSPENSION	3	QL	BD AUTOSHIELD DUO PEN NEEDLES	2	QL
tacrolimus external	2	QL	BD ULTRA-FINE PEN NEEDLES	2	QL
tazarotene external cream	3	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
TAZORAC EXTERNAL CREAM	3	PA, QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
TOPICORT	3	QL	BD-ULTRA FINE INSULIN SYRINGES	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL	CEQUR SIMPLICITY 2U 8PK	3	ST
tretinoin external cream	3	QL			
triamcinolone acetonide external cream 0.025 %, 0.1 %	1				
triamcinolone acetonide external cream 0.5 %	1	QL			
triamcinolone acetonide external lotion	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
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

Drug Name	Drug Tier	Requirements & Limits
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, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMULIN N KWIKPEN	2	QL	glucagon emergency kit 1 mg injection	2	
HUMULIN N VIAL	1	QL	GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
HUMULIN R U-500 KWIKPEN	2	QL	GLUCOTROL XL	3	
HUMULIN R U-500 VIAL	1	QL	glyburide oral	1	
HUMULIN R VIAL	1	QL	glyburide-metformin	1	
INSULIN LISPRO JUNIOR KWIKPEN	2	QL	GLYXAMBI	2	ST, QL
INSULIN LISPRO KWIKPEN	2	QL	GVOKE HYOPEN 1-PACK	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL	GVOKE HYOPEN 2-PACK	2	QL
INSULIN LISPRO VIAL	1	QL	GVOKE KIT	2	QL
LANTUS SOLOSTAR	1	QL	GVOKE PFS	2	QL
LANTUS U-100 VIAL	1	QL	JARDIANCE	2	QL
LYUMJEV KWIKPEN	2	QL	JENTADUETO	2	QL
LYUMJEV VIAL	1	QL	JENTADUETO XR	2	QL
TOUJEO MAX SOLOSTAR	2	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
TOUJEO SOLOSTAR	2	QL	liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
Diabetes - Non-Insulin Agents			metformin hcl er	1	
acarbose oral	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
ACTOPLUS MET	3	QL	MOUNJARO	2	PA, QL
ALOGLIPTIN BENZOATE	2	QL	nateglinide	2	QL
BAQSIMI ONE PACK	2	QL	OZEMPIC	2	PA, QL
BAQSIMI TWO PACK	2	QL	pioglitazone hcl	1	QL
BRENZAVVY	3	ST, QL	pioglitazone hcl-metformin hcl	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL	repaglinide	2	QL
BYETTA	2	PA, QL	RYBELSUS	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		saxagliptin hcl	2	QL
glipizide er	1		saxagliptin-metformin er	2	QL
glipizide oral tablet 10 mg, 5 mg	1		SOLQUA	2	QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		SYMLINPEN 120	3	QL
glipizide-metformin hcl	2		SYMLINPEN 60	3	QL
			SYNJARDY	2	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
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	3	PA, QL: SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP

Drug Name	Drug Tier	Requirements & Limits
PROMACTA POWDER	3	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	3	PA, QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
varafenafil hcl oral tablet	3	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ergocalciferol oral capsule	1		potassium chloride crys er	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3		potassium chloride er	1	
FLUORIMAX 5000 SENSITIVE	3		potassium chloride oral	1	
folic acid oral tablet 1 mg	1		potassium citrate er	1	
klor-con	1		prenatal oral tablet 27-1 mg	1	
klor-con 10	1		prenatal plus	1	
klor-con m10	1		prenatal plus vitamin/mineral	1	
klor-con m15	1		PRENATE MINI	3	
klor-con m20	1		PREVIDENT 5000 ENAMEL PROTECT	3	
K-PHOS-NEUTRAL	2		PREVIDENT 5000 SENSITIVE	3	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		QUFLORA PEDIATRIC	3	
levocarnitine oral solution	1		sod citrate-citric acid oral solution 500-334 mg/5ml	1	
levocarnitine sf	1		sod fluoride-potassium nitrate	1	
LOKELMA	3	PA, QL	sodium fluoride 5000 enamel	1	
M-NATAL PLUS	3		sodium fluoride 5000 sensitive	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		sodium fluoride oral solution	1	H
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		sodium fluoride oral tablet chewable	1	H
multivitamin w/fluoride tablet chewable 1 mg oral	1		TRICARE ORAL TABLET	3	
multi-vitamin/fluoride	1		TRINATAL RX 1	3	
multivitamin/fluoride oral tablet chewable	1		TRINATE	3	
NASCOBAL	3		tri-vite/fluoride	1	
NEONATAL COMPLETE	3		UROCIT-K 10	3	
NEONATAL PLUS	3		UROCIT-K 15	3	
NIVA-PLUS	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
ONE VITE WOMENS PLUS	3		VELTASSA	3	PA, QL
ORACIT	2		VITAFOL FE+	3	
ORAL CITRATE	2		VITAFOL ULTRA	3	
PHOSPHA 250 NEUTRAL	2		VITAFOL-OB	3	
phosphorous	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
phospho-trin 250 neutral	1		VITATHELY WITH GINGER	3	
pnv 27-ca/fe/fa	1		wes-phos 250 neutral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 10mg, 20 mg	1	

Drug Name	Drug Tier	Requirements & Limits
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL, 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	
LEVVID	3	
LEVSIN	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	2	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
REZDIFFRA	3	PA, QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL

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	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
mirabegron er	3	ST

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tropium chloride	3	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	

