



# Your 2026 Prescription Drug List

## Flex Base 3-Tier

Effective January 1, 2026



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Surest and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Flex Base 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 York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	<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.
<b>Tier 2</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
<b>Tier 3</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.



# Reading your PDL (continued)

## Drug list information

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

<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 Connecticut, New Jersey, and New York (referred to as First Start 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<sup>4</sup></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.

4. Not applicable to Oxford plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	3	
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet	1	
butalbital-apap-caff-cod	1	QL
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	
ESGIC ORAL TABLET 50-325-40 MG	3	
fentanyl	1	PA, QL
FIORICET	3	
FIORICET/CODEINE	E	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	

Drug Name	Drug Tier	Requirements & Limits
lidocaine-prilocaine external cream	1	
LIDODERM	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	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 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	
PROLATE ORAL TABLET	3	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	
ZTLIDO	3	PA
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	3	
sulindac oral	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
<b>Antibacterials - Drugs for Infections</b>		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
fidaxomicin oral tablet	1	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 125 mg	E	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	

Drug Name	Drug Tier	Requirements & Limits
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SEYSARA	3	
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	
TARGADOX	3	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	
ZITHROMAX	3	
ZYVOX ORAL TABLET	E	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate	1	
ELIQUIS TABLET	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	E	
rivaroxaban	1	
warfarin sodium oral	1	
XARELTO	2	
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	3	
EPIDIOLEX	3	SP
epitol	1	
eslicarbazepine acetate	1	
ethosuximide oral	1	
FYCOMPA	3	PA

Drug Name	Drug Tier	Requirements & Limits
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	
oxcarbazepine er	1	
perampanel	1	
phenobarbital oral tablet	1	
phenytek	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er oral capsule extended release 24 hour	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	

#### Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	

Drug Name	Drug Tier	Requirements & Limits
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	
imipramine hcl oral	1	
LEXAPRO	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	
PRISTIQ	E	
PROZAC	E	
RALDESY	3	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	E	
vilazodone hcl	1	
WAINUA	2	PA, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, SP
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
ANTIVERT ORAL TABLET 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
DICLEGIS	E	

Drug Name	Drug Tier	Requirements & Limits
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND BIPACK	E	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	
JUBLIA	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL SHAMPOO 1%	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	3	
VFEND ORAL TABLET	3	
VIVJOA	3	PA
voriconazole oral tablet	1	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST
AJOVY	E	PA, ST
eletriptan hydrobromide	1	

Drug Name	Drug Tier	Requirements & Limits
EMGALITY	2	PA, ST
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	PA, ST
QULIPTA	2	PA, ST
RELPAX	E	
REYVOW	3	PA, ST
rizatriptan	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	3	
UBRELVY	2	PA, ST
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZILBRYSQ	3	PA, SP
<b>Antimycobacterials - Drugs to Treat Infections</b>		
dapsone oral	1	
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	1	SP
ABIRTEGA	3	SP
ALECENSA	2	PA, SP
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, SP
BESREMI	3	PA, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, SP
CABOMETYX	2	PA, SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
CASODEX	E	
COTELLIC	2	PA, SP
dasatinib	1	PA, SP
ERIVEDGE	2	PA, SP
ERLEADA	2	PA, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, SP
GLEEVEC	E	SP

Drug Name	Drug Tier	Requirements & Limits
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, SP
ICLUSIG	3	PA, SP
IDHIFA	2	PA, SP
imatinib mesylate oral	1	SP
IMBRUVICA ORAL CAPSULE	2	PA, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	3	PA, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, SP
IMKELDI	3	PA, SP
JAKAFI	2	PA, SP
KISQALI	2	PA, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, SP
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
PIQRAY	2	PA, SP
POMALYST	3	PA, SP
RETEVMO	3	PA, SP
REVLIMID	2	PA, SP
ROZLYTREK	2	PA, SP
RYDAPT	2	PA, SP
SCEMBLIX	3	PA, SP
SPRYCEL	E	PA, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAGRISSO	3	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, SP
temozolomide	1	SP
torpenz	1	PA, SP
TRUQAP ORAL TABLET	2	PA, SP
VENCLEXTA	2	PA, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XELODA	E	SP
XTANDI	2	PA, SP
ZEJULA	2	PA, SP
ZELBORAF	2	PA, SP
ZYTIGA	3	SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	3	
STROMEKTOL	3	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	

Drug Name	Drug Tier	Requirements & Limits
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	3	
INBRIJA	3	PA, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	3	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	E	
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	
CAPLYTA	3	
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LATUDA	E	
lurasidone hcl	1	
olanzapine oral	1	
paliperidone er	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	H
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
entecavir	1	

Drug Name	Drug Tier	Requirements & Limits
EPCLUSA ORAL TABLET	2	PA, SP
famciclovir oral	1	
GENVOYA	3	
HARVONI ORAL TABLET	2	PA, ST, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	
LAGEVRIO	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET ORAL PACKET	2	PA, SP
ODEFSEY	3	
oseltamivir phosphate oral	1	
PAXLOVID	2	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
SYMFI	2	
SYMFI LO ORAL TABLET 400-300-300 MG	2	
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZOVIRAX EXTERNAL OINTMENT	E	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
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	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	

Drug Name	Drug Tier	Requirements & Limits
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CAMZYOS	3	PA, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch	1	
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORLANOR	3	PA
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	

Drug Name	Drug Tier	Requirements & Limits
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA
EPANED	3	
eplerenone	1	
EXFORGE	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	3	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
HEMICLOR	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	
indapamide	1	
INDERAL LA	E	
INSPRA	E	
INZIRQO	3	

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Drug Name	Drug Tier	Requirements & Limits
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorbide dinitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	
KAPSPARGO SPRINKLE	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	
labetalol hcl oral	1	
LANOXIN ORAL	3	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
LODOCO	3	
LOPID	3	
LOPRESSOR ORAL TABLET	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST
NEXLIZET	2	PA, ST
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
pentoxifylline er	1	
pitavastatin calcium	1	
PRALUENT	E	PA, ST
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	1	
RECTIV	3	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
sacubitril-valsartan	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	3	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
tiadylt er	1	

Drug Name	Drug Tier	Requirements & Limits
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
toremide	1	
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	3	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	3	
VASCEPA ORAL CAPSULE 1 GM	E	
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA
VYNDAQEL	2	PA, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 10 MG ORAL	E	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	E	
ZESTRIL TABLET 5 MG ORAL	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZESTRIL TABLET 5 MG ORAL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
AZSTARYS	2	ST
clonidine hcl er	1	
CONCERTA	E	
COTEMPLA XR-ODT	3	
DEXEDRINE	E	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	
EVEKEO	3	
FOCALIN	3	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	

Drug Name	Drug Tier	Requirements & Limits
JORNAY PM	2	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	
METADATE CD	E	
METHYLIN	3	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	E	
methylphenidate hcl oral	1	
MYDAYIS	3	
ONYDA XR	3	
QELBREE	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
RELEXXII	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	
VYVANSE	E	
ZENZEDI	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	PA, SP
AUBAGIO	E	PA, SP
AVONEX	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
dalfampridine er	1	PA, SP
dimethyl fumarate oral	1	PA, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, SP
fingolimod hcl	1	PA, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT	3	PA, SP
PLEGRIDY	3	PA, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, SP
teriflunomide	1	PA, SP
VUMERITY	E	PA, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, SP
AUSTEDO XR	2	PA, SP
INGREZZA	2	PA, SP
INGREZZA SPRINKLE	2	PA, SP
LYRICA ORAL CAPSULE	3	
NUEDEXTA	2	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
RADICAVA ORS STARTER KIT	3	PA, SP
SAVELLA	3	
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA
ZEPOSIA	3	PA, ST, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	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	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	
ACANYA	3	
accutane	1	
acitretin	1	
ACZONE	E	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA
adapalene-benzoyl peroxide external gel	1	
ADEINZDE	E	
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnesteem	1	
AMZEEQ	3	
ARAZLO	3	PA
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
azelaic acid external	1	

Drug Name	Drug Tier	Requirements & Limits
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BLANCHE	E	
CABTREO	3	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	3	
CIBINQO	2	PA, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos (twice-daily) gel 1 % external	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate-benzoyl peroxide	1	
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL SHAMPOO	E	
CLOBEX SPRAY	E	
clodan	1	
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMACINRX UREA	3	
DERMA-SMOOTHIE/FS BODY	3	

Drug Name	Drug Tier	Requirements & Limits
DERMA-SMOOTHIE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA
DIPROLENE	3	
doxycycline capsule delayed release 40 mg oral	1	
doxycycline capsule delayed release 40 mg oral	3	
DRYSOL	2	
DUPIXENT	2	PA, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
hydroquinone external	E	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external	1	
imiquimod pump	1	
IMPOYZ	3	
isotretinoin oral	1	
ivermectin external cream	E	
KLARON	3	
KLISYRI	3	ST
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	2	PA
mometasone furoate external	1	
NEMLUVIO	2	PA, SP
neuac	1	
NORITATE	E	

