



# Your 2025 Prescription Drug List

## Louisiana Essential 4-Tier

Effective May 1, 2025



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2025 and is subject to change after this date. This PDL applies to members of fully insured groups with corporate offices located in Louisiana. 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?

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

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

## Why are some medications excluded from coverage?

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

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

## Who decides which medications are covered?

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

## About this PDL

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

# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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



# Reading your PDL (continued)

## Drug list information

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

<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>NF</b>	<b>Non-Formulary</b> Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
<b>PA</b>	<b>Prior authorization</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>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</b> – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.



# 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 consult plan documents regarding benefit coverage and cost-share.

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

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

- **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 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 solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	NF	QL
apap-caff-dihydrocodeine	NF	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	NF	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	NF	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	NF	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	NF	PA, QL
DILAUDID ORAL TABLET	NF	QL
endocet	1	QL
ESGIC	4	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NF	PA, QL

Drug Name	Drug Tier	Requirements & Limits
FIORICET	4	QL
FIORICET/CODEINE	NF	QL
GEN7T EXTERNAL PATCH 3.5 %	NF	
glydo	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	NF	PA, QL
LIDODERM	NF	PA, QL
LIDOTRAL 1	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	NF	PA, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	NF	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	NF	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	NF	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	NF	PA, QL
oxymorphone hcl er	3	PA, QL
PERCOCET	NF	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	NF	QL
ROXICODONE	NF	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 75 mg, 25 mg	NF	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	NF	QL
TRIDACAINE II	NF	PA, QL
TRIDACAINE III	NF	PA, QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ANAPROX DS	NF	
ARTHROTEC	NF	
CATAFLAM ORAL TABLET 50 MG	NF	
CELEBREX	NF	QL
celecoxib oral	2	QL
DAYPRO	4	
diclofenac potassium oral tablet 25 mg	NF	QL
diclofenac potassium oral tablet 50 mg	2	

Drug Name	Drug Tier	Requirements & Limits
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	NF	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
DICLOFONO	NF	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
flurbiprofen oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
INDOMETHACIN ORAL CAPSULE 20 MG	NF	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
LODINE	NF	
LOFENA	NF	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	NF	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	NF	
RELAFEN ORAL TABLET 500 MG, 750 MG	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sulindac oral	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	NF	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	
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 polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
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	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 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	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H

Drug Name	Drug Tier	Requirements & Limits
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	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
NICOTROL	4	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	NF	PA, QL
THRIVE	4	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG	NF	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	4	
azithromycin oral	1	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefixime	3	
cefepodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
CLEOCIN VAGINAL CREAM	4	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	4	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	4	
ERY-TAB	4	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin oral	3	
FIRVANQ	4	
FLAGYL	NF	
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	4	
levofloxacin oral tablet	1	
LIKMEZ	4	
linezolid oral tablet	2	
LYMEPAK ORAL TABLET 100 MG	NF	
MACROBID	4	
MACRODANTIN	4	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
MONDOXYNE NL	4	
MONUROL ORAL PACKET 3 GM	4	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	NF	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SEYSARA	NF	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	NF	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	4	
XIFAXAN	NF	PA, QL
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	NF	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NF	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	NF	PA
BANZEL	NF	PA
BRIVIACT ORAL	NF	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	NF	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	NF	PA
EPIDIOLEX	4	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	4	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA
FINTEPLA	NF	PA
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	NF	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	NF	PA
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	NF	PA
KEPPRA XR	NF	PA
lacosamide oral	2	
LAMICTAL	NF	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	PA
lamotrigine er	NF	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	NF	PA
levetiracetam er	2	
levetiracetam oral	1	
LIBERVANT	3	PA, QL
MOTPOLY XR	4	PA
MYSOLINE	NF	PA
NAYZILAM	3	PA, QL
NEURONTIN	NF	PA
ONFI	4	PA
oxcarbazepine	1	
oxcarbazepine er	NF	
OXTELLAR XR	NF	
phenobarbital oral	1	

