



# Your 2026 Prescription Drug List Advantage 3-Tier

Effective May 1, 2026

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 Surest medical plans when sold in your market 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.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> 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.<sup>2</sup> In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## Who decides which medications are covered?

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

## About this PDL

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

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

2. For New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	<b>\$ Lower-cost</b> 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	<b>\$\$ Mid-range cost</b> 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	<b>\$\$\$ Highest-cost</b> 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.

## 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.

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

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

# Reading your PDL (continued)

## Coverage details

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

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

Coverage is set by the member's prescription drug benefit plan.

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

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

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

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

- **Endocrine: growth hormone**

Coverage is set by your prescription drug benefit plan.

- **Infertility**

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

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **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.

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## 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-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
hydromorphone hcl oral tablet	1	QL

Drug Name	Drug Tier	Requirements & Limits
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
<b>Analgesics - Drugs for Pain and Inflammation</b>		
celecoxib oral	2	
DAYPRO	3	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H

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

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
fidaxomicin oral tablet	3	QL
fosfomycin tromethamine	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
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	

Drug Name	Drug Tier	Requirements & Limits
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	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
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
<b>Anticonvulsants - Drugs for Seizures</b>		
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
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	2	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
perampanel	2	PA
phenobarbital oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral capsule	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	3	
rivastigmine tartrate	1	
<b>Antidepressants - Drugs for Depression</b>		
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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
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

Drug Name	Drug Tier	Requirements & Limits
WAINUA	2	PA, QL, SP
ZURZUVAE	2	PA, QL, SP
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
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	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclofanol	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
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

Drug Name	Drug Tier	Requirements & Limits
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
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	3	PA, QL, SP
ZILBRYSQ	3	PA, QL, SP
<b>Antimycobacterials - Drugs to Treat Infections</b>		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	
<b>Antineoplastics - Drugs for Cancer</b>		
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
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

Drug Name	Drug Tier	Requirements & Limits
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
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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
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	
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir external ointment	3	QL

Drug Name	Drug Tier	Requirements & Limits
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
bupirone 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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ARBLI	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDURA	3	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch	3	
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORLANOR	3	PA, QL
digoxin oral tablet	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	2	
doxazosin mesylate oral	1	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	2	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	3	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	3	PA

Drug Name	Drug Tier	Requirements & Limits
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
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	

See page 6-7 for coverage details.

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	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	

Drug Name	Drug Tier	Requirements & Limits
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	
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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
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

Drug Name	Drug Tier	Requirements & Limits
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

#### 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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
perigard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	

Drug Name	Drug Tier	Requirements & Limits
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	

#### Dermatological Agents - Drugs for Skin Conditions

acutane	2	
acitretin	1	
adapalene-benzoyl peroxide external gel	3	QL
AKLIEF	3	PA, QL
alclometasone dipropionate	1	
amnesteem	2	
AMZEEQ	3	QL
AVAR CLEANSER	3	
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	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	2	QL
calcipotriene external ointment	2	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
calcipotriene external solution	1	QL
CALCITRENE	3	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (once-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	QL
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base external cream 0.05 %	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	3	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	

Drug Name	Drug Tier	Requirements & Limits
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIPROLENE	3	
DRYSOL	3	
DUPIXENT	2	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	1	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
KLARON	3	
KLISYRI	3	ST, QL
METROCREAM	3	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	3	QL
OPZELURA	3	PA, QL, SP
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	3	QL
podofilox external solution	1	
RHOFADE	3	PA, QL
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TOPICORT	3	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40	3	
VTAMA	3	PA, QL
ZELSUVMI	3	PA, QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.15%, 0.3%	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT MONITOR KIT W/ DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EMBECTA INSULIN SYRINGE	2	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
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
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
<b>Diabetes - Insulin</b>		
HUMALOG CARTRIDGE	2	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
<b>Diabetes - Non-Insulin Agents</b>		
acarbose oral	1	
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BRENZAVVY	3	ST, QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
BYETTA	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
glucagon emergency kit 1 mg injection	2	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2- pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	2	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
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

Drug Name	Drug Tier	Requirements & Limits
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROMACTA POWDER	3	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
<b>Drugs for Sexual Dysfunction</b>		
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
vardenafil hcl oral tablet	3	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
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 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	

Drug Name	Drug Tier	Requirements & Limits
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE MINI	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
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
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
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	
diphenoxylate-atropine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
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	
LEVBID	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
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
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	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
mirabegron er	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	

Drug Name	Drug Tier	Requirements & Limits
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
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
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	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
conjugated estrogen oral	3	
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	

Drug Name	Drug Tier	Requirements & Limits
dotti	2	QL
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drosiprenone-ethinyl estradiol	3	
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
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

Drug Name	Drug Tier	Requirements & Limits
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	
lutura	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H

Drug Name	Drug Tier	Requirements & Limits
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	3	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROVERA	3	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	2	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H

See page 6-7 for coverage details.

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

Drug Name	Drug Tier	Requirements & Limits
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
desmopressin acetate oral	1	
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
ORLISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	
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	

Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYOVO	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

Drug Name	Drug Tier	Requirements & Limits
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
<b>Infertility Agents</b>		
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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
PREGNYL	3	SP
progesterone suppository	2	
<b>Inflammatory Bowel Disease Agents</b>		
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	

Drug Name	Drug Tier	Requirements & Limits
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	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
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
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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
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	

Drug Name	Drug Tier	Requirements & Limits
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMZY	3	PA, QL
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
travoprost (bak free)	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	

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector	1	QL
NEFFY	3	QL

#### 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	
cyproheptadine 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	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
pseudoephedrine-bromphen- dm	1	
PULMOSAL	2	
sodium chloride inhalation	1	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
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
ARNUITY ELLIPTA	1	QL

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

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
QVAR REDIHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
OFEV	3	PA, QL, SP
pirfenidone	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
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
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
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	
<b>Sleep Disorder Agents</b>		
armodafinil	2	QL
BELSOMRA	3	QL
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL
RESTORIL	3	

See page 6-7 for coverage details.

Drug Name	Drug Tier	Requirements & Limits
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	

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See page 6-7 for coverage details.