Drug Name	Drug Tier	Requirements & Limits
ONEXTON	3	
OPZELURA	3	PA, SP
ORACEA	3	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox external solution	1	
RETIN-A	E	PA
RHOFADE	3	PA
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR	3	
SYNALAR EXTERNAL SOLUTION 0.01 %	3	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	
tazarotene external cream	1	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAZORAC EXTERNAL CREAM	3	PA
TOLAK	3	
TOPICORT	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	3	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	1	
urea external cream 20 %, 40 %, 41 %, 45 %, 47 %	1	
urea external cream 39 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	
VTAMA	3	PA
WINLEVI	3	
xurea	E	
zenatane	1	
ZILXI	3	PA, ST
ZORYVE	3	PA
ZYCLARA	3	
ZYCLARA PUMP	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD ULTRA-FINE PEN NEEDLES	2	
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT LINK KIT W/ DEVICE	E	
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	
CONTOUR TEST STRIPS	E	
DEXCOM G6 RECEIVER	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DEXCOM G6 SENSOR	3	PA
DEXCOM G6 TRANSMITTER	3	PA
DEXCOM G7 RECEIVER	3	PA
DEXCOM G7 SENSOR	3	PA
EASYGLUCO	E	
EASYMAX 15 TEST	E	
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	
EMBRACE BLOOD GLUCOSE TEST	E	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	
ENLITE GLUCOSE SENSOR	3	
EQ BLOOD GLUCOSE TEST	E	
EVERSENSE 365 SENSOR/HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE READER	3	PA
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	
FREESTYLE TEST	E	
GLUCOCARD EXPRESSION TEST	E	
GLUCOCARD SHINE TEST	E	
GLUCOCARD VITAL TEST	E	
GUARDIAN 4 GLUCOSE SENSOR	3	
GUARDIAN 4 TRANSMITTER	3	
GUARDIAN CONNECT TRANSMITTER	3	
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE INTRO KIT	2	PA
OMNIPOD 5 LIBRE PODS	2	PA
ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH VERIO FLEX SYSTEM KIT	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/ DEVICE	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
ONETOUCH VERIO TEST STRIPS	E	
TECHLITE INSULIN SYRINGES (Arkray)	2	
TECHLITE PEN NEEDLES (Arkray)	2	
TECHLITE PLUS PEN NEEDLES (Arkray)	2	
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA
<b>Diabetes - Insulin</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements & Limits
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	3	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	ST
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	ST
NOVOLOG U-100 VIAL	E	ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
<b>Diabetes - Non-Insulin Agents</b>		
acarbose oral	1	
ACTOPLUS MET	3	
ACTOS	E	
ALOGLIPTIN BENZOATE	2	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BREZAVVY	3	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST
DAPAGLIFLOZIN PROPANEDIOL	E	ST
FARXIGA	E	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements & Limits
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
INVOKANA	E	ST
JANUMET	E	ST
JANUVIA	E	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	
liraglutide	1	PA
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral tablet 1000 mg, 500 mg, 625 mg, 850 mg	1	
metformin hcl oral tablet 750 mg	E	
MOUNJARO	2	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nateglinide	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	
ONGLYZA	E	
OZEMPIC	2	PA
pioglitazone hcl	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	PA
saxagliptin hcl	1	
saxagliptin-metformin er	1	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA
XIGDUO XR	E	ST
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	SP
BENEFIX	2	SP
DOPTELET	3	PA, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	
PROMACTA POWDER	3	PA, SP
PROMACTA TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT	2	SP
TAVALISSE	3	PA, SP
tranexamic acid oral	1	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, SP
WILATE	2	SP
ZARXIO	2	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INTRAROSA	3	PA
OSPHENA	2	PA
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
vardeafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	
<b>Electrolytes / Vitamins</b>		
ACCRUFER	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3	
FLORIVA PLUS	3	
FLOTREX	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
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	
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	
NEONATAL VITAMIN	E	
NIVA-PLUS	3	
ONE VITE WOMENS	E	
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	
POKONZA	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE MINI	3	
PRENATOL-M	3	
PRENATRIX	3	
PRENATRYL	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	
VITAFOL FE+	3	

Drug Name	Drug Tier	Requirements & Limits
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	
WESTAB PLUS	E	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	
dexlansoprazole	1	
esomeprazole magnesium oral capsule delayed release	E	
esomeprazole magnesium oral packet	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	
lansoprazole oral tablet delayed release dispersible	1	
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
NEXIUM ORAL PACKET	3	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral	1	
VOQUEZNA	3	PA
VOQUEZNA DUAL PAK	3	ST
VOQUEZNA TRIPLE PAK	3	ST
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	3	
ANASPAZ	2	
BYLVAY	3	PA, SP
BYLVAY (PELLETS)	3	PA, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATE	3	

Drug Name	Drug Tier	Requirements & Limits
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	1	H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	3	PA, ST
IQIRVO	3	PA, ST, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA
LIVDELZI	3	PA, ST, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	1	
MOTEGRITY	E	PA
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA
RELTONE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
REZDIFFRA	3	PA
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
TRULANCE	3	PA, ST
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
ATTRUBY	2	PA, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, SP
JYNARQUE ORAL TABLET THERAPY PACK	E	PA, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
tolvaptan oral tablet therapy pack	1	PA, SP
VYNDAMAX	2	PA, SP
VYNDAQEL	2	PA, 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	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	
GEMTESA	3	
mirabegron er	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	3	SP
VELPHORO	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VESICARE	3	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H

Drug Name	Drug Tier	Requirements & Limits
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
BEYAZ	E	
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	E	
CLIMARA PRO	2	
COMBIPATCH	2	
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	
DEPO-SUBQ PROVERA 104	1	H
desogestrel-ethinyl estradiol	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	H
eluryng	1	H
emzahn	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
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly	1	
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	

Drug Name	Drug Tier	Requirements & Limits
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	
ESTROGEL	3	
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	
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H
lyllana	1	
lyza	1	H

Drug Name	Drug Tier	Requirements & Limits
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-linyah	1	H
MYFEMBREE	2	
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
PHEXXI	3	
philith	1	H
pimtree	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	

Drug Name	Drug Tier	Requirements & Limits
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	3	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
fludrocortisone acetate oral	1	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA
NORDITROPIN FLEXPRO	2	PA, SP
OMNITROPE	2	PA, SP
ORIAHNN	2	
ORLISSA	2	
SKYTROFA	3	PA, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	
JATENZO	3	
KYZATREX	3	
NATESTO	E	
TESTIM	1	
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
testosterone gel 25 mg/2.5gm (1%) transdermal	1	
testosterone gel 25 mg/2.5gm (1%) transdermal	E	
testosterone transdermal gel 1.62 %	1	(generic Androgel Pump)
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	
TLANDO	3	
UNDECATREX	3	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	3	
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	

Drug Name	Drug Tier	Requirements & Limits
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-ADAZ	2	PA, SP
ADBRY	2	PA, SP
AMJEVITA	2	PA, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
BIMZELX	3	PA, ST, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA	2	PA, SP
CINRYZE	3	PA, SP
COSENTYX	2	PA, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, SP
ENBREL	2	PA, SP
ENBREL MINI	2	PA, SP
ENBREL SURECLICK	2	PA, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), SP
ENVARUSUS XR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
gengraf oral capsule	1	
HAEGARDA	2	PA, SP
HUMIRA	E	PA, SP
HYFTOR	3	PA
IMURAN	E	
JYLAMVO	3	PA
KEVZARA	3	PA, ST, SP
leflunomide oral	1	
LITFULO	3	PA, SP
LUPKYNIS	3	PA, 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	1	
mycophenolic acid	1	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT	3	PA, ST, SP
OMVOH SUBCUTANEOUS	2	PA, SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, SP
OTEZLA	2	PA, SP
OTREXUP	E	
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMPONI	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
sirolimus oral tablet	1	
SKYRIZI	2	PA, SP
SOTYKTU	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, SP
STEQEYMA SUBCUTANEOUS	2	PA, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, SP
TREMFYA	2	PA, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, SP
WEZLANA	2	PA, SP
XELJANZ	2	PA, SP
XELJANZ XR	2	PA, SP
YESINTEK SUBCUTANEOUS	2	PA, SP
ZORTRESS	E	
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H

See page 6-8 for coverage details.