Drug Name	Drug Tier	Requirements & Limits
phenytek oral capsule 200 mg	1	
phenytek oral capsule 300 mg	4	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
subvenite	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	NF	
TEGRETOL-XR	NF	
TOPAMAX	NF	PA
TOPAMAX SPRINKLE	NF	PA
topiramate er oral capsule extended release 24 hour	NF	
topiramate oral	1	
TRILEPTAL	NF	PA
TROKENDI XR	NF	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	3	PA, QL, SP
vigadrone oral packet	3	PA, QL, SP
vigpoder	3	PA, QL, SP
VIMPAT ORAL SOLUTION	4	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI	NF	PA
ZARONTIN	4	
ZONEGRAN	NF	PA
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	NF	
donepezil hcl oral tablet 10 mg, 5 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
donepezil hcl oral tablet 23 mg	2	
EXELON	NF	
galantamine hydrobromide er	1	
memantine hcl er	3	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	NF	
NAMENDA TITRATION PAK	NF	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	NF	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4	
rivastigmine	3	
rivastigmine tartrate	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
ANAFRANIL	NF	
AUVELITY	NF	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	NF	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
EFFEXOR XR	NF	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	NF	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	QL
FORFIVO XL	NF	QL
imipramine hcl oral	1	
LEXAPRO	NF	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL
PAMELOR	NF	
PARNATE	4	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
PAXIL CR	NF	QL
PAXIL ORAL TABLET	NF	
PRISTIQ	NF	QL
protriptyline hcl	1	
PROZAC	NF	
REMERON	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	NF	
SERTRALINE HCL ORAL CAPSULE	NF	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
SYMBYAX	4	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	NF	QL
VIIBRYD	NF	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
vilazodone hcl	3	QL
WAINUA	3	PA, QL, SP
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT	NF	
ZURZUVAE	3	PA, QL, SP

#### Antiemetics - Drugs for Nausea and Vomiting

ANTIVERT ORAL TABLET	NF	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	NF	PA
doxylamine-pyridoxine	NF	PA
dronabinol	1	
EMEND ORAL CAPSULE	NF	QL
granisetron hcl oral	2	
MARINOL ORAL CAPSULE 10 MG, 5 MG	NF	
MARINOL ORAL CAPSULE 2.5 MG	NF	
meclizine hcl oral tablet	NF	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	NF	

Drug Name	Drug Tier	Requirements & Limits
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	NF	

#### Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	NF	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	NF	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	NF	
LOPROX EXTERNAL SHAMPOO 1 %	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE	NF	
nyamyc	1	QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	4	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	NF	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	NF	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	NF	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	3	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
AJOVY	NF	PA, ST, QL
almotriptan malate	4	QL
eletriptan hydrobromide	3	QL
EMGALITY	3	PA, ST, QL
FROVA	NF	QL

Drug Name	Drug Tier	Requirements & Limits
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	NF	QL
IMITREX STATDOSE SYSTEM	NF	QL
MAXALT	NF	QL
MAXALT-MLT	NF	QL
naratriptan hcl	1	QL
NURTEC	3	PA, ST, QL
QULIPTA	3	PA, ST, QL
RELPAX	NF	QL
REYVOW	NF	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	NF	QL
UBRELVY	3	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	NF	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	NF	QL
zolmitriptan nasal solution 5 mg	NF	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL	NF	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Antimythasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
MESTINON ORAL TABLET	NF	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	NF	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
rifabutin	1	
rifampin oral	1	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate oral tablet 250 mg	3	PA, QL, SP
abiraterone acetate oral tablet 500 mg	NF	PA, QL, SP
AFINITOR	NF	PA, QL, SP
ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	NF	
ARIMIDEX	NF	
AROMASIN	NF	
AUGTYRO ORAL CAPSULE	3	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	NF	PA, ST, QL, SP
BRUKINSA	4	PA, ST, QL, SP
CABOMETYX	3	PA, QL, SP
CALQUENCE	3	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	3	PA, QL, SP
capecitabine	2	QL, SP
CASODEX	4	
COTELLIC	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
cyclophosphamide oral capsule	3	
dasatinib	3	PA, ST, QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	3	PA, QL
ERLEADA ORAL TABLET 60 MG	3	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	PA, QL, SP
FEMARA	NF	
GAVRETO	4	PA, QL, SP
GLEEVEC	NF	PA, QL, SP
HYDREA	4	
hydroxyurea oral	1	
IBRANCE	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	4	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA, QL, SP
IDHIFA	3	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	3	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	NF	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	3	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	3	PA, SP
INLYTA	4	PA, QL, SP
JAKAFI	3	PA, QL, SP
KISQALI (200 MG DOSE)	NF	PA, ST, QL, SP
KISQALI (400 MG DOSE)	NF	PA, ST, QL, SP
KISQALI (600 MG DOSE)	NF	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	3	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG	4	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	NF	PA, QL, SP
LUMAKRAS ORAL TABLET	4	PA, QL, SP
LYNPARZA	3	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	3	PA, QL, SP
NINLARO	3	PA, QL, SP
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP
ORGOVYX	4	PA, QL, SP
pazopanib hcl	NF	PA, QL, SP
PIQRAY	3	PA, QL, SP
POMALYST	4	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK ORAL CAPSULE	3	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	NF	PA, ST, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP
TAGRISSO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	3	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	NF	PA, SP
temozolomide	1	PA, SP
torpenz	3	PA, QL, SP
TRUQAP ORAL TABLET	3	PA, QL, SP
VENCLEXTA	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XELODA	NF	QL, SP
XTANDI	3	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	3	PA, QL, SP
ZELBORAF	3	PA, QL, SP
ZYTIGA	NF	PA, QL, SP