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calcitriol oral capsule . . . . .	36	chateal eq . . . . .	30	clindamycin phos (twice-daily) gel 1 % external . . . . .	22
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constulose	28	DENTA 5000 PLUS	21	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	20
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DIVIGEL . . . . .	30	E.E.S. GRANULES . . . . .	10	eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg . . . . .	9
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dofetilide . . . . .	18	ELESTRIN . . . . .	30	eq nicotine mouth/throat gum 4 mg . . . . .	9
donepezil hcl oral tablet . . . . .	12	eletriptan hydrobromide . . . . .	14	eq nicotine polacrilex . . . . .	9
DOPTELET . . . . .	26	ELIMITE . . . . .	15	eq nicotine step 3 . . . . .	9
dorzolamide hcl solution 2 % ophthalmic . . . . .	37	elinest . . . . .	30	ergocalciferol oral capsule . . . . .	27
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC . . . . .	37	ELIQUIS TABLET . . . . .	11	ERIVEDGE . . . . .	15
dorzolamide hcl-timolol mal . . . . .	37	ELLA . . . . .	30	ERLEADA . . . . .	15
dotti . . . . .	30	ELMIRON . . . . .	29	ERMEZA . . . . .	34
DOVATO . . . . .	16	ELOCTATE . . . . .	26	errin . . . . .	30
doxazosin mesylate oral . . . . .	18	eltrombopag powder . . . . .	26	ERYGEL . . . . .	22
doxepin hcl oral capsule . . . . .	13	eluryng . . . . .	30	ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML . . . . .	10
doxepin hcl oral concentrate . . . . .	13	EMBECTA INSULIN SYRINGE . . . . .	24	ERYPED 400 . . . . .	10
doxycycline hyclate oral capsule . . . . .	10	EMGALITY . . . . .	14	erythromycin base oral tablet . . . . .	10
doxycycline hyclate oral tablet 20 mg . . . . .	10	EMPAVELI . . . . .	34	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml . . . . .	10
doxycycline hyclate oral tablet 100 mg . . . . .	10	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	16	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml . . . . .	10
doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	10	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	16	erythromycin external . . . . .	22
doxycycline monohydrate oral suspension reconstituted . . . . .	10	emzahn . . . . .	30	erythromycin ophthalmic . . . . .	37
doxycycline monohydrate oral tablet . . . . .	10	enalapril-hydrochlorothiazide . . . . .	18	escitalopram oxalate oral solution 5 mg/5ml . . . . .	13
DRISDOL . . . . .	26	enalapril maleate oral solution . . . . .	18	escitalopram oxalate oral tablet . . . . .	13
dronabinol . . . . .	13	enalapril maleate oral tablet . . . . .	18	ESGIC ORAL CAPSULE 50-325-40 MG . . . . .	8
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg . . . . .	30	ENBREL . . . . .	34	ESGIC ORAL TABLET 50-325-40 MG . . . . .	8
drospirenone-ethinyl estradiol . . . . .	30	ENBREL MINI . . . . .	34	eslicarbazepine acetate . . . . .	12
DRYSOL . . . . .	22	ENBREL SURECLICK . . . . .	34	esomeprazole magnesium oral packet . . . . .	28
DUAVEE . . . . .	30	endocet . . . . .	8	estarylla . . . . .	30
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	13	ENDOMETRIN . . . . .	35	est estrogens-methyltest . . . . .	30
		ENGERIX-B . . . . .	35	est estrogens-methyltest ds . . . . .	30
		enilloring . . . . .	30	est estrogens-methyltest hs . . . . .	30
		ENLITE GLUCOSE SENSOR . . . . .	24	estradiol-norethindrone acet . . . . .	30
		enoxaparin sodium injection solution prefilled syringe . . . . .	11		
		enpresse-28 . . . . .	30		

estradiol oral . . . . .	30	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg . . . . .	18	fluorouracil external cream 5 % . . . . .	22
estradiol patch twice weekly . . . . .	30	fenofibrate oral capsule 134 mg, 200 mg, 67 mg . . . . .	18	fluoxetine hcl oral capsule . . . . .	13
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 . . . . .	30	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg . . . . .	18	fluoxetine hcl oral solution . . . . .	13
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) . . . . .	30	fenofibric acid oral capsule delayed release . . . . .	18	fluoxetine hcl oral tablet 10 mg . . . . .	13
estradiol transdermal patch weekly . . .	30	fenanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr . . . . .	8	fluticasone propionate external cream. . . . .	22
estradiol vaginal cream . . . . .	30	FETZIMA . . . . .	13	fluticasone propionate external ointment . . . . .	22
estradiol vaginal tablet . . . . .	30	fidaxomicin oral tablet . . . . .	10	fluticasone propionate nasal . . . . .	38
estradiol valerate intramuscular . . . . .	30	FINACEA EXTERNAL FOAM . . . . .	22	fluticasone-salmeterol inhalation aerosol powder breath activated 100- 50 mcg/act, 250-50 mcg/act, 500-50 mcg/act . . . . .	39
estratest f.s. . . . .	30	finasteride oral tablet 5 mg . . . . .	29	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	39
ESTRATEST H.S. . . . .	30	fingolimod hcl . . . . .	20	fluvoxamine maleate . . . . .	13
ESTRING . . . . .	30	finzala . . . . .	31	fluvoxamine maleate er . . . . .	13
ESTROGEL . . . . .	30	FIORICET . . . . .	8	FLUZONE HIGH-DOSE . . . . .	35
eszopiclone . . . . .	40	flac otic oil 0.01 % . . . . .	38	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	35
ethambutol hcl oral . . . . .	14	FLAREX . . . . .	37	FML FORTE . . . . .	37
ethosuximide oral . . . . .	12	flecainide acetate . . . . .	18	FML LIQUIFILM . . . . .	37
ethynodiol diac-eth estradiol . . . . .	31	FLEXICHAMBER . . . . .	39	FOCALIN . . . . .	20
etodolac . . . . .	9	FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML . . . . .	27	folic acid oral tablet 1 mg . . . . .	27
etonogestrel-ethinyl estradiol . . . . .	31	FLUAD . . . . .	35	FOLLISTIM AQ . . . . .	35
EUCRISA . . . . .	22	FLUARIX . . . . .	35	FOSAMAX . . . . .	36
euthyrox . . . . .	34	FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	35	fosfomycin tromethamine . . . . .	10
EVAMIST . . . . .	31	fluconazole oral . . . . .	13	fosinopril sodium . . . . .	18
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg . . . . .	34	fludrocortisone acetate oral . . . . .	33	FRAICHE 5000 DENTAL . . . . .	21
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg . . . . .	15	FLULAVAL . . . . .	35	FREESTYLE LIBRE 2 PLUS SENSOR . . . . .	24
EVRYSDI ORAL SOLUTION RECONSTITUTED . . . . .	29	flunisolide nasal . . . . .	38	FREESTYLE LIBRE 2 READER . . . . .	24
exemestane . . . . .	15	fluocinolone acetonide body . . . . .	22	FREESTYLE LIBRE 2 SENSOR . . . . .	24
EXKIVITY ORAL CAPSULE 40 MG . . . . .	15	fluocinolone acetonide external cream . . . . .	22	FREESTYLE LIBRE 3 PLUS SENSOR . . . . .	24
EYSUVIS . . . . .	37	fluocinolone acetonide external ointment . . . . .	22	FREESTYLE LIBRE 3 READER . . . . .	24
ezetimibe . . . . .	18	fluocinolone acetonide external solution . . . . .	22	FREESTYLE LIBRE 3 SENSOR . . . . .	24
ezetimibe-simvastatin . . . . .	18	fluocinolone acetonide otic . . . . .	38	FREESTYLE LIBRE 14 DAY READER . . . . .	24
FABHALTA . . . . .	26	fluocinolone acetonide scalp . . . . .	22	FREESTYLE LIBRE 14 DAY SENSOR . . . . .	24
falmina . . . . .	31	fluocinonide external cream 0.05 % . . . . .	22	FREESTYLE LIBRE READER . . . . .	24
famciclovir oral . . . . .	16	fluocinonide external gel . . . . .	22	frovatriptan succinate . . . . .	14
famotidine oral suspension reconstituted . . . . .	28	fluocinonide external ointment . . . . .	22	ft naloxone hcl . . . . .	9
FASENRA PEN . . . . .	39	fluocinonide external solution . . . . .	22	ft nicotine . . . . .	9
fayosim oral tablet 42-21-21-7 days . . . . .	31	FLUORIDEX . . . . .	21	ft nicotine mini . . . . .	9
febuxostat . . . . .	14	FLUORIDEX ENHANCED WHITENING . . . . .	21	FUROSCIX . . . . .	18
feirza 1.5/30 . . . . .	31	FLUORIMAX 5000 . . . . .	21	furosemide oral . . . . .	18
feirza 1/20 . . . . .	31	FLUORIMAX 5000 SENSITIVE . . . . .	27	fyavolv . . . . .	31
FELDENE ORAL CAPSULE 20 MG . . . . .	9	fluorometholone . . . . .	37	FYCOMPA . . . . .	12
felodipine er . . . . .	18			FYREMADEL . . . . .	35
FEMRING . . . . .	31			gabapentin oral capsule . . . . .	12