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
IPOLE	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
VIVOTIF	E	
<b>Infertility Agents</b>		
CETROTIDE	3	PA, ST, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	

Drug Name	Drug Tier	Requirements & Limits
FOLLISTIM AQ	2	SP
FYREMADEL	3	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/Organon), SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
<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	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC	3	
hydrocortisone (perianal) external cream 1 %	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal	1	
PROCORT	3	
PROCTOCORT EXTERNAL	E	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL	E	
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	

Drug Name	Drug Tier	Requirements & Limits
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVY	3	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST
travoprost (bak free)	1	
VYZULTA	3	
XALATAN	E	
ZIOPTAN	3	ST
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	3	
RESTASIS	1	
RESTASIS MULTIDOSE	3	
TYRVAYA	3	

Drug Name	Drug Tier	Requirements & Limits
VERKAZIA	3	PA
VEVYE	E	PA
XIIDRA	2	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet	1	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
sodium chloride inhalation	1	
XHANCE	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ACCOLATE	3	
ADVAIR DISKUS	E	
ADVAIR HFA	2	RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRDUO RESPICLICK	E	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ANORO ELLIPTA	3	
ARNUITY ELLIPTA	1	
ASMANEX HFA	E	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	RS
brey-na	E	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
budesonide-formoterol fumarate	E	RS
COMBIVENT RESPIMAT	2	
DALIRESP	E	
DULERA	3	ST
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, SP
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	
FLUTICASONE FUROATE-VILANTEROL	3	RS
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS

Drug Name	Drug Tier	Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	3	PA, SP
PERFOROMIST	3	
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	1	
roflumilast	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	3	RS
UMECLIDINIUM-VILANTEROL	E	
VENTOLIN HFA	E	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	
XOLAIR	2	PA, SP
XOPENEX HFA	3	
YUPELRI	3	
zafirlukast	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BRONCHITOL	3	PA, ST, SP
PULMOZYME	2	PA, SP
TOBI PODHALER	3	PA, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
OFEV	3	PA, SP
pirfenidone	1	PA, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	PA, SP
ADEMPAS	2	PA, SP
alyq	1	PA, SP
OPSUMIT	2	PA, SP
REVATIO ORAL	E	SP

Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 20 mg	1	
tadalafil (pah)	1	PA, SP
TADLIQ	3	PA, SP
TRACLEER	2	PA, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone	1	
cyclobenzaprine hcl oral	1	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	
BELSOMRA	3	
DAYVIGO	E	
doxepin hcl oral tablet	1	
eszopiclone	1	
LUMRYZ	3	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LUNESTA	E	
modafinil oral	1	
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
ramelteon	1	
RESTORIL	3	
ROZEREM	E	
SILENOR	3	
SODIUM OXYBATE	3	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA
temazepam	1	
WAKIX	3	PA, SP
XYWAV	3	PA, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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AMBIEN .....	51	ANUSOL-HC.....	45	atorvastatin calcium oral tablet 10 mg, 20 mg.....	20
AMBIEN CR.....	51	apap-caff-dihydrocodeine.....	9	atorvastatin calcium oral tablet 40 mg, 80 mg .....	20
amethia oral tablet 0.15-0.03 &0.01 mg .....	38	aprepitant oral capsule 125 mg, 40 mg, 80 mg .....	15	atovaquone .....	18
amiloride hcl oral .....	20	apri.....	38	atovaquone-proguanil hcl.....	18
amiodarone hcl oral .....	20	APRISO.....	45	ATRALIN .....	26
AMITIZA .....	36	APTENSIO XR .....	24	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %.....	48
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atropine sulfate ophthalmic solution 1 %.....	48	azelastine hcl ophthalmic .....	46	BENZAMYCIN.....	26	
ATROVENT HFA.....	50	azelastine-fluticasone.....	48	benzonatate .....	48	
ATTRUBY.....	37	AZELEX.....	26	benzoyl peroxide-erythromycin ..	26	
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aurovela 24 fe.....	38	azurette .....	38	betamethasone valerate external cream.....	26	
aurovela fe 1/20.....	38	<b>B</b>			betamethasone valerate external lotion .....	26
aurovela fe 1.5/30 .....	38	bac (butalbital-acetamin-caff) ....	9	betamethasone valerate external ointment .....	26	
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AUVI-Q.....	48	BACTRIM DS.....	11	BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	47	
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avanafil.....	33	balsalazide disodium .....	45	BEVESPI AEROSPHERE.....	50	
AVAPRO .....	20	balziva.....	38	BEYAZ .....	38	
AVAR CLEANSER.....	26	BAQSIMI ONE PACK.....	32	bicalutamide.....	17	
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AVIDOXY.....	11	BASAGLAR TEMPO PEN .....	31	bimatoprost ophthalmic .....	47	
AVITA EXTERNAL CREAM 0.025 %.....	26	BD ULTRA-FINE PEN NEEDLES ..	29	BIMZELX .....	43	
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ayuna.....	38	BELSOMRA.....	51	bisoprolol-hydrochlorothiazide ...	20	
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azathioprine oral.....	43	BENEFIX .....	33	blisovi fe 1/20 .....	38	
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CATAPRES-TTS-2 .....	21	ciclopirox olamine external cream .....	15	clindamycin phosphate external solution .....	27
CATAPRES-TTS-3 .....	21	ciclopirox olamine external suspension .....	26	clindamycin phosphate external swab .....	27
cefadroxil oral capsule .....	11	cilostazol .....	18	clindamycin phosphate vaginal ...	12
cefadroxil oral suspension reconstituted .....	11	CIMDUO .....	19	clindamycin phosphate-benzoyl peroxide .....	27
cefdinir .....	11	cimetidine oral .....	35	CLINDESSE .....	12
cefixime oral capsule .....	11	CIMZIA .....	43	CLINPRO 5000 .....	25
cefpodoxime proxetil oral tablet ..	11	cinacalcet hcl .....	46	clobazam oral suspension 2.5 mg/ml .....	13
cefprozil .....	11	CINRYZE .....	43	clobazam oral tablet .....	13
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celecoxib oral .....	10	ciprofloxacin hcl ophthalmic .....	46	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 % .....	27
CELEXA .....	14	ciprofloxacin hcl oral .....	11	clobetasol propionate external cream 0.05 % .....	27
CELLCEPT ORAL CAPSULE .....	43	ciprofloxacin-dexamethasone .....	48	clobetasol propionate external foam .....	27
CELLCEPT ORAL TABLET .....	43	citalopram hydrobromide oral tablet .....	14	clobetasol propionate external gel .....	27
cephalexin .....	11	claravis .....	26	clobetasol propionate external liquid .....	27
CEQUA .....	48	CLARINEX .....	49	clobetasol propionate external ointment .....	27
CEQUR SIMPLICITY 2U 8PK .....	29	clarithromycin oral tablet .....	11	clobetasol propionate external shampoo .....	27
CERDELGA .....	37	CLENPIQ .....	36	clobetasol propionate external solution .....	27
cetirizine hcl oral solution .....	49	CLEOCIN ORAL CAPSULE 150 MG, 300 MG .....	11	CLOBEX EXTERNAL SHAMPOO ...	27
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cevimeline hcl .....	25	CLEOCIN ORAL SOLUTION RECONSTITUTED .....	11	clodan .....	27
charlotte 24 fe .....	38	CLEOCIN VAGINAL CREAM .....	12	CLOMID .....	45
chateal eq .....	38	CLEOCIN-T .....	26, 27	clomiphene citrate oral .....	45
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chlordiazepoxide-clidinium .....	36	CLIMARA PRO .....	38	clonazepam oral .....	20
chlorhexidine gluconate mouth/ throat .....	25	clindacin etz external swab .....	26		
chlorpromazine hcl oral tablet .....	18	clindacin-p .....	26		
chlorthalidone .....	21	CLINDAGEL .....	26, 27		
chlorzoxazone .....	51	clindamycin hcl oral .....	12		
cholestyramine light .....	21	clindamycin palmitate hcl .....	12		
cholestyramine oral .....	21	clindamycin phos (once-daily) gel 1 % external .....	26		
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clonidine hcl oral.....	21	COREG .....	21	CYTOMEL .....	43
clonidine patch .....	21	COREG CR .....	21	CYTOTEC.....	35
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clorazepate dipotassium .....	20	CORLANOR.....	21	dabigatran etexilate mesylate ....	12
clotrimazole external cream .....	27	CORTEF .....	42	dalfampridine er.....	25
clotrimazole mouth/throat .....	15	CORTIFOAM .....	45	DALIRESP .....	50
clotrimazole-betamethasone.....	27	COSENTYX.....	43	DAPAGLIFLOZIN PRO- METFORMIN ER .....	32
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CLOZARIL.....	18	COSOPT PF .....	47	dapsone external .....	27
CO-NATAL FA .....	34	COTELLIC.....	17	dapsone oral .....	17
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COLESTID ORAL TABLET .....	21	CRESEMBA ORAL.....	15	daysee.....	38
colestipol hcl oral tablet.....	21	CRESTOR.....	21	DAYVIGO.....	51
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CONTOUR NEXT LINK KIT W/ DEVICE.....	29	cyanocobalamin nasal.....	34	DEPAKOTE ER.....	13
CONTOUR NEXT MONITOR KIT W/DEVICE .....	29	cyclobenzaprine hcl oral .....	51	DEPAKOTE SPRINKLES.....	13
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CONTOUR NEXT TEST STRIPS.....	29	cyclopentolate hcl ophthalmic ...	48	DEPO-PROVERA.....	38
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desipramine hcl oral.....	14	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	diphenoxylate-atropine oral tablet.....	36
desloratadine oral tablet.....	49	diazepam oral solution .....	20	DIPROLENE.....	27
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desonide external cream.....	27	diclofenac potassium oral tablet 25 mg.....	10	divalproex sodium oral .....	13
desonide external lotion .....	27	diclofenac potassium oral tablet 50 mg .....	10	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM .....	39
desonide external ointment .....	27	diclofenac sodium er .....	10	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM.....	39
DESOWEN.....	27	diclofenac sodium external gel 1%.....	10	DODEX INJECTION SOLUTION 1000 MCG/ML.....	34
desoximetasone external cream ..	27	diclofenac sodium external gel 3%.....	27	dofetilide.....	21
desoximetasone external ointment.....	27	diclofenac sodium ophthalmic....	46	donepezil hcl oral tablet.....	14
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dexamethasone oral.....	42	DIFFERIN EXTERNAL GEL 0.3% ..	27	DOVATO.....	19
dexamethasone sodium phosphate ophthalmic .....	46	DIFICID ORAL TABLET .....	12	doxazosin mesylate oral.....	21
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DEXCOM G6 TRANSMITTER.....	30	digoxin oral tablet .....	21	doxepin hcl oral tablet.....	51
DEXCOM G7 RECEIVER .....	30	DILANTIN.....	13	doxycycline capsule delayed release 40 mg oral.....	27
DEXCOM G7 SENSOR .....	30	DILAUDID ORAL TABLET.....	9	doxycycline hyclate oral capsule..	12
DEXEDRINE.....	24	dilt-xr.....	21	doxycycline hyclate oral tablet....	12
DEXILANT .....	35	diltiazem hcl er.....	21	doxycycline monohydrate oral....	12
dexlansoprazole .....	35	diltiazem hcl er beads .....	21	doxylamine-pyridoxine.....	15
dexmethylphenidate hcl .....	24	diltiazem hcl er coated beads.....	21	DRISDOL.....	34
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drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg .....	39	ELEPSIA XR .....	13	ENTRESTO ORAL TABLET .....	21
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duloxetine hcl oral .....	14	ELIQUIS TABLET .....	12	EPCLUSA ORAL TABLET .....	19
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		EMBRACE WAVE BLOOD GLUCOSE IN VITRO .....	30	EPIPEN 2-PAK .....	48
		EMEND BIPACK .....	15	EPIPEN JR 2-PAK .....	48
		EMGALITY .....	16	epitol .....	13
		EMPAVELI .....	43	epiphenone .....	21
		emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg .....	19	EQ BLOOD GLUCOSE TEST .....	30
		emtricitabine-tenofovir df oral tablet 200-300 mg .....	19	eq nicotine .....	10
		emzahn .....	39	eq nicotine mouth/throat gum 4 mg .....	10
		enalapril maleate oral .....	21	eq nicotine polacrilex .....	10
		enalapril-hydrochlorothiazide ...	21	eq nicotine step 3 .....	10
		ENBREL .....	43	eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg .....	10
		ENBREL MINI .....	43	ergocalciferol oral capsule .....	34, 35
		ENBREL SURECLICK .....	43	ERIVEDGE .....	17
		endocet .....	9	ERLEADA .....	17
		ENDOMETRIN .....	45	ERMEZA .....	43
		ENGERIX-B .....	44	errin .....	39
		enilloring .....	39	ERYGEL .....	27
		ENLITE GLUCOSE SENSOR .....	30	ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ..	12
		enoxaparin sodium injection solution prefilled syringe .....	13	ERYPED 400 .....	12
		enpresse-28 .....	39	erythromycin base oral tablet ...	12
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EASIVENT MASK MEDIUM .....	50				
EASIVENT MASK SMALL .....	50				
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FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG.....	34	FLUTICASONA PROPIONATE HFA.....	50	FREESTYLE LIBRE 2 PLUS SENSOR.....	30
FLORIVA PLUS.....	34	fluticasone propionate nasal.....	49	FREESTYLE LIBRE 2 READER.....	30
FLOTREX.....	34	FLUTICASONA-SALMETEROL INHALATION AEROSOL.....	50	FREESTYLE LIBRE 2 SENSOR.....	30
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	50	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	50	FREESTYLE LIBRE 3 PLUS SENSOR.....	30
FLUAD.....	44	FLUTICASONA-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	50	FREESTYLE LIBRE 3 READER.....	30
FLUARIX.....	44	fluvoxamine maleate.....	14	FREESTYLE LIBRE 3 SENSOR.....	30
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	44	FLUZONE HIGH-DOSE.....	45	FREESTYLE LIBRE READER.....	30
fluconazole oral.....	15	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	45	FREESTYLE PRECISION NEO SYSTEM.....	30
fludrocortisone acetate oral.....	42	FML FORTE.....	46	FREESTYLE PRECISION NEO TEST.....	30
FLULAVAL.....	45	FML LIQUIFILM.....	46	FREESTYLE TEST.....	30
flunisolide nasal.....	49	FOCALIN.....	24	frovatriptan succinate.....	16
fluocinolone acetonide body.....	27	FOCALIN XR.....	24	ft naloxone hcl.....	10
fluocinolone acetonide external.....	27	folic acid oral tablet 1 mg.....	34	ft nicotine.....	10
fluocinolone acetonide otic.....	48	FOLLISTIM AQ.....	45	ft nicotine mini.....	10
fluocinolone acetonide scalp.....	27	FORFIVO XL.....	14	FUROSCIX.....	21
fluocinonide external.....	27	FORTEO.....	46	furosemide oral.....	21
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FLUOROURACIL EXTERNAL CREAM 0.5 %.....	27	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %.....	34	g tussin ac.....	49
fluorouracil external cream 5 %.....	27	FREESTYLE LIBRE 14 DAY READER.....	30	gabapentin oral capsule.....	13
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fluoxetine hcl oral tablet.....	14			gabapentin oral tablet 600 mg, 800 mg.....	13
FLUTICASONA FUROATE- VILANTEROL.....	50			GABARONE.....	13
fluticasone propionate external cream.....	28			gallifrey.....	39
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gnp nicotine mini .....	10
gnp nicotine polacrilex mouth/ throat gum 2 mg.....	10
gnp nicotine polacrilex mouth/ throat lozenge .....	10
gnp nicotine transdermal .....	10
GOLYTELY .....	36
GONAL-F .....	45
GONAL-F RFF .....	45
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GUARDIAN CONNECT TRANSMITTER.....	30
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HUMALOG U-100 JUNIOR KWIKPEN .....	31	hydrocortisone valerate external cream .....	28	IMBRUVICA ORAL TABLET 140 MG, 280 MG .....	17
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HUMATE-P .....	33	hydromet .....	49	imipramine hcl oral .....	14
HUMIRA .....	44	hydromorphone hcl oral tablet .....	9	imiquimod external .....	28
HUMULIN 70/30 KWIKPEN .....	31	hydroquinone external .....	28	imiquimod pump .....	28
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HUMULIN N VIAL .....	31	hydroxyurea oral .....	17	IMITREX STATDOSE SYSTEM .....	16
HUMULIN R U-500 KWIKPEN .....	31	hydroxyzine hcl oral .....	20	IMKELDI .....	17
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HYCODAN ORAL SOLUTION .....	49	HYMPAVZI .....	33	IMVEXXY MAINTENANCE PACK ..	33
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HYDREA .....	17	hyoscyamine sulfate oral tablet ..	36	INBRIJA .....	18
hydrochlorothiazide oral .....	21	hyoscyamine sulfate oral tablet dispersible .....	36	incassia .....	39
hydrocodone bit-chlorphe poli er ..	49	hyoscyamine sulfate sublingual ..	36	indapamide .....	21
hydrocodone bit-homatrop mbr oral solution .....	49	HYPERSAL .....	49	INDERAL LA .....	21
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/ 15ml .....	9	HYZAAR .....	21	indomethacin er .....	10
hydrocodone-acetaminophen oral tablet .....	9	<b>I</b>		indomethacin oral capsule .....	10
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hydrocortisone (perianal) external cream 1 % .....	45	IBRANCE ORAL TABLET .....	17	INGREZZA SPRINKLE .....	25
hydrocortisone (perianal) external cream 2.5 % .....	46	IBSRELA .....	36	INPEN .....	30
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hydrocortisone acetate rectal .....	46	ibuprofen oral tablet 400 mg, 600 mg, 800 mg .....	10	INSPRA .....	21
hydrocortisone external cream 1 % .....	28	iclevia .....	39	INSULIN ASPART .....	31
		ICLUSIG .....	17	INSULIN ASPART FLEXPEN .....	31
		icosapent ethyl .....	21	INSULIN DEGLUDEC FLEXTOUCH .....	31
		IDELVION .....	33	INSULIN GLARGINE .....	31
				INSULIN GLARGINE MAX SOLOSTAR .....	31
				INSULIN GLARGINE SOLOSTAR ..	31