#### Antiparasitics - Drugs for Parasitic Infections

albendazole oral	3	PA, QL
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	NF	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	NF	
SOVUNA	NF	
STROMEKTOL	4	PA, QL

#### Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral	1	
AZILECT	NF	ST
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	4	
CREXONT	NF	
DHIVY	NF	
entacapone	1	
INBRIJA	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	SP
NEUPRO	NF	
PARLODEL ORAL TABLET	NF	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	NF	ST
ropinirole hcl	1	
RYTARY	NF	
SINEMET	4	
STALEVO 100 ORAL TABLET 25-100-200 MG	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4	
STALEVO 200 ORAL TABLET 50-200-200 MG	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	NF	
PLAVIX	NF	
prasugrel hcl	3	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	NF	
aripiprazole oral solution	4	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
fluphenazine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
GEODON ORAL	NF	
haloperidol oral	1	
INVEGA	NF	QL
LATUDA	NF	QL
loxapine succinate	1	
lurasidone hcl	2	QL
NUPLAZID ORAL CAPSULE	4	PA
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	NF	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	NF	
risperidone	1	
SAPHRIS	NF	QL
SEROQUEL	NF	
SEROQUEL XR	NF	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	NF	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	NF	
ZYPREXA ZYDIS	NF	
<b>Antivirals - Drugs for Viral Infections</b>		
abacavir sulfate-lamivudine	2	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	NF	
BIKTARVY	4	QL
CIMDUO	2	QL
COMPLERA	4	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	4	QL
DOVATO	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
efavirenz-emtricitab-tenofo df	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	2	
EPCLUSA ORAL TABLET	3	PA, QL, SP
etravirine	2	
famciclovir oral	2	
GENVOYA	4	QL
HARVONI ORAL TABLET	3	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	3	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET	3	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
PIFELTRO	3	
PREVYMIS ORAL	3	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU	NF	
tenofovir disoproxil fumarate	2	H-PA