Hormonal Agents - Hormone Replacement and Birth Control

abigale	2	
abigale lo	2	
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	2	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H	dasetta 7/7/7	1	H
ANNOVERA	3	QL	daysee	1	H
apri	1	H	deblitane	1	H
aranelle	1	H	DELESTROGEN	3	
ashlyna	1	H	delyla	1	H
aubra eq	1	H	DEPO-PROVERA	3	QL
aurovela 1.5/30	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
aurovela 1/20	1	H	desogestrel-ethinyl estradiol	1	H
aurovela 24 fe	1	H	DIVIGEL	3	
aurovela fe 1.5/30	1	H	dotti	2	QL
aurovela fe 1/20	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aviane	1	H	drosiprenone-ethinyl estradiol	3	
AYGESTIN ORAL TABLET 5 MG	3		DUAVEE	3	QL
ayuna	1	H	EEMT	2	
azurette	1	H	EEMT HS	3	
balziva	1	H	ELESTRIN	3	
BIJUVA	3		elinest	1	H
blisovi 24 fe	1	H	ELLA	1	QL, H
blisovi fe 1.5/30	1	H	eluryng	1	H
blisovi fe 1/20	1	H	emzahh	1	H
briellyn	1	H	enilloring	1	H
camila	1	H	enpresse-28	1	H
camrese	1	H	enskyce	1	H
camrese lo	1	H	errin	1	H
charlotte 24 fe	1	H	est estrogens-methyltest	1	
chateal eq	1	H	est estrogens-methyltest ds	1	
CLIMARA PRO	3	QL	est estrogens-methyltest hs	1	
COMBIPATCH	3	QL	estarylla	1	H
conjugated estrogen oral	3		estradiol oral	1	
COVARYX	2		estradiol patch twice weekly	2	QL
COVARYX HS	3		estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
cryselle-28	1	H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
cyred eq	1	H			
dasetta 1/35 (28)	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
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
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	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	1	H
jasmiel	3	
jencycla	1	H
jinteli	1	

Drug Name	Drug Tier	Requirements & Limits
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
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 oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	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	3	
low-ogestrel	1	H
lo-zumandimine	3	

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
simpesse	1	H	xulane	3	H
SLYND	3	PA, ST	YASMIN 28	2	
sprintec 28	1	H	YAZ	2	
sronyx	1	H	yuvaferm	2	
syeda	3		zafemy	3	H
tarina 24 fe	1	H	zovia 1/35 (28)	1	H
tarina fe 1/20 eq	1	H	zumandimine	3	
tilia fe	1	H	Hormonal Agents - Oral Steroids		
tri-estarylla	1	H	CORTEF	3	
tri-legest fe	1	H	dexamethasone intensol	1	
tri-lynyah	1	H	dexamethasone oral elixir	1	
tri-lo-estarylla	2		dexamethasone oral solution	1	
tri-lo-marzia	2		dexamethasone oral tablet	1	
tri-lo-mili	2		dexamethasone oral tablet therapy pack	3	
tri-lo-sprintec	2		fludrocortisone acetate oral	1	
tri-mili	1	H	hydrocortisone oral	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
tri-sprintec	1	H	MEDROL ORAL TABLET 2 MG	2	
trivora (28)	1	H	MEDROL ORAL TABLET THERAPY PACK	3	
tri-vylibra	1	H	methylprednisolone oral	1	
tri-vylibra lo	2		PEDIAPRED	2	
turqoz	1	H	prednisolone oral solution	1	
TYBLUME	1		prednisolone sodium phosphate oral solution 15 mg/5ml	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H	prednisone oral	1	
valtya 1/50	1	H	TAPERDEX 12-DAY	3	
velivet	1	H	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
vestura	3		TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
vienva	1	H	TAPERDEX 7-DAY	3	
viorele	1	H	Hormonal Agents - Other		
volnea	1	H	cabergoline	2	
vyfemla	1	H	desmopressin acetate oral	1	
vylibra	1	H			
wera	1	H			
xarah fe	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
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 FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP

Hormonal Agents - Testosterone Replacement

DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL (generic Androgel Pump)

Hormonal Agents - Thyroid

ARMOUR THYROID	3	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	

Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	

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 tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
gengraf oral capsule	1	
HAEGARDA	2	PA, QL, 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	
mycophenolate sodium	2	
mycophenolic acid	2	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	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	

Drug Name	Drug Tier	Requirements & Limits
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

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



Drug Name	Drug Tier	Requirements & Limits
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
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	3	
risedronate sodium oral tablet 30 mg, 5 mg	3	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTRON ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL

Drug Name	Drug Tier	Requirements & Limits
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMVEY	3	PA, QL
ZYLET	3	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
NEFFY	3	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
cypheptadine hcl oral	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	

Drug Name	Drug Tier	Requirements & Limits
PULMOSAL	2	
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	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL

See page 5-7 for coverage details.



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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
pirfenidone	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
Sleep Disorder Agents		
armodafinil	2	QL
BELSOMRA	3	QL

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL
RESTORIL	3	
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	2	
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	15
abirtega	15
ABRYSVO.....	36
acamprosate calcium	9
acarbose oral	26
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	22
acebutolol hcl oral.....	17
acetaminophen-codeine oral tablet.....	8
acetazolamide er	17
acetazolamide oral	17
acetic acid otic.....	39
acitretin	22
ACTEMRA ACTPEN	35
ACTEMRA SUBCUTANEOUS.....	35
ACTIVELLA	30
ACTOPLUS MET.....	26
ACULAR	38
ACULAR LS.....	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	22
ADBRY.....	35
ADDYI.....	27
ADEMPAS	42
ADVAIR HFA.....	40
ADVATE.....	27
ADYNOVATE	27
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.....	27
AIMOVIG.....	14
AIRSUPRA.....	40
AKLIEF	22
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.....	22
ALECENSA	15
alendronate sodium oral tablet ...	38
alfuzosin hcl er.....	30
aliskiren fumarate	17
allopurinol oral tablet 100 mg, 300 mg.....	14
ALOGLIPTIN BENZOATE	26
ALORA.....	30
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	39
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	39
ALPHANATE.....	27
alprazolam er	17
alprazolam oral	17
alprazolam xr	17
ALPROLIX.....	27
ALREX	38
altavera.....	30
ALTUVIIIO	27
ALUNBRIG	15
ALVAIZ	27
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	16
amantadine hcl oral tablet	16
amethia oral tablet 0.15-0.03 & 0.01 mg	31
amiloride hcl oral	17