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labetalol hcl oral .....	22	leuprolide acetate injection .....	42	lidocaine viscous hcl .....	25
lacosamide oral .....	13	levabuterol hcl inhalation .....	50	lidocaine-prilocaine external cream .....	9
lactulose encephalopathy .....	36	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT .....	50	LIDODERM .....	9
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LAGEVRIO .....	19	levetiracetam er .....	13	linezolid oral tablet .....	12
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lamotrigine oral tablet .....	13	levocarnitine oral tablet .....	37	lisdexamfetamine dimesylate .....	24
lamotrigine oral tablet chewable .	13	levocarnitine sf .....	34	lisinopril oral .....	22
lamotrigine oral tablet dispersible .....	13	levocetirizine dihydrochloride oral .....	49	lisinopril-hydrochlorothiazide .....	22
LANOXIN ORAL .....	22	levofloxacin oral tablet .....	12	LITFULO .....	44
lansoprazole oral capsule delayed release .....	35	levonest .....	40	lithium carbonate er .....	20
lansoprazole oral tablet delayed release dispersible .....	35	levonorg-eth estrad triphasic .....	40	lithium carbonate oral .....	20
LANTUS SOLOSTAR .....	31	levonorgest-eth estrad & eth est oral tablet 42-21-21-7 days .....	40	LITHOBID .....	20
LANTUS U-100 VIAL .....	31	levonorgest-eth estrad 91-day .....	40	LIVALO .....	22
larin 1/20 .....	40	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg .....	40	LIVDELZI .....	36
larin 1.5/30 .....	40	levora 0.15/30 (28) .....	40	LO LOESTRIN FE .....	40
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LASIX .....	22	LEVSIN .....	36	LOESTRIN 1/20 (21) .....	40
latanoprost ophthalmic .....	47	LEVSIN/SL .....	36	LOESTRIN 1.5/30 (21) .....	40
LATUDA .....	19	LEXAPRO .....	14	LOESTRIN FE 1/20 .....	40
LEDIPASVIR-SOFOSBUVIR .....	19	LIALDA .....	46	LOESTRIN FE 1.5/30 .....	40
leena .....	40	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG .....	13	LOFENA .....	10
leflunomide oral .....	44	LIBRAX .....	36	lojaimiess .....	40
lenalidomide .....	17	lidocaine external ointment 5 % ...	9	LOKELMA .....	34
lessina .....	40			LOMOTIL .....	36
				loperamide hcl oral capsule .....	36
				LOPID .....	22
				LOPRESSOR ORAL TABLET .....	22
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losartan potassium-hctz .....	22	MACRODANTIN.....	mercaptapurine oral tablet .....	17
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LOTEMAX OPHTHALMIC SUSPENSION .....	47	marlissa .....	mesalamine oral tablet delayed release 1.2 gm.....	46
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LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.	13	MAXZIDE ORAL TABLET 75-50 MG .....	metformin hcl er (mod) .....	32
low-ogestrel .....	40	MAXZIDE-25 ORAL TABLET 37.5- 25 MG .....	metformin hcl er (osm).....	32
lubiprostone .....	36	MAYZENT .....	metformin hcl oral tablet 1000 mg, 500 mg, 625 mg, 850 mg.....	32
LUMAKRAS.....	17	meclizine hcl oral tablet.....	metformin hcl oral tablet 750 mg .....	32
LUMIGAN .....	47	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	methadone hcl oral tablet.....	9
LUMRYZ .....	51	MEDROL ORAL TABLET 2 MG.....	methenamine hippurate .....	12
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LUPKYNIS.....	44	medroxyprogesterone acetate intramuscular.....	methocarbamol oral.....	51
lurasidone hcl.....	19	medroxyprogesterone acetate oral .....	methotrexate sodium (pf) .....	44
lutera .....	40	mefloquine hcl.....	methotrexate sodium injection solution .....	44
lyleq .....	40	megestrol acetate oral suspension 40 mg/ml .....	methotrexate sodium oral .....	44
lyllana .....	40	megestrol acetate oral tablet.....	METHYLIN .....	24
LYNPARZA .....	17	meleya .....	methylphenidate hcl er (cd).....	24
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LYUMJEV KWIKPEN .....	31	memantine hcl er.....	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg .....	24
LYUMJEV TEMPO PEN.....	31	memantine hcl oral tablet.....		
LYUMJEV VIAL .....	31	MENOPUR.....		
lyza .....	40			

METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG .....	24	mimvey.....	40	mupirocin cream .....	12
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methylphenidate hcl er (xr) .....	24	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG .....	22	MYAMBUTOL ORAL TABLET 400 MG.....	17
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methylphenidate hcl er oral tablet extended release 24 hour ..	24	minocycline hcl oral capsule .....	12	mycophenolate mofetil oral tablet.....	44
methylphenidate hcl oral.....	24	minoxidil oral .....	22	mycophenolate sodium .....	44
methylprednisolone oral .....	42	mirabegron er.....	37	mycophenolic acid .....	44
metoclopramide hcl oral tablet...	15	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) .....	40	MYDAYIS.....	24
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metoprolol succinate er .....	22	MIRVASO.....	28	MYFORTIC.....	44
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metronidazole external .....	28	mometasone furoate nasal .....	49	na sulfate-k sulfate-mg sulf .....	36
metronidazole oral tablet 125 mg.	12	MONDOXYNE NL .....	12	nabumetone oral .....	10
metronidazole oral tablet 250 mg, 500 mg.....	12	mono-lynyah .....	40	nadolol oral .....	22
metronidazole vaginal.....	12	montelukast sodium oral.....	50	naloxone hcl injection solution prefilled syringe .....	11
mexiletine hcl oral .....	22	morphine sulfate er oral tablet extended release .....	9	naloxone hcl nasal .....	11
mibelas 24 fe.....	40	morphine sulfate oral tablet .....	9	naltrexone hcl oral.....	11
MICARDIS.....	22	MOTEGRITY .....	36	NAMENDA ORAL TABLET 10 MG, 5 MG.....	14
MICARDIS HCT .....	22	MOTPOLY XR.....	13	NAMENDA TITRATION PAK .....	14
MICROCHAMBER.....	50	MOUNJARO.....	32	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG .....	14
microgestin 1/20 .....	40	MOVIPREP .....	36	NAPROSYN.....	10
microgestin 1.5/30 .....	40	moxifloxacin hcl (2x day).....	47	naproxen dr .....	10
microgestin 24 fe oral tablet 1-20 mg-mcg.....	40	moxifloxacin hcl ophthalmic.....	47	naproxen oral tablet.....	10
microgestin fe 1/20.....	40	moxifloxacin hcl oral .....	12	naproxen oral tablet delayed release .....	10
microgestin fe 1.5/30.....	40	MS CONTIN.....	9	naproxen sodium oral tablet 275 mg, 550 mg.....	10
midodrine hcl .....	22	MULTAQ.....	22	naratriptan hcl.....	16
MIEBO.....	48	MULTI-VIT-FLOR .....	34		
mili .....	40	multi-vitamin/fluoride .....	34		
		multivitamin w/fluoride .....	34		
		multivitamin/fluoride oral tablet chewable.....	34		