Drug Name	Drug Tier	Requirements & Limits
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	NF	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	NF	
valganciclovir hcl oral tablet	1	
VALTREX	NF	QL
VEMLIDY	NF	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZIRGAN	4	
ZOVIRAX EXTERNAL OINTMENT	NF	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	NF	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lorazepam oral tablet	1	
oxazepam	1	
TRANXENE-T ORAL TABLET 7.5 MG	4	
triazolam	1	
VALIUM	NF	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4	
XANAX	NF	
XANAX XR	NF	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	4	
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-olmesartan	NF	
ATACAND	NF	
ATACAND HCT	NF	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	NF	
AVAPRO	NF	
AZOR	NF	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	NF	
BENICAR HCT	NF	
BETAPACE	NF	
BETAPACE AF	4	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	NF	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	4	
CAMZYOS	4	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	NF	
CARDIZEM CD	NF	
CARDIZEM LA	NF	
CARDURA	4	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	NF	
CATAPRES-TTS-1	NF	
CATAPRES-TTS-2	NF	
CATAPRES-TTS-3	NF	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	3	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	3	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	4	
colestipol hcl oral tablet	1	
COREG	NF	
COREG CR	NF	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	4	
CORLANOR	3	PA, QL
COZAAR	NF	
CRESTOR	NF	
digitek oral tablet 125 mcg, 250 mcg	1	
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	NF	
DIOVAN HCT	NF	
dofetilide	2	
doxazosin mesylate oral	1	
EDARBI	NF	
EDARBYCLOR	NF	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	4	PA, QL
EPANED	4	PA
eplerenone	2	
EXFORGE	NF	
ezetimibe	2	
ezetimibe-simvastatin	NF	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	NF	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	3	
FENOGLIDE	NF	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	NF	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	NF	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	NF	
icosapent ethyl	NF	PA
indapamide	1	
INDERAL LA	NF	
INSPRA	NF	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ISORDIL TITRADOSE	NF	
isosorb dinitrate-hydralazine	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA, QL
KAPSPARGO SPRINKLE	4	
KERENDIA	NF	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	4	
LASIX	4	
LIPITOR	NF	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	NF	ST
LODOCO	4	QL
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	NF	
lovastatin oral	1	H
LOVAZA	NF	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	

Drug Name	Drug Tier	Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	NF	
MICARDIS HCT	NF	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	NF	PA
nadolol oral	1	
nebivolol hcl	3	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	2	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	NF	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	NF	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	NF	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 200 MG	4	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	1	
pitavastatin calcium	NF	ST
PRALUENT	NF	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	NF	
propafenone hcl	1	
propafenone hcl er	4	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
quinapril hcl	1	
ramipril	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	NF	
ranolazine er	2	
RECTIV	NF	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	NF	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	NF	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	4	

Drug Name	Drug Tier	Requirements & Limits
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	NF	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	NF	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	NF	
TENORETIC 50	NF	
TENORMIN	NF	
THALITONE	NF	
tiadylt er	2	
TIAZAC	4	
TIKOSYN	4	
TOPROL XL	NF	
toremide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
TRIBENZOR	NF	
TRICOR	NF	
TRILIPIX	NF	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	NF	PA
VASERETIC	NF	
VASOTEC	NF	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VERQUVO	NF	PA, QL
VYTORIN	NF	
WELCHOL ORAL TABLET	NF	
ZESTORETIC	NF	
ZESTRIL	NF	
ZETIA	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	NF	

### Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	NF	
ADDERALL XR	NF	QL
ADZENYS XR-ODT	NF	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
AZSTARYS	3	ST, QL
clonidine hcl er	3	
CONCERTA	NF	QL
COTEMPLA XR-ODT	NF	QL
DEXEDRINE	NF	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	NF	

Drug Name	Drug Tier	Requirements & Limits
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	NF	QL
EVEKEO	NF	
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	3	ST, QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	NF	
lisdexamfetamine dimesylate	3	QL
METADATE CD	NF	QL
METHYLIN	NF	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	NF	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	NF	QL
methylphenidate hcl er (xr)	NF	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	NF	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	NF	QL
QELBREE	NF	PA, QL
QUILLICHEW ER	NF	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QUILLIVANT XR	NF	QL
RELEXXII	NF	QL
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA	NF	QL
VYVANSE	NF	QL
ZENZEDI	NF	

### Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	NF	PA, QL, SP
AUBAGIO	NF	PA, QL, SP
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
dalfampridine er	3	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA	NF	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT	4	PA, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NF	PA, QL, SP
teriflunomide	3	PA, QL, SP

### Central Nervous System Agents - Miscellaneous

AUSTEDO	3	PA, QL, SP
AUSTEDO XR	3	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	3	PA, QL, SP
HORIZANT	NF	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	3	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	3	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	3	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	4	PA, QL, SP
RADICAVA ORS STARTER KIT	4	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	4	PA, QL, SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	4	PA
VEOZAH	4	PA, QL
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA, ST, SP

### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
EVOXAC	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
SALAGEN	4	
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	NF	PA
ACANYA	NF	QL
acutane	2	
acitretin	1	
ACZONE	NF	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL

Drug Name	Drug Tier	Requirements & Limits
adapalene-benzoyl peroxide external gel 0.3-2.5 %	NF	QL
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	NF	
alclometasone dipropionate	1	
amnesteem	2	
AMZEEQ	NF	QL
ATRALIN	NF	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	NF	
AVAR-E EMOLLIENT	NF	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	NF	
AVAR-E LS EXTERNAL CREAM 10-2 %	NF	
AVITA EXTERNAL CREAM 0.025 %	NF	PA, QL
AVITA EXTERNAL GEL 0.025 %	NF	PA
azelaic acid external	3	
AZELEX	NF	QL
BENZAMYCIN	NF	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC	NF	
CIBINQO	3	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	NF	
clindacin	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	NF	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phosphate gel 1 % external	2	QL
clindamycin phosphate gel 1 % external	NF	(generic for Clindagel), QL
clobetasol prop emollient base external cream 0.05 %	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	NF	QL
clobetasol propionate external gel	2	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	NF	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	NF	QL
CLOBEX SPRAY	NF	QL
clodan	NF	QL
clotrimazole external cream	NF	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	NF	QL
DERMACINRX UREA	NF	
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIPROLENE	4	
doxycycline	NF	
DRYSOL	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA, QL, SP
EFUDEX	4	
ELIDEL	NF	QL
ENSTILAR	4	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EPIDUO	NF	QL
EPIDUO FORTE	NF	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCLIN EXTERNAL FOAM 1 %	NF	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	NF	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	NF	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	NF	
hydrocortisone external cream 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external lotion 2 %	4	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	QL
HYDROXYM EXTERNAL CREAM	NF	
imiquimod external cream 3.75 %	NF	QL
imiquimod external cream 5 %	1	
imiquimod pump	NF	QL
IMPOYZ	NF	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	NF	PA
ivermectin external cream	NF	QL
KLARON	4	
KLISYRI (250 MG)	4	ST, QL
KLISYRI (350 MG)	4	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	NF	
METROCREAM	4	
METROGEL	NF	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	NF	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
neuac	3	QL
NORITATE	NF	
OLUX EXTERNAL FOAM 0.05 %	NF	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONEXTON	NF	QL
OPZELURA	NF	PA, QL, SP
ORACEA	NF	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	NF	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
RETIN-A	NF	PA, QL
RHOFADE	NF	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	4	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
spinosad	3	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	NF	
SUMADAN WASH	NF	
SYNALAR EXTERNAL OINTMENT	NF	QL

Drug Name	Drug Tier	Requirements & Limits
SYNALAR EXTERNAL SOLUTION 0.01 %	NF	QL
TACLONEX	NF	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	NF	QL
tacrolimus external	2	QL
tazarotene external cream 0.1 %	3	PA, QL
TAZORAC EXTERNAL CREAM	NF	PA, QL
TOLAK	NF	
TOPICORT EXTERNAL CREAM	4	QL
TOPICORT EXTERNAL OINTMENT	4	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	NF	QL
tretinoin external gel 0.05 %	NF	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbase	NF	
TRIANEX EXTERNAL OINTMENT 0.05 %	NF	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	NF	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %	NF	
UREA EXTERNAL CREAM 39.5 %	NF	
urea external cream 41 %, 47 %	NF	
uredeb	NF	
UREMEZ-40	3	
URESOL	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VANOS	NF	QL
VTAMA	4	PA, QL
WINLEVI	NF	PA, QL
xurea	NF	
zenatane	2	
ZILXI	NF	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL
ZYCLARA	NF	QL
ZYCLARA PUMP	NF	QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	NF	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	