gabapentin oral solution 250 mg/5ml.....	12	GONAL-F.....	36	hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr.....	9
gabapentin oral tablet 600 mg, 800 mg.....	12	goodsense nicotine.....	9	HUMALOG CARTRIDGE.....	24
gallifrey.....	31	griseofulvin microsize oral suspension.....	13	HUMALOG KWIKPEN.....	25
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	35	g tussin ac.....	38	HUMALOG MIX 50/50 KWIKPEN.....	25
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	36	guaifenesin ac oral syrup 100-10 mg/5ml.....	38	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50- 50) 100 UNIT/ML.....	25
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	36	guaifenesin-codeine.....	38	HUMALOG MIX 75/25 KWIKPEN.....	25
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	35	guanfacine hcl.....	18	HUMALOG MIX 75/25 VIAL.....	25
gatifloxacin ophthalmic.....	37	guanfacine hcl er.....	20	HUMALOG U-100 JUNIOR KWIKPEN.....	25
gavilyte-c.....	28	GUARDIAN 4 GLUCOSE SENSOR.....	24	HUMATE-P.....	26
gavilyte-g.....	28	GUARDIAN 4 TRANSMITTER.....	24	HUMIRA*.....	34
gavilyte-n with flavor pack.....	28	GUARDIAN CONNECT TRANSMITTER.....	24	HUMULIN 70/30 KWIKPEN.....	25
GAVRETO.....	15	GUARDIAN LINK 3 TRANSMITTER.....	24	HUMULIN 70/30 VIAL.....	25
gemfibrozil oral.....	18	GUARDIAN REAL-TIME REPLACE PED.....	24	HUMULIN N KWIKPEN.....	25
generlac.....	28	GUARDIAN SENSOR 3.....	24	HUMULIN N VIAL.....	25
gengraf oral capsule.....	34	GVOKE HYPOPEN 1-PACK.....	25	HUMULIN R U-500 KWIKPEN.....	25
gentamicin sulfate external.....	11	GVOKE HYPOPEN 2-PACK.....	25	HUMULIN R U-500 VIAL.....	25
gentamicin sulfate ophthalmic.....	37	GVOKE KIT.....	25	HUMULIN R VIAL.....	25
GENVOYA.....	16	GVOKE PFS.....	25	hydralazine hcl oral.....	18
GILENYA ORAL CAPSULE 0.25 MG.....	20	GYNAZOLE-1.....	13	hydrochlorothiazide oral.....	18
glatiramer acetate.....	20	habitrol.....	9	hydrocodone-acetaminophen oral solution 10-300 mg/15ml.....	8
glatopa.....	20	HAEGARDA.....	34	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml.....	8
glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	25	hailey 1.5/30.....	31	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8
glipizide er.....	25	hailey 24 fe.....	31	hydrocodone bit-homatrop mbr oral solution.....	38
glipizide-metformin hcl.....	25	hailey fe 1.5/30.....	31	hydrocod poli-chlorphe poli er.....	38
glipizide oral tablet 10 mg, 5 mg.....	25	hailey fe 1/20.....	31	hydrocortisone ace-pramoxine external cream 1-1 %.....	36
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg.....	25	HALCION.....	17	hydrocortisone acetate rectal.....	36
glucagon emergency kit 1 mg injection.....	25	halobetasol propionate external cream.....	23	hydrocortisone-acetic acid.....	38
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius).....	25	halobetasol propionate external ointment.....	23	hydrocortisone external cream 2.5 %..	23
GLUCOTROL XL.....	25	haloette.....	31	hydrocortisone external lotion 2.5 %..	23
glyburide-metformin.....	25	haloperidol oral.....	16	hydrocortisone external ointment 1 %, 2.5 %.....	23
glyburide oral.....	25	HARVONI ORAL TABLET.....	16	hydrocortisone oral.....	33
glycopyrrolate oral tablet 1 mg, 2 mg.....	28	HAVRIX.....	35	hydrocortisone (perianal) external cream 2.5 %.....	36
GLYXAMBI.....	25	heather.....	31	hydrocortisone valerate external cream.....	23
gnp naloxone hcl.....	9	HEMANGEOL.....	18	hydrocort-pramoxine (perianal).....	36
gnp nicotine mini.....	9	HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML.....	26	hydromet.....	38
gnp nicotine polacrilex mouth/throat gum 2 mg.....	9	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG.....	36	hydromorphone hcl oral tablet.....	8
gnp nicotine polacrilex mouth/throat lozenge.....	9	HEMOPIL M.....	26	hydroxychloroquine sulfate oral.....	15
gnp nicotine transdermal.....	9	HEPLISAV-B.....	35	hydroxyurea oral.....	15
GOLYTELY.....	28	HIPREX.....	11		
		hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg.....	9		
		hm nicotine polacrilex mouth/throat lozenge 2 mg.....	9		

hydroxyzine hcl oral	17	ipratropium bromide nasal	38	KEPPRA XR	12
hydroxyzine pamoate oral	17	IQIRVO	28	KERENDIA ORAL TABLET 10 MG, 20 MG	18
HYFTOR	34	irbesartan	18	KESIMPTA	20
HYMPAVZI	26	irbesartan-hydrochlorothiazide	18	ketoconazole external cream	13
hyoscyamine sulfate er	28	ISENTRESS HD	16	ketoconazole external shampoo	13
hyoscyamine sulfate oral tablet	28	ISENTRESS ORAL TABLET	16	ketoconazole oral	13
hyoscyamine sulfate oral tablet dispersible	28	isibloom	31	ketorolac tromethamine ophthalmic	37
hyoscyamine sulfate sublingual	28	isoniazid oral tablet	14	ketorolac tromethamine oral	9
HYPERSAL	38	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	38	KEVZARA	34
ibandronate sodium oral	36	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	18	KISQALI	15
IBRANCE ORAL TABLET	15	isosorbide mononitrate er	18	KLARON	23
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	23	klayesta	13
iclevia	31	ISTALOL	37	KLISYRI	23
ICLUSIG	15	itraconazole oral capsule	13	klor-con	27
IDELVION	26	ivabradine hcl	18	klor-con 10	27
IDHIFA	15	ivermectin oral tablet 3 mg	15	klor-con m10	27
imatinib mesylate oral	15	ivermectin oral tablet 6 mg	15	klor-con m15	27
IMBRUVICA ORAL CAPSULE	15	jaimiess	31	klor-con m20	27
IMBRUVICA ORAL TABLET 420 MG	15	JAKAFI	15	KLOXXADO	9
imipramine hcl oral	13	jantoven	11	kls quit2	9
imiquimod external cream 5 %	23	JARDIANCE	25	kls quit4	9
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	14	jasmiel	31	KOATE	26
IMKELDI	15	jencycla	31	KOATE-DVI	26
IMVEXXY MAINTENANCE PACK	26	JENTADUETO	25	KOGENATE FS	26
IMVEXXY STARTER PACK	26	JENTADUETO XR	25	KOSELUGO	15
INBRIJA	16	jinteli	31	KOURZEQ	21
incassia	31	jolessa	31	KOVALTRY	26
indapamide	18	JORNAY PM	20	K-PHOS-NEUTRAL	27
indomethacin er	9	JOURNAVX	8	KRINTAFEL	15
indomethacin oral capsule	9	JUBLIA	13	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	27
INGREZZA	20	juleber	31	kurvelo	31
INGREZZA SPRINKLE	20	JULUCA	16	KYZATREX	34
INPEN	24	junel 1.5/30	31	labetalol hcl oral	18
INSPIREASE	39	junel 1/20	31	lacosamide oral	12
INSULIN LISPRO JUNIOR KWIKPEN	25	junel fe 1.5/30	31	lactulose encephalopathy	28
INSULIN LISPRO KWIKPEN	25	junel fe 1/20	31	lactulose oral solution	28
INSULIN LISPRO PROT & LISPRO	25	junel fe 24	31	LAGEVRIO	16
INSULIN LISPRO VIAL	25	JUST RIGHT 5000 DENTAL GEL 1.1 %	21	LAMICTAL	12
INTRAROSA	26	JUST RIGHT 5000 DENTAL PASTE	21	LAMICTAL ODT ORAL TABLET DISPERSIBLE	12
introvale	31	JYLAMVO	34	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	12
INVELTYS	37	kalliga	31	lamotrigine er	12
INZIRQO	18	KAPSPARGO SPRINKLE	18	lamotrigine oral tablet	12
IPOL	35	kariva	31	lamotrigine oral tablet chewable	12
ipratropium-albuterol	39	kelnor 1/35	31	lamotrigine oral tablet dispersible	12
ipratropium bromide inhalation	39	kelnor 1/50	31	LANOXIN ORAL TABLET 62.5 MCG	18
		KEPPRA ORAL	12		

LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	18	levo-t.....	34	lubiprostone.....	28
lansoprazole oral tablet delayed release dispersible.....	28	levothyroxine sodium oral tablet.....	34	LUMAKRAS.....	15
LANTUS SOLOSTAR.....	25	levoxyl.....	34	LUMIGAN.....	37
LANTUS U-100 VIAL.....	25	LEVSIN.....	28	LUMRYZ.....	40
larin 1.5/30.....	31	LEVSIN/SL.....	28	LUPKYNIS.....	34
larin 1/20.....	31	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG.....	12	lurasidone hcl.....	16
larin 24 fe.....	31	lidocaine external ointment 5 %.....	8	lutera.....	31
larin fe 1.5/30.....	31	lidocaine external patch 5 %.....	8	lyleq.....	31
larin fe 1/20.....	31	lidocaine hcl mouth/throat.....	21	lyllana.....	31
LASIX.....	18	lidocaine-prilocaine external cream.....	8	LYNPARZA.....	15
latanoprost ophthalmic.....	37	lidocaine viscous hcl.....	21	LYRICA ORAL CAPSULE.....	20
LEDIPASVIR-SOFOSBUVIR.....	16	LIKMEZ.....	11	LYUMJEV KWIKPEN.....	25
leena.....	31	linezolid oral tablet.....	11	LYUMJEV VIAL.....	25
leflunomide oral.....	34	LINZESS.....	28	lyza.....	31
lenalidomide.....	15	liothyronine sodium oral.....	34	MACROBID.....	11
LENVIMA.....	15	liraglutide solution pen-injector 18 mg/3ml subcutaneous.....	25	MACRODANTIN.....	11
lessina.....	31	liraglutide solution pen-injector 18 mg/3ml subcutaneous.....	25	MALARONE.....	15
letrozole oral.....	15	lisdexamphetamine dimesylate.....	20	marlissa.....	31
leucovorin calcium oral.....	15	lisinopril-hydrochlorothiazide.....	18	matzim la.....	18
leuprolide acetate injection.....	33	lisinopril oral.....	18	MAVENCLAD.....	20
levabuterol hcl inhalation.....	39	LITFULO.....	34	MAVYRET ORAL PACKET.....	16
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	39	lithium carbonate er.....	17	MAXITROL.....	37
LEVBID.....	28	lithium carbonate oral.....	17	maxi-tuss ac.....	38
levetiracetam er.....	12	LITHOBID.....	17	MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	18
levetiracetam oral solution.....	12	LIVDELZI.....	28	MAXZIDE ORAL TABLET 75-50 MG.....	18
levetiracetam oral tablet.....	12	LODOCO.....	18	MAYZENT.....	20
levocarnitine oral solution.....	27	lojaimiess.....	31	MEDROL ORAL TABLET 2 MG.....	33
levocarnitine oral tablet.....	29	LOKELMA.....	27	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	33
levocarnitine sf.....	27	LO ESTRIN FE.....	31	MEDROL ORAL TABLET THERAPY PACK.....	33
levocetirizine dihydrochloride oral solution.....	38	LO MOTIL.....	28	medroxyprogesterone acetate intramuscular.....	31
levocetirizine dihydrochloride oral tablet.....	38	LOPID.....	18	medroxyprogesterone acetate oral.....	31
levofloxacin oral tablet.....	11	LOPRESSOR ORAL SOLUTION.....	18	mefloquine hcl.....	15
levonest.....	31	lorazepam oral tablet.....	17	megestrol acetate oral suspension 40 mg/ml.....	33
levonorgest-eth est & eth est oral tablet 42-21-21-7 days.....	31	loryna.....	31	megestrol acetate oral tablet.....	31
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg.....	31	losartan potassium-hctz.....	18	meleya.....	31
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....	31	losartan potassium oral.....	18	meloxicam oral tablet.....	9
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	31	LOTEMAX OPHTHALMIC OINTMENT.....	37	memantine hcl er.....	12
levonorg-eth estrad triphasic.....	31	LOTEMAX SM.....	37	memantine hcl oral tablet.....	12
levora 0.15/30 (28).....	31	LOTENSIN.....	18	MENOPUR.....	36
		LOTENSIN HCT.....	18	MENOSTAR.....	31
		loteprednol etabonate ophthalmic suspension.....	37	MENQUADFI.....	35
		lovastatin oral.....	18	MENVEO.....	35
		low-ogestrel.....	31	mercaptapurine oral tablet.....	15
		lo-zumandimine.....	31	mesalamine oral capsule delayed release 400 mg.....	36