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

C

cabergoline	34
CABOMETYX	15
calcipotriene external cream	22
calcipotriene external ointment ..	22
calcipotriene external solution ...	22
CALCITRENE	22
calcitriol oral capsule	38
calcium acetate (phos binder) oral capsule	30
CALQUENCE	15
camila	31
camrese	31
camrese lo	31
CAMZYOS	18

candesartan cilexetil	18	chlorhexidine gluconate mouth/ throat.....	21	clindacin-p	22
candesartan cilexetil-hctz	18	chlorpromazine hcl oral tablet....	16	clindamycin hcl oral	10
capecitabine.....	15	chlorthalidone	18	clindamycin palmitate hcl.....	10
CAPLYTA	16	chlorzoxazone oral tablet 500 mg.....	42	clindamycin phos (once-daily) gel 1 % external	22
captopril oral.....	18	cholestyramine light	18	clindamycin phos (twice-daily) gel 1 % external	22
CAPVAXIVE.....	36	cholestyramine oral	18	clindamycin phos-benzoyl perox external gel 1.2-5 %	22
carbamazepine er	11	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	37	clindamycin phosphate external lotion	22
carbamazepine oral tablet	11	CIBINQO.....	22	clindamycin phosphate external solution	22
carbamazepine oral tablet chewable.....	11	ciclodan.....	13	clindamycin phosphate external swab.....	22
CARBATROL.....	11	ciclopirox external gel.....	13	clindamycin phosphate vaginal ...	10
carbidopa-levodopa er	16	ciclopirox external shampoo.....	13	CLINDESSE	10
carbidopa-levodopa oral tablet...	16	ciclopirox external solution	14	CLINPRO 5000	21
carbinoxamine maleate oral tablet 4 mg.....	40	ciclopirox olamine external cream	14	clobazam oral suspension 2.5 mg/ml	11
CARDURA	18	ciclopirox olamine external suspension.....	22	clobazam oral tablet.....	11
carisoprodol oral tablet 350 mg ..	42	cilostazol.....	16	clobetasol prop emollient base external cream 0.05 %.....	23
CARNITOR ORAL SOLUTION	27	CIMDUO	16	clobetasol propionate e.....	23
CARNITOR ORAL TABLET	30	cimetidine oral.....	29	clobetasol propionate external cream 0.05 %.....	23
CARNITOR SF.....	27	CIMZIA.....	35	clobetasol propionate external gel.....	23
cartia xt	18	cinacalcet hcl	38	clobetasol propionate external liquid	23
carvedilol.....	18	CIPRO ORAL TABLET.....	10	clobetasol propionate external ointment.....	23
cefadroxil oral capsule	10	ciprofloxacin hcl ophthalmic.....	38	clobetasol propionate external solution	23
cefadroxil oral suspension reconstituted	10	ciprofloxacin hcl oral	10	CLOMID.....	37
cefdinir.....	10	ciprofloxacin-dexamethasone....	39	clomiphene citrate oral	37
cefixime oral capsule.....	10	citalopram hydrobromide oral tablet.....	13	clomipramine hcl oral	13
cefpodoxime proxetil oral tablet .	10	claravis	22	clonazepam oral	17
cefprozil.....	10	clarithromycin oral tablet	10	clonidine hcl er.....	20
cefuroxime axetil	10	CLENPIQ.....	29	clonidine hcl oral.....	18
celecoxib oral.....	8	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10	clonidine patch	18
cephalexin	10	CLEOCIN ORAL CAPSULE 75 MG.	10	clonidine patch	18
CEQUR SIMPLICITY 2U 8PK.....	24	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	10	clonidine patch	18
CERDELGA.....	30	CLEOCIN VAGINAL CREAM.....	10	clonidine patch	18
CETROTIDE.....	37	CLEOCIN-T.....	22	clonidine patch	18
cevimeline hcl	21	CLIMARA PRO	31	clonidine patch	18
charlotte 24 fe	31	clindacin etz external swab	22	clonidine patch	18
chateal eq.....	31			clonidine patch	18
chlordiazepoxide hcl	17			clonidine patch	18
chlordiazepoxide-clidinium.....	29			clonidine patch	18

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

D

dabigatran etexilate mesylate	11	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	35
dalfampridine er	21	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	35
dapsone external	23	DERMA-SMOOTH/FS BODY	23
dapsone oral	15	DERMA-SMOOTH/FS SCALP	23
dasatinib	15	DERMOTIC	39
dasetta 1/35 (28)	31	DESCOVY ORAL TABLET 120-15 MG	16
dasetta 7/7/7	31	DESCOVY ORAL TABLET 200-25 MG	16
DAYPRO	8	desipramine hcl oral	13
daysee	31	desmopressin acetate oral	34
deblitane	31	desmopressin acetate spray	35
DELESTROGEN	31	desogestrel-ethinyl estradiol	31
delyla	31	desonide external cream	23
DENTA 5000 PLUS	21, 27	desonide external lotion	23
DENTA 5000 PLUS SENSITIVE	27	desonide external ointment	23
DENTAGEL	21	DESOWEN	23
DEPAKOTE	11, 12	desoximetasone external cream	23
DEPAKOTE ER	12	desoximetasone external ointment	23
DEPAKOTE SPRINKLES	12	desvenlafaxine succinate er	13
DEPEN TITRATABS	30	dexamethasone intensol	34
DEPO-PROVERA	31	dexamethasone oral elixir	34
DEPO-SUBQ PROVERA 104	31	dexamethasone oral solution	34



dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	20
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	20
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	21
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	12
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	12
diazepam oral solution	17
diazepam oral tablet	17
diazepam rectal	12
diclofenac potassium oral tablet 50 mg	8
diclofenac sodium er	8
diclofenac sodium external gel 3 %	23
diclofenac sodium ophthalmic	38
diclofenac sodium oral	9
diclofenac-misoprostol	9
dicloxacillin sodium	10
dicyclomine hcl oral capsule	29
dicyclomine hcl oral tablet 10mg, 20 mg	29
difluprednate	39
digoxin oral tablet	18
DILANTIN	12
dilt-xr	18
diltiazem hcl er beads	18
diltiazem hcl er coated beads	18
diltiazem hcl er oral capsule extended release 12 hour	18
diltiazem hcl er oral capsule extended release 24 hour	18
diltiazem hcl er oral tablet extended release 24 hour	18
diltiazem hcl oral	18
dimethyl fumarate oral	21
DIPENTUM	37

diphenoxylate-atropine oral tablet	29
DIPROLENE	23
disulfiram oral	9
divalproex sodium er	12
divalproex sodium oral capsule delayed release sprinkle	12
divalproex sodium oral tablet delayed release	12
DIVIGEL	31
DODEX INJECTION SOLUTION 1000 MCG/ML	27
dofetilide	18
donepezil hcl oral tablet	13
DOPTelet	27
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	39
dorzolamide hcl-timolol mal	39
dotti	31
DOVATO	17
doxazosin mesylate oral	18
doxepin hcl oral capsule	13
doxepin hcl oral concentrate	13
doxycycline hyclate oral capsule	10
doxycycline hyclate oral tablet 100 mg	10
doxycycline hyclate oral tablet 20 mg	10
doxycycline monohydrate oral capsule 100 mg, 50 mg	10
doxycycline monohydrate oral suspension reconstituted	10
doxycycline monohydrate oral tablet	10
DRISDOL	27
dronabinol	13
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	31
drospirenone-ethinyl estradiol	31
DRYSOL	23
DUAVEE	31

duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13
DUPIXENT	23
dutasteride oral	30