Drug Name	Drug Tier	Requirements & Limits
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS 333	NF	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	NF	
CONTOUR NEXT EZ KIT W/ DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	NF	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	NF	
CONTOUR NEXT LINK KIT W/ DEVICE	NF	(Contour Next Link 24 )
CONTOUR NEXT MONITOR KIT W/DEVICE	2	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT ONE KIT	NF	
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS BLUE	NF	
CONTOUR PLUS TEST	NF	QL
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL
CVS GLUCOSE METER TEST STRIPS	NF	QL
CVS NEEDLE COLLECTION/ DISPOSAL	3	
D-CARE BLOOD GLUCOSE	NF	QL
D-CARE GLUCOMETER	NF	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX BLOOD GLUCOSE TEST	NF	QL
EASY MAX T1 GLUCOSE SYSTEM	NF	
EASY TOUCH HEALTHPRO GLUCOSE	NF	
EASY TOUCH TEST	NF	QL
EASYGLUCO	NF	
EASYMAX 15 TEST	NF	QL
EASYMAX NG BLOOD GLUCOSE KIT	NF	
EMBRACE BLOOD GLUCOSE TEST	NF	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	NF	QL
ENLITE GLUCOSE SENSOR	3	PA

Drug Name	Drug Tier	Requirements & Limits
EQ BLOOD GLUCOSE TEST	NF	QL
EVERSENSE 365 SENSOR/ HOLDER	NF	PA
EVERSENSE 365 SMART TRANSMIT	NF	PA
EVERSENSE E3 SENSOR/ HOLDER	NF	PA
EVERSENSE E3 SMART TRANSMITTER	NF	PA
EVERSENSE SENSOR/HOLDER	NF	PA
EVERSENSE SMART TRANSMITTER	NF	PA
FORA 6 CONNECT/GTEL TEST	NF	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	NF	QL
FORTISCARE TEST IN VITRO STRIP	NF	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	NF	
FREESTYLE PRECISION NEO TEST	NF	QL
FREESTYLE TEST	NF	QL
GLUCOCARD EXPRESSION TEST	NF	QL
GLUCOCARD SHINE TEST	NF	QL
GLUCOCARD VITAL TEST	NF	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	NF	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	NF	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	NF	
MM BLOOD GLUCOSE SYSTEM REFILL	NF	
MM BLULINK GLUCOSE TEST	NF	QL
MM EASY TOUCH GLUCOSE METER	NF	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	NF	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	NF	QL
ON CALL EXPRESS MONITORING SYS	NF	
ONETOUCH DELICA LANCETS	1	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	NF	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	NF	QL
PRECISION XTRA	3	
PRECISION XTRA BLOOD GLUCOSE	NF	QL
PREMIUM BLOOD GLUCOSE TEST	NF	QL
PTS PANELS EGLU TEST	NF	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL
RELION TRUE MET AIR GLUC METER	NF	
RELION TRUE METRIX TEST STRIPS	NF	QL
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
RIGHTTEST GT333 GLUCOSE TEST	NF	QL
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	NF	

Drug Name	Drug Tier	Requirements & Limits
TEMPO WELCOME	NF	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER KIT	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER KIT	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TRUETRACK TEST	NF	QL
UNISTRIP1 GENERIC	NF	QL
VERIFINE SHARPS CONTAINER	3	
VIVAGUARD INO GLUCOSE METER KIT	NF	
VIVAGUARD INO TEST STRIPS	NF	QL
<b>Diabetes - Insulin</b>		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
BASAGLAR KWIKPEN	NF	QL
BASAGLAR TEMPO PEN	NF	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	NF	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	NF	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
INSULIN ASPART	NF	ST, QL
INSULIN ASPART FLEXPEN	NF	ST, QL
INSULIN DEGLUDEC FLEXTouch	NF	QL
INSULIN GLARGINE	NF	QL
INSULIN GLARGINE MAX SOLOSTAR	NF	QL
INSULIN GLARGINE SOLOSTAR	NF	QL
INSULIN LISPRO	2	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	NF	QL
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN	NF	ST, QL
NOVOLIN R FLEXPEN RELION	NF	ST, QL
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
NOVOLOG FLEXPEN	NF	ST, QL
NOVOLOG FLEXPEN RELION	NF	ST, QL
NOVOLOG RELION	NF	ST, QL