NARCAN.....	11	NICORETTE MOUTH/THROAT GUM.....	11	norethin ace-eth estrad-fe oral tablet chewable.....	40
NASCOBAL.....	34	NICORETTE MOUTH/THROAT LOZENGE.....	11	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg.....	41
NATAZIA.....	40	NICORETTE STARTER KIT.....	11	norethindrone acet-ethinyl est...	40
nateglinide.....	33	nicotine mini.....	10, 11	norethindrone acetate oral.....	40
NATESTO.....	42	nicotine polacrilex mini.....	11	norethindrone oral.....	40
NAYZILAM.....	13	nicotine polacrilex mouth/ throat.....	10, 11	norethindrone-eth estradiol.....	41
nebivolol hcl.....	22	nicotine step 1.....	11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg.....	41
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %...	49	nicotine step 2.....	11	norgestimate-ethinyl estradiol triphasic.....	41
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %...	49	nicotine step 3.....	10, 11	NORITATE.....	28
necon 0.5/35 (28).....	40	nicotine transdermal patch 24 hour.....	11	NORLIQVA.....	22
NEFFY.....	48	nifedipine er.....	22	norlyroc.....	41
NEMLUVIO.....	28	nifedipine er osmotic release.....	22	NORPRAMIN.....	15
neomycin sulfate oral.....	12	nifedipine oral.....	22	nortrel 0.5/35 (28).....	41
neomycin-polymyxin-dexameth...	47	nikki.....	40	nortrel 1/35 (21).....	41
neomycin-polymyxin-hc otic.....	48	nilotinib hcl.....	17	nortrel 1/35 (28).....	41
NEONATAL COMPLETE.....	34	NITRO-BID.....	22	nortrel 7/7/7.....	41
NEONATAL PLUS.....	34	NITRO-DUR.....	22	nortriptyline hcl oral capsule.....	15
NEONATAL PRENATAL.....	34	nitrofurantoin macrocrystal.....	12	NORVASC.....	22
NEONATAL VITAMIN.....	34	nitrofurantoin monohydrate macrocrystals.....	12	NOVAREL.....	45
NEORAL ORAL CAPSULE.....	44	nitroglycerin rectal.....	22	NOVOEIGHT.....	33
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG.....	33	nitroglycerin sublingual.....	22	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.....	30
neuac.....	28	nitroglycerin transdermal.....	22	NOVOFINE PEN NEEDLE.....	30
NEULASTA.....	33	NITROSTAT.....	22	NOVOFINE PLUS PEN NEEDLE...	30
NEUPRO.....	18	NIVA THYROID.....	43	NOVOLIN 70/30 FLEXPEN.....	31
NEURONTIN.....	13	NIVA-PLUS.....	34	NOVOLIN 70/30 FLEXPEN RELION.....	31
NEVANAC.....	47	NIVESTYM.....	33	NOVOLIN 70/30 RELION.....	31
NEXIUM ORAL CAPSULE DELAYED RELEASE.....	35	NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	42	NOVOLIN 70/30 VIAL.....	31
NEXIUM ORAL PACKET.....	35	nora-be.....	40	NOVOLIN N FLEXPEN.....	32
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NEXLIZET.....	22	norelgestromin-eth estradiol....	40	NOVOLIN N RELION.....	32
NEXTSTELLIS.....	40	norethin ace-eth estrad-fe oral tablet.....	40	NOVOLIN N VIAL.....	32
NGENLA.....	42			NOVOLIN R FLEXPEN.....	32
niacin er (antihyperlipidemic)....	22			NOVOLIN R FLEXPEN RELION....	32
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NOVOLIN R VIAL .....	32	ODOMZO.....	17	ONETOUCH VERIO KIT W/DEVICE .....	31
NOVOLOG FLEXPEN .....	32	OFEV .....	51	ONETOUCH VERIO REFLECT KIT W/DEVICE .....	31
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NOVOLOG RELION .....	32	ofloxacin otic .....	48	ONEXTON.....	28
NOVOLOG U-100 VIAL .....	32	olanzapine oral.....	19	ONFI .....	13
NOVOPEN ECHO.....	30	olmesartan medoxomil oral.....	22	ONGLYZA .....	33
NOXAFIL ORAL TABLET DELAYED RELEASE.....	16	olmesartan medoxomil-hctz.....	22	ONYDA XR.....	24
np thyroid .....	43	olmesartan-amlodipine-hctz .....	22	OPSUMIT.....	51
NUBEQA.....	17	olopatadine hcl nasal.....	49	OPVEE.....	11
NUCALA.....	50	olopatadine hcl ophthalmic solution 0.1 % .....	47	OPZELURA .....	28
NUCYNTA .....	9	olopatadine hcl ophthalmic solution 0.2 % .....	47	ORACEA.....	28
NUCYNTA ER.....	9	OLUMIANT.....	44	ORACIT .....	34
NUEDEXTA.....	25	OMECLAMOX-PAK.....	35	ORAL CITRATE.....	34
NULEV.....	36	omega-3-acid ethyl esters .....	22	ORALONE .....	25
NURTEC .....	16	omeprazole oral capsule delayed release .....	35	ORENCIA CLICKJECT .....	44
NUVARING.....	41	OMNIPOD 5 DEXCOM INTRO KIT.....	30	ORENCIA SUBCUTANEOUS .....	44
NUVESSA.....	12	OMNIPOD 5 DEXCOM PODS.....	30	ORFADIN ORAL CAPSULE.....	37
NUVIGIL .....	52	OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	30	ORFADIN ORAL SUSPENSION .....	37
NUWIQ .....	33	OMNIPOD 5 G7 PODS (GEN 5)....	30	ORGOVYX.....	17
NUZYRA ORAL .....	12	OMNIPOD 5 LIBRE INTRO KIT....	30	ORIAHNN .....	42
nyamyc.....	16	OMNIPOD 5 LIBRE PODS .....	30	ORILISSA .....	42
nylia 1/35.....	41	OMNITROPE .....	42	orphenadrine citrate er.....	51
nylia 7/7/7.....	41	OMVOH SUBCUTANEOUS .....	44	OSCIMIN .....	36
nymyo oral tablet 0.25-35 mg-mcg.....	41	ondansetron hcl oral .....	15	oseltamivir phosphate oral.....	19
nystatin external.....	16	ondansetron odt.....	15	OSPHENA .....	34
nystatin mouth/throat .....	16	ONE VITE WOMENS .....	34	OTEZLA .....	44
nystatin oral.....	16	ONE VITE WOMENS PLUS.....	34	OTREXUP.....	44
nystatin-triamcinolone.....	16	ONETOUCH ULTRA 2 KIT W/ DEVICE.....	30	OVACE PLUS WASH EXTERNAL LIQUID .....	28
nystop.....	16	ONETOUCH ULTRA BLUE TEST ...	30	OVACE WASH .....	28
NYVEPRIA.....	33	ONETOUCH ULTRA TEST STRIPS ..	30	OVIDREL .....	45
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ocella.....	41	ONETOUCH VERIO FLEX SYSTEM KIT.....	30	oxaprozin oral tablet.....	10
OCUFLOX .....	47			oxcarbazepine .....	13
ODACTRA .....	49			oxcarbazepine er .....	13
				oxybutynin chloride er .....	37



oxybutynin chloride oral .....	37	pentoxifylline er .....	22	pnv 27-ca/fe/fa .....	34
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE- DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9	PEPCID.....	36	podofilox external solution .....	28
oxycodone hcl oral capsule .....	9	perampanel.....	13	POKONZA.....	34
oxycodone hcl oral solution.....	9	PERCOCET.....	9	POLY-VI-FLOR ORAL TABLET CHEWABLE.....	34
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	9	PERFOROMIST.....	50	POLYCIN .....	47
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	9	PERIDEX .....	25	polymyxin b-trimethoprim.....	47
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg .....	9	periogard .....	25	POMALYST.....	17
OXYCONTIN .....	9	permethrin external.....	18	portia-28.....	41
OZEMPIC.....	33	perphenazine oral .....	15	posaconazole oral tablet delayed release .....	16
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PACERONE.....	22	PERTZYE .....	37	potassium chloride crys er .....	34
paliperidone er.....	19	PFIZER COVID-19 VAC-TRIS 5-11Y.....	45	potassium chloride er .....	35
PAMELOR .....	15	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	45	potassium chloride oral .....	35
PANCREAZE.....	37	phenazo oral tablet 200 mg.....	37	potassium citrate er .....	35
PANRETIN.....	28	phenazopyridine hcl oral tablet 100 mg, 200 mg .....	37	PRADAXA ORAL CAPSULE.....	13
pantoprazole sodium oral tablet delayed release .....	36	phenobarbital oral tablet.....	13	PRALUENT .....	22
PARLODEL ORAL TABLET.....	18	phenytek.....	13	pramipexole dihydrochloride .....	18
paroxetine hcl er.....	15	phenytoin sodium extended .....	14	prasugrel hcl.....	18
paroxetine hcl oral tablet.....	15	PHEXXI.....	41	pravastatin sodium .....	22
PATANASE NASAL SOLUTION 0.6 %.....	49	philith .....	41	prazosin hcl oral .....	22
PAXIL.....	15	PHOSPHA 250 NEUTRAL.....	34	PRED FORTE .....	47
PAXIL CR.....	15	phospho-trin 250 neutral .....	34	PRED MILD.....	47
PAXLOVID.....	19	phosphorous.....	34	prednisolone acetate ophthalmic.....	47
PEDIAPRED .....	42	pilocarpine hcl oral .....	25	PREDNISOLONE ACETATE P-F....	47
peg 3350-kcl-na bicarb-nacl.....	36	pimecrolimus .....	28	prednisolone oral solution .....	42
peg-3350/electrolytes .....	36	pimtrea.....	41	prednisolone sodium phosphate oral solution.....	42
peg-3350/electrolytes/ascorbat .	36	pioglitazone hcl.....	33	prednisone oral .....	42
peg-kcl-nacl-nasulf-na asc-c .....	36	pioglitazone hcl-metformin hcl... 33		pregabalin oral capsule.....	25
penicillin v potassium .....	12	PIQRAY.....	17	PREGNYL.....	45
		pirfenidone .....	51	PREMARIN ORAL .....	41
		piroxicam oral.....	10	PREMARIN VAGINAL .....	41
		pitavastatin calcium.....	22	premium lidocaine.....	9
		PLAQUENIL.....	18	PREMPHASE .....	41
		PLAVIX .....	18	PREMPRO .....	41
		PLEGRIDY.....	25	prenatal oral tablet 27-0.8 mg ....	35
		PLENVU .....	36	prenatal oral tablet 27-1 mg.....	35
		PLEXION CLEANSER.....	28		