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	9
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9
ec-naproxen	9
econazole nitrate external	14
EEMT	31
EEMT HS	31
EFUDEX EXTERNAL CREAM 5 %	23
ELESTRIN	31
eletriptan hydrobromide	14
ELIMITE	16
elinest	31
ELIQUIS TABLET	11
ELLA	31
ELMIRON	30
ELOCTATE	27
eltrombopag powder	27
eluryng	31
EMBECTA INSULIN SYRINGE	25
EMGALITY	14
EMPAVELI	35
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	17
emtricitabine-tenofovir df oral tablet 200-300 mg	17
emzahn	31

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

F

FABHALTA.....	27
falmina	32
famciclovir oral	17
famotidine oral suspension	
reconstituted	29
FASENRA PEN.....	41
fayosim oral tablet 42-21-21-7	
days	32
febuxostat	14
feirza 1/20.....	32
feirza 1.5/30.....	32
FELDENE ORAL CAPSULE 20 MG..	9
felodipine er	18
FEMRING	32

fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	18	fluocinonide external cream 0.05 %	23	FOSAMAX	38
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	18	fluocinonide external gel.....	23	fosfomycin tromethamine	11
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	18	fluocinonide external ointment. . .	23	fosinopril sodium	18
fenofibric acid oral capsule delayed release	18	fluocinonide external solution . . .	23	FRAICHE 5000 DENTAL.....	21
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .	8	FLUORIDEX.....	21	FREESTYLE LIBRE 14 DAY READER	25
FETZIMA	13	FLUORIDEX ENHANCED WHITENING.....	21	FREESTYLE LIBRE 14 DAY SENSOR.....	25
fidaxomicin oral tablet	11	FLUORIMAX 5000.....	21, 28	FREESTYLE LIBRE 2 PLUS SENSOR.....	25
FINACEA EXTERNAL FOAM.....	23	FLUORIMAX 5000 SENSITIVE....	28	FREESTYLE LIBRE 2 READER	25
finasteride oral tablet 5 mg	30	fluorometholone	38	FREESTYLE LIBRE 2 SENSOR	25
fingolimod hcl	21	fluorouracil external cream 5 %... 23		FREESTYLE LIBRE 3 PLUS SENSOR.....	25
finzala	32	fluoxetine hcl oral capsule	13	FREESTYLE LIBRE 3 READER	25
FIORICET	8	fluoxetine hcl oral solution.....	13	FREESTYLE LIBRE 3 SENSOR	25
flac otic oil 0.01 %	39	fluoxetine hcl oral tablet 10 mg... 13		FREESTYLE LIBRE 3 SENSOR	25
FLAREX	38	fluoxetine hcl oral tablet 20 mg, 60 mg	13	FREESTYLE LIBRE READER.....	25
flecainide acetate	18	fluticasone propionate external cream	23	frovatriptan succinate.....	14
FLEXICHAMBER	41	fluticasone propionate external ointment.....	23	ft naloxone hcl.....	9
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML.....	28	fluticasone propionate nasal.....	40	ft nicotine.....	9
FLUAD.....	36	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	41	ft nicotine mini.....	9
FLUARIX	36	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	41	FUROSCIX	18
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	36	fluvoxamine maleate.....	13	furosemide oral.....	18
fluconazole oral.....	14	fluvoxamine maleate er	13	fyavolv.....	32
fludrocortisone acetate oral	34	FLUZONE HIGH-DOSE	36	FYCOMPA	12
FLULAVAL.....	36	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	36	FYREMADEL	37
flunisolide nasal.....	40	FML FORTE	38		
fluocinolone acetonide body	23	FML LIQUIFILM	38	G	
fluocinolone acetonide external cream	23	FOCALIN.....	21		
fluocinolone acetonide external ointment.....	23	folic acid oral tablet 1 mg.....	28	g tussin ac.....	40
fluocinolone acetonide external solution	23	FOLLISTIM AQ.....	37	gabapentin oral capsule.....	12
fluocinolone acetonide otic.....	39			gabapentin oral solution 250 mg/5ml.....	12
fluocinolone acetonide scalp	23			gabapentin oral tablet 600 mg, 800 mg.....	12
				gallifrey.....	32
				ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	37
				GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	36
				gatifloxacin ophthalmic.....	38

gavilyte-c	29	goodsense nicotine.....	9	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	27
gavilyte-g	29	griseofulvin microsize oral suspension.....	14	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	37
gavilyte-n with flavor pack	29	guaifenesin ac oral syrup 100-10 mg/5ml	40	HEMOFIL M	27
GAVRETO	15	guaifenesin-codeine	40	HEPLISAV-B.....	36
gemfibrozil oral.....	18	guanfacine hcl.....	18, 21	HIPREX.....	11
generlac.....	29	guanfacine hcl er	21	hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	9
gengraf oral capsule.....	36	GUARDIAN 4 GLUCOSE SENSOR .	25	hm nicotine polacrilex mouth/ throat lozenge 2 mg	9
gentamicin sulfate external.....	11	GUARDIAN 4 TRANSMITTER.....	25	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	9
gentamicin sulfate ophthalmic ...	38	GUARDIAN CONNECT TRANSMITTER.....	25	HUMALOG CARTRIDGE	25
GENVOYA	17	GUARDIAN LINK 3 TRANSMITTER.....	25	HUMALOG KWIKPEN	25
GILENYA ORAL CAPSULE 0.25 MG	21	GUARDIAN REAL-TIME REPLACE PED.....	25	HUMALOG MIX 50/50 KWIKPEN .	25
glatiramer acetate.....	21	GUARDIAN SENSOR 3	25	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	25
glatopa.....	21	GVOKE HYPOPEN 1-PACK.....	26	HUMALOG MIX 75/25 KWIKPEN ..	25
glimepiride oral tablet 1 mg, 2 mg, 4 mg	26	GVOKE HYPOPEN 2-PACK.....	26	HUMALOG MIX 75/25 VIAL	25
glipizide er	26	GVOKE KIT.....	26	HUMALOG U-100 JUNIOR KWIKPEN.....	25
glipizide oral tablet 10 mg, 5 mg ..	26	GVOKE PFS.....	26	HUMATE-P	27
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg.....	26	GYNAZOLE-1.....	14	HUMIRA.....	36
glipizide-metformin hcl	26			HUMULIN 70/30 KWIKPEN	25
glucagon emergency kit 1 mg injection.....	26			HUMULIN 70/30 VIAL.....	25
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	26			HUMULIN N KWIKPEN	26
GLUCOTROL XL	26			HUMULIN N VIAL.....	26
glyburide oral	26			HUMULIN R U-500 KWIKPEN	26
glyburide-metformin.....	26			HUMULIN R U-500 VIAL	26
glycopyrrolate oral tablet 1 mg, 2 mg	29			HUMULIN R VIAL.....	26
GLYXAMBI	26			hydralazine hcl oral	18
gnp naloxone hcl	9			hydrochlorothiazide oral	18
gnp nicotine mini	9			hydrocod poli-chlorphe poli er....	40
gnp nicotine polacrilex mouth/ throat gum 2 mg.....	9			hydrocodone bit-homatrop mbr oral solution.....	40
gnp nicotine polacrilex mouth/ throat lozenge	9			hydrocodone-acetaminophen oral solution 10-300 mg/15ml	8
gnp nicotine transdermal	9				
GOLYTELY	29				
GONAL-F.....	37				