Drug Name	Drug Tier	Requirements & Limits
NOVOLOG U-100 VIAL	NF	ST, QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
TRESIBA FLEXTouch	NF	QL
<b>Diabetes - Non-Insulin Agents</b>		
acarbose oral	1	
ACTOPLUS MET	NF	QL
ACTOS	NF	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	NF	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	NF	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA, QL
BYETTA 10 MCG PEN	3	PA, QL
BYETTA 5 MCG PEN	3	PA, QL
CYCLOSET	NF	
DAPAGLIFLOZIN PRO-METFORMIN ER	NF	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	NF	ST, QL
FARXIGA	NF	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	NF	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	NF	
glipizide xl	1	
glipizide-metformin hcl	2	
glucagon emergency kit 1 mg injection	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	NF	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)
GLUCOTROL XL	4	
GLUMETZA	NF	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	4	
GLYXAMBI	2	ST, QL
INVOKANA	NF	ST, QL
JANUMET	NF	ST, QL
JANUMET XR	NF	ST, QL
JANUVIA	NF	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	NF	QL
LIRAGLUTIDE	3	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral solution	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	NF	
MOUNJARO	3	PA, QL
nateglinide	2	QL
ONGLYZA	NF	QL
OZEMPIC	3	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	3	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL

Drug Name	Drug Tier	Requirements & Limits
SOLIQUA	2	QL
SYMLINPEN 120	NF	QL
SYMLINPEN 60	NF	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	3	PA, QL
XIGDUO XR	NF	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	SP
ALTUVIIO	4	PA, SP
ALVAIZ	4	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	3	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	4	PA, QL, SP
ELOCTATE	NF	PA, SP
FABHALTA	3	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	3	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	NF	PA, SP
HEMOFIL M	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	3	SP
IDELVION	4	SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
NEULASTA	3	
NIVESTYM	NF	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
NYVEPRIA	NF	
PROMACTA ORAL TABLET	NF	PA, SP
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
VOYDEYA ORAL TABLET	3	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	3	PA, SP
WILATE	3	
ZARXIO	3	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	4	PA, QL
avanafil	3	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
IMVEXXY STARTER PACK	2	QL
INTRAROSA	NF	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
vardeafil hcl oral tablet	3	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL
<b>Electrolytes / Vitamins</b>		
ACCRUFER	NF	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	NF	
CARNITOR SF	NF	
CITRANATAL 90 DHA	4	
CITRANATAL ASSURE	4	
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	NF	
deferasirox oral tablet	3	PA, SP
DENTA 5000 PLUS SENSITIVE	3	
DODEX	4	
DRISDOL	4	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLORIVA PLUS	NF	
FLUORIMAX 5000 SENSITIVE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE	NF	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	NF	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	NF	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	NF	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	NF	
NAFRINSE CHW 1MG F	1	H
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NASCOBAL	4	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	4	
POKONZA	NF	
POLY-VI-FLOR ORAL TABLET CHEWABLE	NF	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	NF	
PRENATRIX	NF	
PRENATRYL	NF	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	NF	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	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 mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	4	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA ORAL PACKET 1 GM	3	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA, QL
virt-pn dha oral capsule 27-0.6-0.4-300 mg	4	
VITAFOL FE+	3	

Drug Name	Drug Tier	Requirements & Limits
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	4	
WESCAP-PN DHA	4	
wes-phos 250 neutral	1	
WESTAB PLUS	NF	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	NF	QL
bis subcit-metronid-tetracyc	NF	QL
bismuth/metronidaz/tetracyclin	NF	QL
CARAFATE	NF	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	NF	QL
dexlansoprazole	NF	QL
esomeprazole magnesium oral capsule delayed release	NF	QL
esomeprazole magnesium oral packet	4	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	NF	
lansoprazole oral capsule delayed release	NF	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	NF	QL
NEXIUM ORAL PACKET	4	PA, ST, QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	NF	
PREVACID	NF	QL
PREVACID SOLUTAB	NF	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	2	PA, QL
AMITIZA	NF	PA, QL
ANASPAZ	2	
BYLVAY	NF	PA, QL, SP
BYLVAY (PELLETS)	NF	PA, QL, SP
chlordiazepoxide-clidinium	NF	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	NF	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	