RECOMBINATE .....	33	rivaroxaban .....	13	scopolamine .....	15
RECOMBIVAX HB .....	45	rivastigmine.....	14	SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG.....	41
RECTIV .....	23	rivastigmine tartrate .....	14	selenium sulfide external lotion ..	28
REGLAN .....	15	rivelsa .....	41	SENSIPAR .....	46
RELAFEN DS .....	10	rizatriptan.....	16	SEREVENT DISKUS .....	50
RELEXXII.....	24	ROBINUL ORAL TABLET 1 MG.....	37	SEROQUEL.....	19
RELPAK.....	16	ROBINUL-FORTE ORAL TABLET 2 MG.....	37	SEROQUEL XR .....	19
RELTONE.....	36	ROCALTROL ORAL CAPSULE .....	46	SERTRALINE HCL ORAL CAPSULE.....	15
REMERON.....	15	ROCKLATAN .....	47	sertraline hcl oral concentrate....	15
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG .....	15	roflumilast .....	50	sertraline hcl oral tablet.....	15
RENTHYROID .....	43	ropinirole hcl.....	18	setlakin.....	41
REVELA ORAL TABLET .....	37	rosuvastatin calcium oral .....	23	sevelamer carbonate oral tablet..	37
repaglinide.....	33	rosyrah .....	41	SEYSARA .....	12
REPATHA .....	23	roweepra.....	14	sf 5000 plus.....	26
REPATHA PUSHTRONEX SYSTEM .	23	ROXICODONE .....	9	sf gel 1.1% .....	26
REPATHA SURECLICK .....	23	ROZEREM .....	52	SFROWASA.....	46
RESTASIS.....	48	ROZLYTREK .....	17	sharobel.....	41
RESTASIS MULTIDOSE .....	48	RUCONEST.....	44	SHINGRIX.....	45
RESTORIL.....	52	RUKOBIA.....	19	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	34
RETACRIT .....	33	RYALTRIS.....	49	sildenafil citrate oral tablet 20 mg .....	51
RETEVMO.....	17	RYBELSUS.....	33	SILENOR .....	52
RETIN-A.....	28	RYDAPT .....	17	silodosin.....	38
REVATIO ORAL .....	51	RYTARY .....	18	SILVADENE.....	12
REVLIMID.....	17	RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	23	silver sulfadiazine external .....	12
REXTOVY.....	11	ryvent .....	49	simliya .....	41
REXULTI.....	19			simpesse .....	41
REYVOW .....	16			SIMPONI .....	44
REZDIFFRA.....	37			simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	23
RHOFADE .....	28			simvastatin oral tablet 80 mg.....	23
RHOPRESSA.....	47			SINEMET .....	18
rifampin oral .....	17			SINGULAIR ORAL PACKET.....	50
RINVOQ .....	44			SINGULAIR ORAL TABLET .....	50
risedronate sodium oral tablet....	46			SINGULAIR ORAL TABLET CHEWABLE.....	50
RISPERDAL .....	19			sirolimus oral tablet .....	44
risperidone.....	19				
RITALIN .....	24				
RITALIN LA .....	24				

## S





TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	44	temazepam	52	tiadylt er	23
TAMIFLU	19	temozolomide	18	TIAZAC	23
tamoxifen citrate oral tablet 10 mg	18	TEMPO REFILL	31	ticagrelor	18
tamoxifen citrate oral tablet 20 mg	18	TEMPO WELCOME	31	TIGLUTIK	25
tamsulosin hcl	38	TENCON	9	TIKOSYN	23
TANLOR	51	TENIVAC	45	tilia fe	41
TAPERDEX 12-DAY	42	tenofovir disoproxil fumarate	19	timolol hemihydrate	48
TAPERDEX 6-DAY	42	TENORETIC 100	23	timolol maleate (once-daily)	48
TAPERDEX 7-DAY	42	TENORETIC 50	23	timolol maleate ocudose	48
TARGADOX	12	TENORMIN	23	timolol maleate ophthalmic	48
tarina 24 fe	41	terazosin hcl	38	timolol maleate pf	48
tarina fe 1/20 eq	41	terbinafine hcl oral	16	TIMOPTIC OCUDOSE	48
TASIGNA	18	terconazole	16	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	48
TAVALISSE	33	teriflunomide	25	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	48
tazarotene external cream	28	teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	46	tinidazole oral	12
TAZORAC EXTERNAL CREAM	29	TESTIM	42	tiotropium bromide monohydrate	51
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	23	TESTOSTERONE CYPIONATE INJECTION	42	TIROSINT	43
TECFIDERA ORAL CAPSULE DELAYED RELEASE	25	testosterone cypionate intramuscular	42	TIROSINT-SOL	43
TECHLITE INSULIN SYRINGES (Arkray)	31	testosterone enanthate intramuscular	42	TIVICAY	19
TECHLITE PEN NEEDLES (Arkray)	31	testosterone gel 12.5 mg/act (1%) transdermal	42	tizanidine hcl oral	51
TECHLITE PLUS PEN NEEDLES (Arkray)	31	testosterone gel 25 mg/2.5gm (1%) transdermal	43	TLANDO	43
TEGLUTIK	25	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	43	TOBI PODHALER	51
TEGRETOL ORAL TABLET	14	testosterone transdermal gel 1.62 %	43	TOBRADEX	47
TEGRETOL-XR	14	tetracycline hcl oral capsule	12	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	47
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	37	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51	TOBRADEX ST	47
TEKTURNA	23	THALITONE	23	tobramycin ophthalmic	47
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	23	THRIVE	11	tobramycin-dexamethasone	47
telmisartan	23	THYQUIDITY	43	TOLAK	29
telmisartan-hctz	23	thyroid oral	43	TOLSURA	16
				tolterodine tartrate	37
				tolterodine tartrate er	37
				tolvaptan oral tablet therapy pack	37
				TOPAMAX	14
				TOPAMAX SPRINKLE	14