H

habitrol.....	9
HAEGARDA.....	36
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	17
HAVRIX.....	36
heather.....	32
HEMANGEOL	18

hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.....	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	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 lotion 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 ..	16
hydroxyurea oral.....	15
hydroxyzine hcl oral	17
hydroxyzine pamoate oral.....	17
HYFTOR.....	36
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	38
IBRANCE ORAL TABLET	15
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	9

iclevia	32
ICLUSIG.....	15
IDELVION	27
IDHIFA	15
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
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.....	26
INSULIN LISPRO KWIKPEN.....	26
INSULIN LISPRO PROT & LISPRO.....	26
INSULIN LISPRO VIAL	26
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.....	17
ISENTRESS ORAL TABLET	17
isibloom.....	32
isoniazid oral tablet.....	15
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %.....	39
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	19
isosorbide mononitrate er	19
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	23
ISTALOL.....	39
itraconazole oral capsule.....	14
ivabradine hcl.....	19
ivermectin oral tablet 3 mg	16
ivermectin oral tablet 6 mg	16

J

jaimiess.....	32
JAKAFI.....	15
jantoven.....	11
JARDIANCE.....	26
jasmiel.....	32
jencycla	32
JENTADUETO.....	26
JENTADUETO XR	26
jinteli	32
jolessa.....	32
JORNAY PM.....	21
JOURNAVX.....	8
JUBLIA.....	14
juleber.....	32
JULUCA.....	17
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	36

K

K-PHOS-NEUTRAL	28
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	28
kalliga	32
KAPSPARGO SPRINKLE	19
kariva	32
kelnor 1/35	32
kelnor 1/50	32
KEPPRA ORAL	12
KEPPRA XR	12
KERENDIA ORAL TABLET 10 MG, 20 MG	19
KESIMPTA	21
ketoconazole external cream	14
ketoconazole external shampoo ..	14
ketoconazole oral	14
ketorolac tromethamine ophthalmic	38
ketorolac tromethamine oral	9
KEVZARA	36
KISQALI	15
KLARON	23
klayesta	14
KLISYRI	23
klor-con	28
klor-con 10	28
klor-con m10	28
klor-con m15	28
klor-con m20	28
KLOXXADO	9
kl's quit2	9
kl's quit4	9
KOATE	27
KOATE-DVI	27
KOGENATE FS	27
KOSELUGO	15

KOURZEQ	21
KOVALTRY	27
KRINTAFEL	16
kurvelo	32
KYZATREX	35

L

labetalol hcl oral	19
lacosamide oral	12
lactulose encephalopathy	29
lactulose oral solution	29
LAGEVRIO	17
LAMICTAL	12
LAMICTAL ODT ORAL TABLET DISPERSIBLE	12
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ...	12
lamotrigine er	12
lamotrigine oral tablet	12
lamotrigine oral tablet chewable .	12
lamotrigine oral tablet dispersible	12
LANOXIN ORAL TABLET 125 MCG, 250 MCG	19
LANOXIN ORAL TABLET 62.5 MCG	19
lansoprazole oral tablet delayed release dispersible	29
LANTUS SOLOSTAR	26
LANTUS U-100 VIAL	26
larin 1/20	32
larin 1.5/30	32
larin 24 fe	32
larin fe 1/20	32
larin fe 1.5/30	32
LASIX	19
latanoprost ophthalmic	39
LEDIPASVIR-SOFOSBUVIR	17
leena	32
leflunomide oral	36
lenalidomide	15

LENVIMA	15
lessina	32
letrozole oral	15
leucovorin calcium oral	15
leuprolide acetate injection	35
levalbuterol hcl inhalation	41
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	41
LEVBID	29
levetiracetam er	12
levetiracetam oral solution	12
levetiracetam oral tablet	12
levo-t	35
levocarnitine oral solution	28
levocarnitine oral tablet	30
levocarnitine sf	28
levocetirizine dihydrochloride oral solution	40
levocetirizine dihydrochloride oral tablet	40
levofloxacin oral tablet	11
levonest	32
levonorg-eth estrad triphasic	32
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	32
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	32
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	32
levora 0.15/30 (28)	32
levothyroxine sodium oral tablet .	35
levoxyl	35
LEVSIN	29
LEVSIN/SL	29
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	12
lidocaine external ointment 5 % ...	8