mesalamine oral tablet delayed release 1.2 gm. ....	36	microgestin 1.5/30. ....	32	mupirocin ointment .....	11
mesalamine rectal enema .....	36	microgestin 1/20 .....	32	MYAMBUTOL ORAL TABLET 400 MG .....	14
mesalamine rectal suppository. ....	36	microgestin 24 fe oral tablet 1-20 mg-mcg .....	32	mycophenolate mofetil oral capsule. . . .	34
metaxalone oral tablet 400 mg, 800 mg	40	microgestin fe 1.5/30 .....	32	mycophenolate mofetil oral tablet . . . .	34
metformin hcl er .....	25	microgestin fe 1/20 .....	32	mycophenolate sodium. ....	34
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg .....	25	midodrine hcl .....	19	mycophenolic acid .....	34
methadone hcl oral tablet .....	8	MIEBO .....	38	MYFEMBREE. ....	32
methenamine hippurate .....	11	mili .....	32	MYHIBBIN. ....	34
methimazole oral. ....	34	mimvey. ....	32	MYSOLINE .....	12
methocarbamol oral tablet 500 mg, 750 mg .....	40	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG .....	19	nabumetone oral. ....	9
methotrexate sodium injection solution	34	minocycline hcl oral capsule .....	11	nadolol oral .....	19
methotrexate sodium oral .....	34	minoxidil oral .....	19	naloxone hcl injection solution prefilled syringe .....	9
methotrexate sodium (pf). ....	34	mirabegron er. ....	29	naloxone hcl nasal. ....	9
METHYLIN .....	20	mirtazapine oral. ....	13	naltrexone hcl oral .....	9
methylphenidate hcl er (cd) .....	20	MIRVASO. ....	23	naproxen dr. ....	9
methylphenidate hcl er (la) oral capsule extended release 24 hour .....	20	misoprostol oral. ....	28	naproxen oral tablet. ....	9
methylphenidate hcl er oral tablet extended release .....	20	MITIGARE .....	14	naproxen oral tablet delayed release . . .	9
methylphenidate hcl er (osm) oral tablet extended release .....	20	M-M-R II. ....	35	naproxen sodium oral tablet 275 mg, 550 mg .....	9
methylphenidate hcl oral solution. ....	20	M-NATAL PLUS .....	27	naratriptan hcl .....	14
methylphenidate hcl oral tablet .....	20	modafinil oral .....	40	NARCAN .....	9
methylphenidate hcl oral tablet chewable .....	20	MODERNA COVID-19 VAC 6M-11Y. ....	35	NASCOBAL. ....	27
methylprednisolone oral. ....	33	mometasone furoate external. ....	23	na sulfate-k sulfate-mg sulf. ....	28
metoclopramide hcl oral tablet .....	13	mometasone furoate nasal .....	38	NATAZIA .....	32
metolazone .....	18	mono-lynyah .....	32	nateglinide. ....	25
metoprolol-hydrochlorothiazide .....	18	montelukast sodium oral packet .....	39	NAYZILAM. ....	12
metoprolol succinate er oral tablet extended release 24 hour 25 mg. ....	18	montelukast sodium oral tablet .....	39	nebivolol hcl .....	19
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg .....	18	montelukast sodium oral tablet chewable .....	39	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % .....	38
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg .....	18	morphine sulfate er oral tablet extended release. ....	8	necon 0.5/35 (28). ....	32
METROCREAM .....	23	morphine sulfate oral tablet. ....	8	NEFFY .....	38
METROLOTION .....	23	MOTPOLY XR .....	12	NEMLUVIO .....	23
metronidazole external cream .....	23	MOUNJARO .....	25	neomycin-polymyxin-dexameth .....	37
metronidazole external gel 0.75 % .....	23	MOVIPREP .....	28	neomycin-polymyxin-hc otic. ....	38
metronidazole external lotion. ....	23	moxifloxacin hcl (2x day) .....	37	neomycin sulfate oral. ....	11
metronidazole oral tablet 250 mg, 500 mg .....	11	moxifloxacin hcl ophthalmic .....	37	NEONATAL COMPLETE .....	27
metronidazole vaginal .....	11	moxifloxacin hcl oral. ....	11	NEONATAL PLUS. ....	27
mexiletine hcl oral. ....	19	MULTAQ .....	19	neuac. ....	23
mibelas 24 fe .....	31	multi-vitamin/fluoride .....	27	NEULASTA .....	26
MICROCHAMBER .....	39	multivitamin/fluoride oral tablet chewable .....	27	NEUPRO .....	16
		multivitamin w/fluoride tablet chewable 0.5 mg oral .....	27	NEURONTIN. ....	12
		multivitamin w/fluoride tablet chewable 0.25 mg oral .....	27	NEVANAC .....	37
		multivitamin w/fluoride tablet chewable 1 mg oral. ....	27	NEXLETOL .....	19
		mupirocin cream .....	11	NEXLIZET .....	19
				NGENLA .....	33
				niacin er (antihyperlipidemic) .....	19
				NICODERM CQ. ....	9

NICORETTE MINI	9	NORLIQVA	19	olopatadine hcl ophthalmic solution 0.1 %	37
NICORETTE MOUTH/THROAT GUM	9	norlyroc	32	OLUMIANT	34
NICORETTE MOUTH/THROAT LOZENGE	9	NORPRAMIN	13	OMECLAMOX-PAK	28
NICORETTE STARTER KIT	9	nortrel 0.5/35 (28)	32	omega-3-acid ethyl esters	19
nicotine mini	9	nortrel 1/35 (21)	32	omeprazole oral capsule delayed release.	28
nicotine polacrilex mini	9	nortrel 1/35 (28)	32	OMNIPOD 5 DEXCOM INTRO KIT	24
nicotine polacrilex mouth/throat	9	nortrel 7/7/7	32	OMNIPOD 5 DEXCOM PODS	24
nicotine step 1	10	nortriptyline hcl oral capsule	13	OMNIPOD 5 G7 INTRO (GEN 5) KIT	24
nicotine step 2	10	NOVAREL	36	OMNIPOD 5 G7 PODS (GEN 5)	24
nicotine step 3	10	NOVOEIGHT	26	OMNIPOD 5 LIBRE INTRO KIT	24
nicotine transdermal patch 24 hour	10	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	24	OMNIPOD 5 LIBRE PODS	24
nifedipine er	19	NOVOFINE PEN NEEDLE	24	OMNITROPE	33
nifedipine er osmotic release	19	NOVOFINE PLUS PEN NEEDLE	24	OMVOH SUBCUTANEOUS	34
nifedipine oral	19	NOVOPEN ECHO	24	ondansetron hcl oral	13
nikki	32	np thyroid	34	ondansetron odt oral tablet dispersible 4 mg, 8 mg	13
nilotinib hcl	15	NUBEQA	15	ONE VITE WOMENS PLUS	27
NITRO-BID	19	NUCALA	39	ONFI	12
NITRO-DUR	19	NUCYN TA	8	ONYDA XR	20
nitrofurantoin macrocrystal	11	NUCYN TA ER	8	OPSUMIT	40
nitrofurantoin monohydrate macrocrystals	11	NUDEX TA	20	OPVEE	10
nitroglycerin rectal	19	NULEV	28	OPZELURA	23
nitroglycerin sublingual	19	NURTEC	14	ORACIT	27
nitroglycerin transdermal	19	NUWIQ	26	ORAL CITRATE	27
NITROSTAT	19	NUZYRA ORAL	11	ORALONE	21
NIVA-PLUS	27	nyamyc	14	ORENCIA CLICKJECT	34
NIVA THYROID	34	nylia 1/35	32	ORENCIA SUBCUTANEOUS	35
NIVESTYM	26	nylia 7/7/7	32	ORFADIN	29
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	33	nymyo oral tablet 0.25-35 mg-mcg	32	ORGOVYX	15
nora-be	32	nystatin external	14	ORIAHNN	33
NORDITROPIN FLEXPPO	33	nystatin mouth/throat	14	ORILISSA	33
norelgestromin-eth estradiol	32	nystatin oral	14	orphenadrine citrate er	40
norethin ace-eth estrad-fe oral tablet	32	nystatin-triamcinolone	14	OSCIMIN	28
norethin ace-eth estrad-fe oral tablet chewable	32	nystop	14	oseltamivir phosphate oral	16
norethindrone acetate oral	32	ocella	32	OSPHENA	26
norethindrone acet-ethinyl est	32	OCUFLOX	37	OTEZLA	35
norethindrone-eth estradiol	32	ODACTRA	38	OTEZLA XR	35
norethindrone oral	32	ODEFSEY	16	OVACE PLUS WASH EXTERNAL LIQUID	23
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	32	ODOMZO	15	OVACE WASH	23
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	32	OFEV	40	OIDREL	36
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	32	ofloxacin ophthalmic	37	oxaprozin oral tablet	9
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	32	ofloxacin otic	38	oxcarbazepine	12
		olanzapine oral tablet	16	oxybutynin chloride er	29
		olanzapine oral tablet dispersible	16	oxybutynin chloride oral solution	29
		olmesartan medoxomil-hctz	19	oxybutynin chloride oral tablet 2.5 mg	29
		olmesartan medoxomil oral	19	oxybutynin chloride oral tablet 5 mg	29
		olopatadine hcl nasal	38		

oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8	pioglitazone hcl-metformin hcl.....	25	PREVYMIS ORAL TABLET.....	16
oxycodone hcl oral capsule.....	8	PIQRAY.....	15	PREZCOBIX.....	16
oxycodone hcl oral solution.....	8	pirfenidone.....	40	primidone oral tablet 125 mg.....	12
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	8	piroxicam oral.....	9	primidone oral tablet 250 mg, 50 mg.....	12
OZEMPIC.....	25	PLEGRIDY.....	20	PRIORIX.....	35
PACERONE ORAL TABLET 100 MG, 400 MG.....	19	PLENVU.....	28	probenecid.....	14
PACERONE ORAL TABLET 200 MG.....	19	pnv 27-ca/fe/fa.....	27	PROCHAMBER VHC.....	39
paliperidone er.....	16	podofilox external solution.....	23	prochlorperazine maleate oral.....	13
PANCREAZE.....	29	POLYCIN.....	37	PROCTOFOAM HC.....	36
PANRETIN.....	23	polymyxin b-trimethoprim.....	37	procto-med hc.....	36
pantoprazole sodium oral tablet delayed release.....	28	POMALYST.....	15	PROCTOSOL HC.....	36
paroxetine hcl er.....	13	portia-28.....	32	PROCTOZONE-HC.....	36
paroxetine hcl oral tablet.....	13	posaconazole oral tablet delayed release.....	14	progesterone intramuscular.....	32
PAXLOVID.....	16	potassium chloride crys er.....	27	progesterone oral.....	32
PEDIAPRED.....	33	potassium chloride er.....	27	progesterone suppository.....	36
peg-3350/electrolytes.....	28	potassium chloride oral.....	27	PROGRAF ORAL CAPSULE.....	35
peg-3350/electrolytes/ascorbat.....	28	potassium citrate er.....	27	PROMACTA POWDER.....	26
peg 3350-kcl-na bicarb-nacl.....	28	pramipexole dihydrochloride.....	16	promethazine-codeine.....	38
peg-kcl-nacl-nasulf-na asc-c.....	28	prasugrel hcl.....	16	promethazine-dm.....	38
penicillin v potassium.....	11	pravastatin sodium.....	19	promethazine hcl oral solution.....	13
pentoxifylline er.....	19	prazosin hcl oral.....	19	promethazine hcl oral tablet.....	13
perampanel.....	12	PRED MILD.....	37	promethazine hcl rectal.....	13
PERFOROMIST.....	39	prednisolone acetate ophthalmic.....	37	PROMETHEGAN.....	13
PERIDEX.....	21	prednisolone oral solution.....	33	propafenone hcl.....	19
perio gard.....	21	prednisolone sodium phosphate oral solution 15 mg/5ml.....	33	propafenone hcl er.....	19
permethrin external.....	15	prednisone oral.....	33	propranolol hcl er.....	19
perphenazine oral.....	13	pregabalin oral capsule.....	20	propranolol hcl oral.....	19
PERTZYE.....	29	PREGNYL.....	36	propylthiouracil oral.....	34
PFIZER COVID-19 VAC-TRIS 5-11Y.....	35	PREMARIN ORAL.....	32	PROVERA.....	32
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	35	PREMARIN VAGINAL.....	32	prucalopride succinate.....	28
phenazo oral tablet 200 mg.....	29	premium lidocaine.....	8	pseudoephedrine-bromphen-dm.....	39
phenazopyridine hcl oral tablet 100 mg, 200 mg.....	29	PREMPHASE.....	32	PULMOSAL.....	39
phenobarbital oral tablet.....	12	PREMPRO.....	32	PULMOZYME.....	40
phenytek.....	12	prenatal oral tablet 27-1 mg.....	27	PYLERA.....	28
phenytoin sodium extended.....	12	prenatal plus.....	27	PYRIDIUM.....	29
philith.....	32	prenatal plus vitamin/mineral.....	27	pyridostigmine bromide oral tablet 60 mg.....	14
PHOSPHA 250 NEUTRAL.....	27	PRENATE MINI.....	27	qc nicotine transdermal system.....	10
phosphorous.....	27	prevalite.....	19	QUESTRAN.....	19
phospho-trin 250 neutral.....	27	PREVIDENT 5000 BOOSTER PLUS.....	21	QUESTRAN LIGHT.....	19
pilocarpine hcl oral.....	21	PREVIDENT 5000 DRY MOUTH.....	21	quetiapine fumarate.....	16
pimecrolimus.....	23	PREVIDENT 5000 ENAMEL PROTECT.....	27	quetiapine fumarate er.....	16
pimtrex.....	32	PREVIDENT 5000 KIDS.....	21	QUFLORA PEDIATRIC.....	27
pioglitazone hcl.....	25	PREVIDENT 5000 ORTHO DEFENSE.....	21	QULIPTA.....	14
		PREVIDENT 5000 PLUS.....	21	QVAR REDIHALER.....	40
		PREVIDENT 5000 SENSITIVE.....	27	rabeprazole sodium oral tablet delayed release.....	28
		PREVIDENT DENTAL.....	21	RADICAVA ORS.....	20
		PREVNAR 20.....	35	RADICAVA ORS STARTER KIT.....	21

RALDESY.....	13	rosuvastatin calcium oral.....	19	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr.....	10
raloxifene hcl.....	36	rosyrah.....	32	sod citrate-citric acid oral solution 500-334 mg/5ml.....	27
ramelteon.....	40	roweepra.....	12	sod fluoride-potassium nitrate.....	27
ra mini nicotine.....	10	ROZLYTREK.....	15	sodium chloride inhalation.....	39
ramipril.....	19	RUCONEST.....	35	sodium fluoride 5000 enamel.....	27
ra nicotine mouth/throat gum 4 mg.....	10	RUKOBIA.....	16	sodium fluoride 5000 plus.....	21
ra nicotine polacrilex.....	10	RYBELSUS.....	25	sodium fluoride 5000 ppm.....	21
ra nicotine transdermal patch 24 hour 21 mg/24hr.....	10	RYDAPT.....	15	sodium fluoride 5000 sensitive.....	27
ranolazine er.....	19	sacubitril-valsartan.....	19	sodium fluoride dental.....	21
rasagiline mesylate oral.....	16	SALAGEN.....	21	sodium fluoride oral solution.....	27
RASUVO.....	35	SANTYL.....	23	sodium fluoride oral tablet chewable.....	27
reclipsen.....	32	SAVELLA.....	21	SODIUM OXYBATE.....	41
RECOMBINATE.....	26	saxagliptin hcl.....	25	sodium sulfacetamide wash.....	23
RECOMBIVAX HB.....	35	saxagliptin-metformin er.....	25	SOFOSBUVIR-VELPATASVIR.....	16
RECTIV.....	19	SCEMBLIX.....	15	solifenacin succinate.....	29
REGLAN.....	13	scopolamine.....	13	SOLIQUA.....	26
RENTHYROID.....	34	selenium sulfide external lotion.....	23	SOOLANTRA.....	23
repaglinide.....	25	SEREVENT DISKUS.....	40	sotalol hcl oral.....	19
REPATHA.....	19	sertraline hcl oral concentrate.....	13	SOTYKTU.....	35
REPATHA PUSHTRONEX SYSTEM.....	19	sertraline hcl oral tablet.....	13	SPIKEVAX.....	35
REPATHA SURECLICK.....	19	setlakin.....	32	SPIRIVA HANDIHALER.....	40
RESTASIS.....	38	sevelamer carbonate oral tablet.....	29	SPIRIVA RESPIMAT.....	40
RESTORIL.....	40	sf 5000 plus.....	21	spironolactone-hctz.....	19
RETACRIT.....	26	sf gel 1.1%.....	21	spironolactone oral tablet.....	19
RETEVMO.....	15	SFROWASA.....	36	SPORANOX.....	14
REVLIMID.....	15	sharobel.....	32	SPRAVATO.....	13
REXTOVY.....	10	SHINGRIX.....	35	sprintec 28.....	32
REXULTI.....	16	sildenafil citrate oral tablet 20 mg.....	40	sronyx.....	32
REYVOW.....	14	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	26	ssd.....	11
REZDIFFRA.....	28	silodosin.....	29	STENDRA.....	26
RHOFADE.....	23	SILVADENE.....	11	STEQEYMA SUBCUTANEOUS.....	35
RHOPRESSA.....	37	silver sulfadiazine external.....	11	STIOLTO RESPIMAT.....	40
rifampin oral.....	14	simliya.....	32	STIVARGA.....	15
RINVOQ.....	35	simpesse.....	32	STRENSIQ.....	29
risedronate sodium oral tablet 30 mg, 5 mg.....	36	SIMPONI.....	35	STRIVERDI RESPIMAT.....	40
risedronate sodium oral tablet 150 mg, 35 mg.....	36	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	19	STROMECTOL.....	15
risperidone.....	16	simvastatin oral tablet 80 mg.....	19	subvenite.....	12
rivaroxaban.....	11	SINEMET.....	16	SUCRAID.....	29
rivastigmine.....	12	SINGULAIR ORAL PACKET.....	40	sucalfate oral suspension.....	28
rivastigmine tartrate.....	12	sirolimus oral tablet.....	35	sucalfate oral tablet.....	28
rivelsa.....	32	SKYRIZI.....	35	SUFLAVE.....	28
rizatriptan.....	14	SKYTROFA.....	33	sulfacetamide sodium (acne).....	23
ROCALTROL ORAL CAPSULE.....	36	SLYND.....	32	sulfacetamide sodium external.....	23
ROCKLATAN.....	37	sm nicotine.....	10	sulfacetamide sodium ophthalmic solution.....	37
roflumilast.....	40	sm nicotine polacrilex.....	10		
ropinirole hcl.....	16				

sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	23	tarina 24 fe	32	tilia fe	32
sulfacetamide sod-sulfur wash external liquid 9-4 %	23	tarina fe 1/20 eq	32	timolol hemihydrate	37
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	11	TAVALISSE	26	timolol maleate ocudose	37
sulfamethoxazole-trimethoprim oral tablet	11	tazarotene external cream	23	timolol maleate (once-daily)	37
sulfasalazine oral	36	TAZORAC EXTERNAL CREAM	23	timolol maleate ophthalmic	37
sulfatrim pediatric	11	taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	19	timolol maleate pf	37
sulindac oral	9	TECHLITE INSULIN SYRINGES (Arkray)	24	TIMOPTIC OCUDOSE	38
sumatriptan nasal	14	TECHLITE PEN NEEDLES (Arkray)	24	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	38
sumatriptan succinate oral	14	TECHLITE PLUS PEN NEEDLES (Arkray)	24	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	38
sumatriptan succinate subcutaneous solution auto-injector	14	TEGLUTIK	21	tinidazole oral	11
SUNOSI	41	TEGRETOL ORAL TABLET	12	tiopronin	15
SUPREP BOWEL PREP KIT	28	TEGRETOL-XR	12	tiopronin delayed release	15
SUTAB	28	TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	29	TIROSINT-SOL	34
syeda	32	TEKTURNA	19	TIVICAY	16
SYMBICORT	40	TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	19	tizanidine hcl oral capsule	40
SYMFI	16	telmisartan	19	tizanidine hcl oral tablet	40
SYMFI LO ORAL TABLET 400-300-300 MG	16	telmisartan-hctz	19	TOBI PODHALER	40
SYMLINPEN 60	26	temazepam	41	TOBRADEX OPHTHALMIC OINTMENT	37
SYMLINPEN 120	26	temozolomide	15	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	37
SYMPAZAN	12	TENCON	8	tobramycin-dexamethasone	37
SYMPROIC	29	TENIVAC	35	tobramycin ophthalmic	37
SYNJARDY	26	tenofovir disoproxil fumarate	16	tolterodine tartrate	29
SYNJARDY XR	26	terazosin hcl	29	tolvaptan oral tablet therapy pack	29
TABRECTA	15	terbinafine hcl oral	14	TOPAMAX	12
TACLONEX EXTERNAL SUSPENSION	23	terconazole	14	TOPAMAX SPRINKLE	12
tacrolimus external	23	teriflunomide	20	TOPICORT	23
tacrolimus oral	35	TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	36	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	23
tadalafil oral	26	TESTIM	34	topiramate oral capsule sprinkle	12
tadalafil (pah)	40	testosterone cypionate intramuscular	34	topiramate oral tablet	12
TADLIQ	40	testosterone enanthate intramuscular	34	torpenz	15
tafluprost (pf)	37	testosterone gel 20.25 mg/act (1.62%) transdermal	34	torseamide	19
TAGRISSO	15	testosterone transdermal gel 1.62 %	34	TOUJEO MAX SOLOSTAR	25
TAKHZYRO SUBCUTANEOUS SOLUTION	35	tetracycline hcl oral capsule	11	TOUJEO SOLOSTAR	25
tamoxifen citrate oral tablet 10 mg	15	TEZRULY	19	TRADJENTA	26
tamoxifen citrate oral tablet 20 mg	15	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	40	tramadol-acetaminophen	8
tamsulosin hcl	29	THRIVE	10	tramadol hcl er	8
TANLOR	40	thyroid oral	34	tramadol hcl (er biphasic) oral tablet extended release 24 hour	8
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	33	tiadylt er	19	tramadol hcl oral tablet 50 mg	8
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	33	TIAZAC	19	trandolapril	19
TAPERDEX 7-DAY	33	ticagrelor	16	tranexamic acid oral	26
TAPERDEX 12-DAY	33	TIGLUTIK	21	travoprost (bak free)	38
		TIKOSYN	19	trazodone hcl oral	13
				TRELEGY ELLIPTA	40
				TREMFYA	35