TOPICORT .....	29	tri-legest fe .....	41	TRINATAL RX 1 .....	35
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % .....	29	tri-lynyah .....	41	TRINATE .....	35
topiramate er oral capsule extended release 24 hour .....	14	tri-lo-estarylla .....	41	TRINTELLIX .....	15
topiramate oral capsule sprinkle ..	14	tri-lo-marzia .....	41	tritocin external ointment 0.05 % .....	29
topiramate oral tablet .....	14	tri-lo-mili .....	41	TRIUMEQ .....	19
TOPROL XL .....	23	tri-lo-sprintec .....	41	trivora (28) .....	41
torpenz .....	18	tri-mili .....	41	TROKENDI XR .....	14
torse mide .....	23	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg .....	41	trosipium chloride .....	37
TOSYMRA .....	16	tri-sprintec .....	41	trosipium chloride er .....	37
TOUJEO MAX SOLOSTAR .....	32	tri-vite/fluoride .....	35	TRUE FOCUS BLOOD GLUCOSE STRIP .....	31
TOUJEO SOLOSTAR .....	32	tri-vylibra .....	41	TRUE METRIX AIR GLUCOSE METER KIT .....	31
TRACLEER .....	51	tri-vylibra lo .....	41	TRUE METRIX BLOOD GLUCOSE TEST .....	31
TRADJENTA .....	33	triamcinolone acetonide external cream .....	29	TRUE METRIX GO GLUCOSE METER .....	31
tramadol hcl (er biphasic) oral tablet extended release 24 hour ...	9	triamcinolone acetonide external lotion .....	29	TRUE METRIX METER .....	31
tramadol hcl er .....	9	triamcinolone acetonide external ointment .....	29	TRUE METRIX PRO BLOOD GLUCOSE .....	31
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg .....	9	triamcinolone acetonide mouth/ throat .....	26	TRULANCE .....	37
tramadol hcl oral tablet 75 mg .....	9	triamcinolone in absorbbase .....	29	TRULICITY .....	33
tramadol-acetaminophen .....	9	triamterene-hctz .....	23	TRUQAP ORAL TABLET .....	18
trandolapril .....	23	TRIAMTERENE-HCTZ .....	23	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG .....	19
tranexamic acid oral .....	33	TRIANEX EXTERNAL OINTMENT 0.05 % .....	29	TRUVADA ORAL TABLET 200-300 MG .....	19
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS .....	15	triazolam .....	20	turqoz .....	41
TRAVATAN Z .....	48	TRIBENZOR .....	23	TWIIST REFILL KIT .....	31
travoprost (bak free) .....	48	TRICARE ORAL TABLET .....	35	TWIIST REFILL KIT/INFUSION SET .....	31
trazodone hcl oral .....	15	TRICOR .....	23	TWIIST STARTER KIT .....	31
TRELEGY ELLIPTA .....	51	triderm .....	29	TWINRIX .....	45
TREMFYA .....	44	TRIDESILON EXTERNAL CREAM 0.05 % .....	29	TWIRLA .....	41
TRESIBA FLEXTOUCH .....	32	trihexyphenidyl hcl oral tablet ...	18	TYBLUME .....	41
tretinoin external cream .....	29	TRIJARDY XR .....	33	tydemy oral tablet 3-0.03-0.451 mg .....	41
tretinoin external gel 0.01 %, 0.025 % .....	29	TRIKAFTA ORAL TABLET THERAPY PACK .....	51	TYMLOS .....	46
tretinoin external gel 0.05 % .....	29	TRILEPTAL .....	14	TYRVAYA .....	48
TREXALL .....	44	TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG .....	23		
TREZIX .....	10	trimethoprim oral .....	12		
tri-estarylla .....	41				



TYVASO .....	51	VALIUM .....	20	VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG .....	23
TYVASO DPI .....	51	valproic acid oral capsule .....	14	VERKAZIA.....	48
<b>U</b>					
UBRELVY .....	16	valproic acid oral solution 250 mg/5ml.....	14	VERQUVO .....	23
UCERIS ORAL.....	46	VALSARTAN ORAL SOLUTION....	23	VERZENIO.....	18
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	33	valsartan oral tablet .....	23	VESICARE .....	38
ULORIC .....	16	valsartan-hydrochlorothiazide....	23	vestura .....	41
UMECLIDINIUM-VILANTEROL ...	51	VALTOCO .....	14	VEVYE .....	48
UNDECATREX.....	43	VALTREX .....	19	VFEND ORAL TABLET .....	16
unithroid .....	43	valtya 1/50 .....	41	VIAGRA .....	34
urea external cream 20 %, 40 %, 41 %, 45 %, 47 % .....	29	VANADOM ORAL TABLET 350 MG.....	51	VIBERZI.....	37
urea external cream 39 % .....	29	VANOCOCIN.....	12	VIBRAMYCIN ORAL CAPSULE 100 MG.....	12
UREA EXTERNAL CREAM 39.5 % ..	29	vancomycin hcl oral capsule .....	12	VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML .....	12
uredeb .....	29	VANDAZOLE .....	12	vienva .....	42
UREMEZ-40 .....	29	VANOS .....	29	VIGAMOX .....	47
URESOL .....	29	VANRAFIA.....	37	VIIBRYD.....	15
UROCIT-K 10.....	35	VAQTA.....	45	vilazodone hcl.....	15
UROCIT-K 15.....	35	vardenafil hcl oral tablet .....	34	VIMPAT ORAL.....	14
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG).....	35	varenicline .....	11	viorele .....	42
UROXATRAL .....	38	VARIVAX .....	45	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG .....	19
URSO 250 ORAL TABLET 250 MG.	37	VASCEPA ORAL CAPSULE 0.5 GM.....	23	VIREAD ORAL TABLET 300 MG ...	20
URSO FORTE.....	37	VASCEPA ORAL CAPSULE 1 GM... 23		VISTARIL ORAL CAPSULE 25 MG. 20	
URSODIOL ORAL CAPSULE 200 MG, 400 MG.....	37	VASERETIC.....	23	VITAFOL FE+.....	35
ursodiol oral capsule 300 mg .....	37	VASOTEC.....	23	VITAFOL ULTRA .....	35
ursodiol oral tablet .....	37	velivet.....	41	VITAFOL-OB .....	35
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	44	VELPHORO.....	37	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	35
<b>V</b>					
VAGIFEM .....	41	VELTASSA .....	35	VITATHELY WITH GINGER .....	35
valacyclovir hcl oral.....	19	VEMLIDY.....	19	VITRAKVI .....	18
VALCYTE ORAL TABLET .....	19	VENCLEXTA.....	18	VIVELLE-DOT.....	42
valganciclovir hcl oral tablet .....	19	venlafaxine hcl.....	15	VIVJOA.....	16
		venlafaxine hcl er .....	15	VIVOTIF.....	45
		VENTOLIN HFA .....	51	VOGELXO .....	43
		VEOZAH .....	25	VOGELXO PUMP.....	43
		verapamil hcl er.....	23		
		verapamil hcl oral.....	23		
		VERELAN.....	23		

volnea .....	42	WINLEVI .....	29	yuvafem.....	42
VOQUEZNA .....	36	wixela inhub.....	51		
VOQUEZNA DUAL PAK .....	36			<b>Z</b>	
VOQUEZNA TRIPLE PAK.....	36	<b>X</b>			
voriconazole oral tablet .....	16	XACIATO .....	12	zafemy .....	42
VORTEX HOLD CHMBR/MASK/ CHILD DEVICE.....	51	XALATAN.....	48	zafirlukast.....	51
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE .....	51	XANAX .....	20	zaleplon.....	52
VORTEX VALVE CHAMBER-PEDI MASK.....	51	XANAX XR.....	20	ZANAFLEX .....	51
VORTEX VALVED HOLDING CHAMBER.....	51	xarah fe .....	42	ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG.....	51
VOSEVI.....	20	XARELTO.....	13	ZARONTIN .....	14
VOYDEYA.....	33	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ..	14	ZARXIO.....	33
VRAYLAR.....	19	XDEMYVY.....	47	ZAVZPRET.....	16
VTAMA .....	29	XELJANZ.....	44	ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	10
VUMERITY .....	25	XELJANZ XR .....	44	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	33
vyfemla .....	42	XELODA .....	18	ZEJULA .....	18
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vylibra .....	42	XHANCE.....	49	ZEMBRACE SYMTOUCH.....	16
VYNDAMAX.....	37	XIFAXAN .....	12	zenatane .....	29
VYNDAQEL.....	23, 37	XIGDUO XR .....	33	ZENPEP.....	37
VYTORIN.....	23	XIIDRA .....	48	ZENZEDI .....	24
VYVANSE.....	24	XOFLUZA (40 MG DOSE).....	20	ZEPOSIA .....	25
VYZULTA .....	48	XOFLUZA (80 MG DOSE).....	20	ZESTORETIC.....	23
		XOLAIR.....	51	ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG.....	23
<b>W</b>		XOPENEX HFA .....	51	ZESTRIL TABLET 10 MG ORAL ....	23
WAINUA .....	15	XTAMPZA ER.....	10	ZESTRIL TABLET 20 MG ORAL ....	23
WAKIX.....	52	XTANDI.....	18	ZESTRIL TABLET 5 MG ORAL .	23, 24
warfarin sodium oral.....	13	xulane.....	42	ZETIA .....	24
WELCHOL ORAL TABLET.....	23	xurea .....	29	ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT .....	49
WELLBUTRIN SR.....	15	XYOSTED.....	43	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG .....	24
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		YORVIPATH .....	46		
		YUPELRI.....	51		

ZITHROMAX .....	12
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zolmitriptan nasal solution 5 mg ..	16
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ZOLOFT .....	15
zolpidem tartrate er .....	52
zolpidem tartrate oral tablet .....	52
ZOMIG NASAL SOLUTION 2.5 MG	16
ZOMIG NASAL SOLUTION 5 MG ..	16
ZOMIG ORAL TABLET 5 MG .....	16
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zovia 1/35 (28) .....	42
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ZTLIDO .....	10
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ZYLET .....	47
ZYLOPRIM ORAL TABLET 100 MG, 300 MG .....	16
ZYPREXA ORAL .....	19
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG .....	19
ZYTIGA .....	18
ZYVOX ORAL TABLET .....	12

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

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

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

**ចំណាំ:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាភីតិភីត្រៃ និងការទំនាក់ទំនងភីតិភីត្រៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វថ្ងៃមកលេខភីតិភីត្រៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**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.

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