lidocaine external patch 5 %	8	LUMAKRAS	15	megestrol acetate oral suspension 40 mg/ml	35
lidocaine hcl mouth/throat	21	LUMIGAN	39	megestrol acetate oral tablet	33
lidocaine viscous hcl	21	LUMRYZ	42	meleya	33
lidocaine-prilocaine external cream	8	LUPKYNIS	36	meloxicam oral tablet	9
LIKMEZ	11	lurasidone hcl	16	memantine hcl er	13
linezolid oral tablet	11	lutera	33	memantine hcl oral tablet	13
LINZESS	29	lyleq	33	MENOPUR	37
liothyronine sodium oral	35	lyllana	33	MENOSTAR	33
liraglutide solution pen-injector		LYNPARZA	15	MENQUADFI	36
18 mg/3ml subcutaneous	26	LYRICA ORAL CAPSULE	21	MENVEO	36
lisdexamphetamine dimesylate	21	LYUMJEV KWIKPEN	26	mercaptopurine oral tablet	15
lisinopril oral	19	LYUMJEV VIAL	26	mesalamine oral capsule delayed release 400 mg	37
lisinopril-hydrochlorothiazide	19	lyza	33	mesalamine oral tablet delayed release 1.2 gm	37
LITFULO	36			mesalamine rectal enema	37
lithium carbonate er	17	M		mesalamine rectal suppository	37
lithium carbonate oral	17	M-M-R II	37	metaxalone oral tablet 400 mg, 800 mg	42
LITHOBID	17	M-NATAL PLUS	28	metformin hcl er	26
LIVDELZI	29	MACROBID	11	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	26
LO LOESTRIN FE	32	MACRODANTIN	11	methadone hcl oral tablet	8
lo-zumandimine	32	MALARONE	16	methenamine hippurate	11
LODOCO	19	marlissa	33	methimazole oral	35
lojaimiess	32	matzim la	19	methocarbamol oral tablet 500 mg, 750 mg	42
LOKELMA	28	MAVENCLAD	21	methotrexate sodium (pf)	36
LOMOTIL	29	MAVYRET ORAL PACKET	17	methotrexate sodium injection solution	36
LOPID	19	maxi-tuss ac	40	methotrexate sodium oral	36
LOPRESSOR ORAL SOLUTION	19	MAXITROL	38	METHYLIN	21
lorazepam oral tablet	17	MAXZIDE ORAL TABLET 75-50 MG	19	methylphenidate hcl er (cd)	21
loryna	32	MAXZIDE-25 ORAL TABLET 37.5-25 MG	19	methylphenidate hcl er (la) oral capsule extended release 24 hour	21
losartan potassium oral	19	MAYZENT	21	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	21
losartan potassium-hctz	19	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	34	methylphenidate hcl er oral tablet extended release	21
LOTEMAX OPHTHALMIC OINTMENT	38	MEDROL ORAL TABLET 2 MG	34	methylphenidate hcl oral solution	21
LOTEMAX SM	38	MEDROL ORAL TABLET THERAPY PACK	34		
LOTENSIN	19	medroxyprogesterone acetate intramuscular	33		
LOTENSIN HCT	19	medroxyprogesterone acetate oral	33		
loteprednol etabonate ophthalmic suspension	38	mefloquine hcl	16		
lovastatin oral	19				
low-ogestrel	32				
lubiprostone	29				

methylphenidate hcl oral tablet .. 21	mirtazapine oral 13	mycophenolic acid 36
methylphenidate hcl oral tablet chewable..... 21	MIRVASO..... 24	MYFEMBREE 33
methylprednisolone oral 34	misoprostol oral 29	MYHIBBIN..... 36
metoclopramide hcl oral tablet... 13	MITIGARE..... 14	MYSOLINE..... 12
metolazone 19	modafinil oral 42	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg 19	MODERNA COVID-19 VAC 6M-11Y 37	N
metoprolol succinate er oral tablet extended release 24 hour 25 mg..... 19	mometasone furoate external.... 24	na sulfate-k sulfate-mg sulf..... 29
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg 19	mometasone furoate nasal 40	nabumetone oral 9
metoprolol-hydrochlorothiazide.. 19	mono-lynyah 33	nadolol oral 19
METROCREAM..... 23	montelukast sodium oral packet . 41	naloxone hcl injection solution prefilled syringe 9
METROLOTION..... 23	montelukast sodium oral tablet .. 41	naloxone hcl nasal 9
metronidazole external cream.... 23	montelukast sodium oral tablet chewable..... 41	naltrexone hcl oral..... 9
metronidazole external gel 0.75 % 23	morphine sulfate er oral tablet extended release 8	naproxen dr 9
metronidazole external lotion 24	morphine sulfate oral tablet 8	naproxen oral tablet..... 9
metronidazole oral tablet 250 mg, 500 mg 11	MOTPOLY XR..... 12	naproxen oral tablet delayed release 9
metronidazole vaginal..... 11	MOUNJARO..... 26	naproxen sodium oral tablet 275 mg, 550 mg..... 9
mexiletine hcl oral..... 19	MOVIPREP 29	naratriptan hcl 14
mibelas 24 fe..... 33	moxifloxacin hcl (2x day)..... 38	NARCAN..... 9
MICROCHAMBER..... 41	moxifloxacin hcl ophthalmic..... 38	NASCOBAL..... 28
microgestin 1/20 33	moxifloxacin hcl oral 11	NATAZIA 33
microgestin 1.5/30 33	MULTAQ..... 19	nateglinide..... 26
microgestin 24 fe oral tablet 1-20 mg-mcg..... 33	multi-vitamin/fluoride 28	NAYZILAM 12
microgestin fe 1/20..... 33	multivitamin w/fluoride tablet chewable 0.25 mg oral 28	nebivolol hcl 19
microgestin fe 1.5/30..... 33	multivitamin w/fluoride tablet chewable 0.5 mg oral..... 28	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %... 40
midodrine hcl 19	multivitamin w/fluoride tablet chewable 1 mg oral 28	necon 0.5/35 (28)..... 33
MIEBO..... 39	multivitamin/fluoride oral tablet chewable..... 28	NEFFY..... 39
mili 33	mupirocin cream 11	NEMLUVIO..... 24
mimvey..... 33	mupirocin ointment 11	neomycin sulfate oral 11
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG 19	MYAMBUTOL ORAL TABLET 400 MG..... 15	neomycin-polymyxin-dexameth . 38
minocycline hcl oral capsule 11	mycophenolate mofetil oral capsule..... 36	neomycin-polymyxin-hc otic 39
minoxidil oral 19	mycophenolate mofetil oral tablet..... 36	NEONATAL COMPLETE..... 28
mirabegron er..... 30	mycophenolate sodium 36	NEONATAL PLUS..... 28
		neuac..... 24
		NEULASTA 27
		NEUPRO..... 16
		NEURONTIN 12
		NEVANAC 38