tretinoin external cream . . . . .	23	TWIIST STARTER KIT . . . . .	24	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg . . . . .	19
TREXALL . . . . .	35	TWINRIX . . . . .	35	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg . . . . .	19
TREZIX . . . . .	8	TYBLUME . . . . .	33	verapamil hcl er oral tablet extended release . . . . .	20
triamcinolone acetonide external cream 0.5 % . . . . .	23	tydemy oral tablet 3-0.03-0.451 mg . . . . .	33	verapamil hcl oral . . . . .	20
triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	23	TYMLOS . . . . .	36	VERELAN . . . . .	20
triamcinolone acetonide external lotion	23	TYRVAYA . . . . .	38	VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG . . . . .	20
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	23	TYVASO . . . . .	40	VERKAZIA . . . . .	38
triamcinolone acetonide mouth/throat	21	TYVASO DPI . . . . .	40	VERQUVO . . . . .	20
triamterene-hctz . . . . .	19	UBRELVY . . . . .	14	VERZENIO . . . . .	15
triazolam . . . . .	17	UCERIS ORAL . . . . .	36	vestura . . . . .	33
TRICARE ORAL TABLET . . . . .	27	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	26	VFEND ORAL TABLET 50 MG . . . . .	14
triderm . . . . .	23	unithroid . . . . .	34	VFEND ORAL TABLET 200 MG . . . . .	14
TRIDESILON EXTERNAL CREAM 0.05 % .	23	urea external cream 20 %, 40 %, 45 % .	23	VIBERZI . . . . .	29
tri-estarylla . . . . .	32	UREMEZ-40 . . . . .	23	VIBRAMYCIN ORAL CAPSULE 100 MG . . .	11
trihexyphenidyl hcl oral tablet . . . . .	16	UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) . . . . .	27	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML . . . . .	11
TRIJARDY XR . . . . .	26	UROCIT-K 10 . . . . .	27	vienva . . . . .	33
TRIKAFTA ORAL TABLET THERAPY PACK	40	UROCIT-K 15 . . . . .	27	vilazodone hcl . . . . .	13
tri-legest fe . . . . .	32	ursodiol oral capsule 300 mg . . . . .	29	VIMPAT ORAL . . . . .	12
TRILEPTAL . . . . .	12	ursodiol oral tablet . . . . .	29	viorele . . . . .	33
tri-linyah . . . . .	32	valacyclovir hcl oral . . . . .	17	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG . . . . .	17
tri-lo-estarylla . . . . .	32	valganciclovir hcl oral tablet . . . . .	17	VISTARIL ORAL CAPSULE 25 MG . . . . .	17
tri-lo-marzia . . . . .	32	valproic acid oral capsule . . . . .	12	VITAFOL FE+ . . . . .	27
tri-lo-mili . . . . .	32	valproic acid oral solution 250 mg/5ml . . . . .	12	VITAFOL-OB . . . . .	27
tri-lo-sprintec . . . . .	32	valsartan-hydrochlorothiazide . . . . .	19	VITAFOL ULTRA . . . . .	27
trimethoprim oral . . . . .	11	valsartan oral solution . . . . .	19	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit . . . . .	27
tri-mili . . . . .	32	valsartan oral tablet . . . . .	19	VITATHELY WITH GINGER . . . . .	27
TRINATAL RX 1 . . . . .	27	VALTOCO . . . . .	12	VITRAKVI . . . . .	15
TRINATE . . . . .	27	valtya 1/50 . . . . .	33	VIVJOA . . . . .	14
TRINTELLIX . . . . .	13	VANCOICIN . . . . .	11	volnea . . . . .	33
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg . . . . .	33	vancomycin hcl oral capsule . . . . .	11	VOQUEZNA . . . . .	28
tri-sprintec . . . . .	33	VANDAZOLE . . . . .	11	VOQUEZNA DUAL PAK . . . . .	28
TRIUMEQ . . . . .	17	VANRAFIA . . . . .	29	VOQUEZNA TRIPLE PAK . . . . .	28
tri-vite/fluoride . . . . .	27	VAQTA . . . . .	35	voriconazole oral tablet . . . . .	14
trivora (28) . . . . .	33	vardenafil hcl oral tablet . . . . .	26	VORTEX HOLD CHMBR/MASK/CHILD DEVICE . . . . .	40
tri-vylibra . . . . .	33	varenicline . . . . .	10	VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE . . . . .	40
tri-vylibra lo . . . . .	33	VARIVAX . . . . .	35	VORTEX VALVE CHAMBER-PEDI MASK . .	40
tropium chloride . . . . .	29	velivet . . . . .	33	VORTEX VALVED HOLDING CHAMBER DEVICE . . . . .	40
TRULICITY . . . . .	26	VELPHORO . . . . .	29		
TRUQAP ORAL TABLET . . . . .	15	VELTASSA . . . . .	27		
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	17	VENCLEXTA . . . . .	15		
TRYPTYR . . . . .	38	venlafaxine hcl . . . . .	13		
turqoz . . . . .	33	venlafaxine hcl er oral capsule extended release 24 hour . . . . .	13		
TWIIST REFILL KIT . . . . .	24	VEOZAH . . . . .	21		
TWIIST REFILL KIT/INFUSION SET . . . . .	24				

VORTEX VALVED HOLDING CHAMBER DEVICE	40	zaleplon	.41
VOSEVI	17	ZANAFLEX ORAL CAPSULE	
VOYDEYA	26	2 MG, 4 MG, 6 MG	40
VRAYLAR	16	ZARONTIN	.12
VTAMA	23	ZARXIO	.26
vyfemla	33	ZAVZPRET	.14
VYLEESI	26	ZEBUTAL ORAL CAPSULE	
vylibra	33	50-325-40 MG	.8
VYNDAMAX	29	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	.26
VYNDAQEL	20	ZEJULA	.15
VYNDAQEL	29	ZELBORAF	.15
VYVGART HYTRULO	14	ZELSUVMI	23
WAINUA	13	zenatane	23
WAKIX	41	ZENPEP	29
warfarin sodium oral	11	ZEPOSIA	.21
wera	33	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	.39
wes-phos 250 neutral	27	ZIAC ORAL TABLET 5-6.25 MG	.20
WEZLANA	35	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	.20
WILATE	26	ZILBRYSQ	.14
wixela inhub	40	ZILXI	23
XACIATO	11	ZIMHI	.10
xarah fe	33	ZIOPTAN	38
XARELTO	11	ziprasidone hcl	.16
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	12	ZITHROMAX	.11
XDEMVI	37	zolmitriptan oral tablet	.14
XELJANZ	35	zolmitriptan oral tablet dispersible	.14
XELJANZ XR	35	zolpidem tartrate er	.41
XENLETA ORAL TABLET 600 MG	11	zolpidem tartrate oral tablet	.41
XEPI	11	ZOMIG NASAL SOLUTION	
XIFAXAN	11	2.5 MG	.14
XIIDRA	38	ZOMIG NASAL SOLUTION 5 MG	.14
XOFLUZA (40 MG DOSE)	17	ZONEGRAN	.12
XOFLUZA (80 MG DOSE)	17	zonisamide oral capsule	.12
XOLAIR	40	ZORYVE EXTERNAL CREAM 0.15%, 0.3%	23
XOPENEX HFA	40	ZORYVE EXTERNAL FOAM	23
XTAMPZA ER	.8	zovia 1/35 (28)	33
XTANDI	15	ZTLIDO	.8
xulane	33	ZUBSOLV	.10
XYWAV	41	zumandimine	33
YASMIN 28	33	ZURZUVAE	.13
YAZ	33	ZYLET	.37
YESINTEK SUBCUTANEOUS	35	ZYLOPRIM ORAL TABLET	
YORVIPATH	36	100 MG, 300 MG	.14
YUPELRI	40		
yuvafem	33		
zafemy	33		
zafirlukast	40		

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

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

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

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

**ចំណាំ:** ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភាគតិចថ្លៃ និងការទំនាក់ទំនងភាគតិចថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វមកលេខភាគតិចថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

**ध्यान आपो:** 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.

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

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

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

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

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

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

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

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

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

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



This document applies to commercial group members of Surest plans with a pharmacy benefit subject to the Advantage 3-Tier PDL.

Level Funded: Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Fully Insured: Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

All Fully Insured Plans in California: If medically appropriate care from a qualified provider cannot be provided within the Network, we will arrange for the required care with an available and accessible out-of-Network provider. You will only be responsible for paying the cost sharing in an amount equal to the cost sharing you would have otherwise paid for that service or a similar service if you had received the Covered Health Care Service from a Network provider.

Surest Fully Insured Plans in California: A complete Network and timely access to care may only be available by obtaining treatment through providers available at the maximum Copayment shown for each service at the lowest cost-sharing tier. While some network providers are available at lower Copayments (reduced cost-sharing rates), there is no guarantee of a complete Network or timely access to care at any specific reduced cost-sharing rate.