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

O

ocella.....	33
OCUFLOX	38
ODACTRA	40
ODEFSEY.....	17
ODOMZO.....	15
OFEV	42
ofloxacin ophthalmic.....	38
ofloxacin otic	39
olanzapine oral tablet	16
olanzapine oral tablet dispersible.	16
olmesartan medoxomil oral.....	19
olmesartan medoxomil-hctz.....	19
olopatadine hcl nasal.....	40
olopatadine hcl ophthalmic solution 0.1 %	38
OLUMIANT.....	36
OMECLAMOX-PAK.....	29
omega-3-acid ethyl esters	19
omeprazole oral capsule delayed release	29
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	oxycodone hcl oral capsule	8	phenazopyridine hcl oral tablet	
OMNIPOD 5 LIBRE INTRO KIT....	25	oxycodone hcl oral solution.....	8	100 mg, 200 mg	30
OMNIPOD 5 LIBRE PODS	25	oxycodone hcl oral tablet 10 mg,		phenobarbital oral tablet.....	12
OMNITROPE	35	15 mg, 20 mg, 30 mg, 5 mg.....	8	phenytek	12
OMVOH SUBCUTANEOUS	36	oxycodone-acetaminophen oral		phenytoin sodium extended	12
ondansetron hcl oral	13	tablet 10-325 mg, 2.5-325 mg,		philith	33
ondansetron odt oral tablet		5-325 mg, 7.5-325 mg	8	PHOSPHA 250 NEUTRAL	28
dispersible 4 mg, 8 mg	13	OZEMPIC.....	26	phospho-trin 250 neutral	28
ONE VITE WOMENS PLUS.....	28			phosphorous.....	28
ONFI	12			pilocarpine hcl oral	22
ONYDA XR.....	21	PACERONE ORAL TABLET		pimecrolimus	24
OPSUMIT.....	42	100 MG, 400 MG.....	19	pimtree.....	33
OPVEE	10	PACERONE ORAL TABLET		pioglitazone hcl.....	26
OPZELURA	24	200 MG.....	19	pioglitazone hcl-metformin hcl...	26
ORACIT	28	paliperidone er.....	16	PIQRAY	15
ORAL CITRATE.....	28	PANCREAZE.....	30	pirfenidone	42
ORALONE	21	PANRETIN.....	24	piroxicam oral.....	9
ORENCIA CLICKJECT	36	pantoprazole sodium oral tablet		PLEGRIDY	21
ORENCIA SUBCUTANEOUS	36	delayed release	29	PLENVU	29
ORFADIN.....	30	paroxetine hcl er.....	13	pnv 27-ca/fe/fa	28
ORGOVYX.....	15	paroxetine hcl oral tablet.....	13	podofilox external solution	24
ORIAHNN	35	PAXLOVID.....	17	POLYCIN	38
ORILISSA	35	PEDIAPRED	34	polymyxin b-trimethoprim.....	38
orphenadrine citrate er.....	42	peg 3350-kcl-na bicarb-nacl.....	29	POMALYST.....	15
OSCIMIN.....	29	peg-3350/electrolytes	29	portia-28.....	33
oseltamivir phosphate oral.....	17	peg-3350/electrolytes/ascorbat .	29	posaconazole oral tablet	
OSPHENA	27	peg-kcl-nacl-nasulf-na asc-c	29	delayed release	14
OTEZLA	36	penicillin v potassium	11	potassium chloride crys er.....	28
OTEZLA XR.....	36	pentoxifylline er	19	potassium chloride er	28
OVACE PLUS WASH EXTERNAL		perampanel.....	12	potassium chloride oral	28
LIQUID	24	PERFOROMIST.....	41	potassium citrate er	28
OVACE WASH	24	PERIDEX	21	pramipexole dihydrochloride	16
OVIDREL.....	37	periogard	22	prasugrel hcl	16
oxaprozin oral tablet.....	9	permethrin external.....	16	pravastatin sodium	19
oxcarbazepine	12	perphenazine oral	13	prazosin hcl oral	19
oxybutynin chloride er	30	PERTZYE	30	PRED MILD.....	38
oxybutynin chloride oral solution.	30	PFIZER COVID-19 VAC-TRIS		prednisolone acetate	
oxybutynin chloride oral tablet		5-11Y.....	37	ophthalmic.....	38
2.5 mg	30	PFIZER COVID-19 VAC-TRIS		prednisolone oral solution	34
oxybutynin chloride oral tablet		6M-4Y	37	prednisolone sodium phosphate	
5 mg.....	30	phenazo oral tablet 200 mg.....	30	oral solution 15 mg/5ml	34

rivastigmine.....	13	sildenafil citrate oral tablet 20 mg	42	SOTYKTU.....	36
rivastigmine tartrate	13	silodosin.....	30	SPIKEVAX.....	37
rivelsa	33	SILVADENE.....	11	SPIRIVA HANDIHALER	41
rizatriptan.....	14	silver sulfadiazine external	11	SPIRIVA RESPIMAT	41
ROCALTROL ORAL CAPSULE	38	simliya.....	33	spironolactone oral tablet.....	20
ROCKLATAN	39	simpesse	34	spironolactone-hctz.....	20
roflumilast	41	SIMPONI.....	36	SPORANOX	14
ropinirole hcl.....	16	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	20	SPRAVATO.....	13
rosuvastatin calcium oral	20	simvastatin oral tablet 80 mg.....	20	sprintec 28	34
rosyrah	33	SINEMET	16	sronyx	34
roweepra.....	12	SINGULAIR ORAL PACKET.....	41	ssd.....	11
ROZLYTREK	15	sirolimus oral tablet	36	STENDRA.....	27
RUCONEST.....	36	SKYRIZI.....	36	STEQEYMA SUBCUTANEOUS	36
RUKOBIA.....	17	SKYTROFA	35	STIOLTO RESPIMAT	41
RYBELSUS.....	26	SLYND.....	34	STIVARGA.....	15
RYDAPT	15	sm nicotine.....	10	STRENSIQ.....	30
S		sm nicotine polacrilex	10	STRIVERDI RESPIMAT.....	41
sacubitril-valsartan.....	20	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr.....	10	STROMECTOL	16
SALAGEN	22	sod citrate-citric acid oral solution 500-334 mg/5ml.....	28	subvenite.....	12
SANTYL	24	sod fluoride-potassium nitrate ...	28	SUCRAID.....	30
SAVELLA	21	sodium chloride inhalation.....	40	sucalfate oral suspension	29
saxagliptin hcl	26	sodium fluoride 5000 enamel	28	sucalfate oral tablet	29
saxagliptin-metformin er	26	sodium fluoride 5000 plus	22	SUFLAVE	30
SCEMBLIX	15	sodium fluoride 5000 ppm	22	sulfacetamide sod-sulfur wash external liquid 9-4 %.....	24
scopolamine	13	sodium fluoride 5000 sensitive...	28	sulfacetamide sodium (acne)	24
selenium sulfide external lotion ..	24	sodium fluoride dental	22	sulfacetamide sodium external...	24
SEREVENT DISKUS	41	sodium fluoride oral solution	28	sulfacetamide sodium ophthalmic solution	38
sertraline hcl oral concentrate....	13	sodium fluoride oral tablet chewable.....	28	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	24
sertraline hcl oral tablet	13	SODIUM OXYBATE.....	42	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml...	11
setlakin.....	33	sodium sulfacetamide wash	24	sulfamethoxazole-trimethoprim oral tablet	11
sevelamer carbonate oral tablet..	30	SOFOSBUVIR-VELPATASVIR	17	sulfasalazine oral	37
sf 5000 plus.....	22	solifenacin succinate	30	sulfatrim pediatric.....	11
sf gel 1.1%	22	SOLIQUA.....	26	sulindac oral	9
SFROWASA.....	37	SOOLANTRA.....	24	sumatriptan nasal	14
sharobel.....	33	sotalol hcl oral	20	sumatriptan succinate oral.....	14
SHINGRIX.....	37				

sumatriptan succinate subcutaneous solution auto- injector.....	14
SUNOSI	42
SUPREP BOWEL PREP KIT.....	30
SUTAB	30
syeda	34
SYMBICORT.....	41
SYMFI	17
SYMFI LO ORAL TABLET 400-300-300 MG.....	17
SYMLINPEN 120	26
SYMLINPEN 60	26
SYMPAZAN.....	12
SYMPROIC	30
SYNJARDY	26, 27
SYNJARDY XR.....	27

T

TABRECTA.....	15
TACLONEX EXTERNAL SUSPENSION	24
tacrolimus external.....	24
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.....	34
tarina fe 1/20 eq	34
TAVALISSE	27
tazarotene external cream.....	24
TAZORAC EXTERNAL CREAM.....	24
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	20
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	20
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG.....	20
telmisartan.....	20
telmisartan-hctz.....	20
temazepam	42
temozolomide	15
TENCON	8
TENIVAC	37
tenofovir disoproxil fumarate.....	17
terazosin hcl	30
terbinafine hcl oral	14
terconazole	14
teriflunomide	21
TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS.....	38
TESTIM.....	35
testosterone cypionate intramuscular.....	35
testosterone enanthate intramuscular.....	35

testosterone gel 20.25 mg/act (1.62%) transdermal	35
testosterone transdermal gel 1.62 %.....	35
tetracycline hcl oral capsule	11
TEZRULY	20
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	41
THRIVE.....	10
thyroid oral.....	35
tiadylt er.....	20
TIAZAC.....	20
ticagrelor.....	16
TIGLUTIK	21
TIKOSYN	20
tilia fe.....	34
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-SOL.....	35
TIVICAY	17
tizanidine hcl oral capsule.....	42
tizanidine hcl oral tablet.....	42
TOBI PODHALER.....	41
TOBRADEX OPHTHALMIC OINTMENT.....	38
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	38
tobramycin ophthalmic	38
tobramycin-dexamethasone.....	38
tolterodine tartrate.....	30

tolvaptan oral tablet therapy pack.....	30	tri-vylibra lo.....	34	TYBLUME.....	34
TOPAMAX.....	12	triamcinolone acetonide external cream 0.025 %, 0.1 %.....	24	tydemy oral tablet 3-0.03-0.451 mg.....	34
TOPAMAX SPRINKLE.....	12	triamcinolone acetonide external cream 0.5 %.....	24	TYMLOS.....	38
TOPICORT.....	24	triamcinolone acetonide external lotion.....	24	TYRVAYA.....	39
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %.....	24	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	24	TYVASO.....	42
topiramate oral capsule sprinkle..	12	triamcinolone acetonide mouth/throat.....	22	TYVASO DPI.....	42
topiramate oral tablet.....	12	triamterene-hctz.....	20		
torpenz.....	15	triazolam.....	17		
torsemide.....	20	TRICARE ORAL TABLET.....	28		
TOUJEO MAX SOLOSTAR.....	26	triderm.....	24		
TOUJEO SOLOSTAR.....	26	TRIDESILON EXTERNAL CREAM 0.05 %.....	24		
TRADJENTA.....	27	trihexyphenidyl hcl oral tablet....	16		
tramadol hcl (er biphasic) oral tablet extended release 24 hour...	8	TRIJARDY XR.....	27		
tramadol hcl er.....	8	TRIKAFTA ORAL TABLET THERAPY PACK.....	41		
tramadol hcl oral tablet 50 mg.....	8	TRILEPTAL.....	12		
tramadol-acetaminophen.....	8	trimethoprim oral.....	11		
trandolapril.....	20	TRINATAL RX 1.....	28		
tranexamic acid oral.....	27	TRINATE.....	28		
travoprost (bak free).....	39	TRINTELLIX.....	13		
trazodone hcl oral.....	13	TRIUMEQ.....	17		
TRELEGY ELLIPTA.....	41	trivora (28).....	34		
TREMFYA.....	36	tropium chloride.....	30		
tretinoin external cream.....	24	TRULICITY.....	27		
TREXALL.....	36	TRUQAP ORAL TABLET.....	16		
TREZIX.....	8	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	17		
tri-estarylla.....	34	TRYPTYR.....	39		
tri-legest fe.....	34	turqoz.....	34		
tri-linyah.....	34	TWIIST REFILL KIT.....	25		
tri-lo-estarylla.....	34	TWIIST REFILL KIT/INFUSION SET.....	25		
tri-lo-marzia.....	34	TWIIST STARTER KIT.....	25		
tri-lo-mili.....	34	TWINRIX.....	37		
tri-lo-sprintec.....	34				
tri-mili.....	34				
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	34				
tri-sprintec.....	34				
tri-vite/fluoride.....	28				
tri-vylibra.....	34				

U

UBRELVY.....	14
UCERIS ORAL.....	37
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	27
unithroid.....	35
urea external cream 20 %, 40 %, 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.....	30
ursodiol oral tablet.....	30

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.....	37

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

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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