Drug Name	Drug Tier	Requirements & Limits
GLYCATE	NF	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
GOLYTELY	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	NF	PA, ST, QL
IQIRVO	4	PA, ST, QL, SP
KRISTALOSE ORAL PACKET 10 GM	4	
KRISTALOSE ORAL PACKET 20 GM	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	NF	
LINZESS	2	PA, QL
LOMOTIL	4	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OCALIVA	4	PA, ST, QL, SP
opium	1	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RELTONE	NF	
ROBINUL	NF	
ROBINUL-FORTE	NF	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	NF	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	NF	
URSO FORTE	NF	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	NF	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	4	PA, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CARNITOR ORAL TABLET	NF	
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
EVRYSDI	3	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	3	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	3	PA, QL
levocarnitine oral tablet	1	
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	3	PA, QL, SP
STRENSIQ	3	PA, QL, SP
SUCRAID	3	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	3	PA, QL, SP
VYNDAMAX	3	PA, QL, SP
ZENPEP	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	NF	
DETROL LA	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	NF	
EDEX	3	QL
ELMIRON	NF	ST
GEMTESA	NF	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	4	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	NF	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	4	SP
tolterodine tartrate	3	ST
tolterodine tartrate er	NF	
tropium chloride	3	
tropium chloride er	NF	
UROGESIC-BLUE	2	
VELPHORO	4	ST
VESICARE	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	NF	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	NF	
PROSCAR	NF	
RAPAFLO	NF	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	NF	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
ACTIVELLA	4	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
abra eq	1	H
abra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H

Drug Name	Drug Tier	Requirements & Limits
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	2	
balziva	1	H
BEYAZ	NF	
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	3	
camrese lo	3	
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	3	
dotti	2	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	NF	
DUAVEE	4	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elonest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
FEMRING	4	QL
femynor oral tablet 0.25-35 mg-mcg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
finzala	1	H
fyavolv	3	
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
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	NF	
jencycla	1	H
jinteli	3	
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	2	
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	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
lojaimiess	3	
loryna	NF	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	NF	
low-ogestrel	1	H
lo-zumandimine	NF	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
microgestin fe 1/20	1	H
mili	1	H
mimvey	2	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	NF	
MINIVELLE	NF	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	NF	
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	NF	
nikki	NF	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H

Drug Name	Drug Tier	Requirements & Limits
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	NF	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	NF	
opcicon one-step	1	H
option 2	1	H
PHEXXI	NF	PA
philith	1	H
pimtrea	2	
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	4	
progesterone intramuscular	1	
progesterone oral	2	
PROMETRIUM	NF	
PROVERA	4	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	NF	
react	1	H
reclipsen	1	H
rivelsa	1	H
SAFYRAL	NF	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	NF	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	4	PA, ST

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
sprintec 28	1	H
sronyx	1	H
syeda	NF	
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tilia fe	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TWIRLA	NF	
TYBLUME	1	
tydemy	NF	
VAGIFEM	NF	
velivet	1	H
vestura	NF	
vienva	1	H
viorele	2	
VIVELLE-DOT	NF	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H

Drug Name	Drug Tier	Requirements & Limits
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	NF	
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	4	
DEXABLISS	NF	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	NF	
fludrocortisone acetate oral	1	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	NF	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	

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Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	NF	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP ORAL	NF	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	4	QL
methylergonovine maleate oral	1	QL
NGENLA	4	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	3	PA, QL, SP
NUTROPIN AQ NUSPIN 10	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 20	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 5	NF	PA, QL, SP
OMNITROPE	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	PA, QL
ANDROGEL PUMP	NF	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	NF	PA, QL
KYZATREX	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
NATESTO	NF	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	NF	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 10 mg/act (2%) transdermal	NF	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	NF	PA, QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	NF	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	NF	PA, QL
testosterone gel 50 mg/5gm (1%) transdermal	NF	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 25 mg/2.5gm (1%)	NF	PA, QL
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
XYOSTED	NF	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	NF	
ARMOUR THYROID	3	
CYTOMEL	NF	
ERMEZA	3	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	NF	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
propylthiouracil oral	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
thyroid oral	1	
TIROSINT	NF	
TIROSINT-SOL	NF	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, QL, SP
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	NF	PA, SP
ABRILADA (2 SYRINGE)	NF	PA, QL, SP
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	NF	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	NF	PA, (manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	NF	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	NF	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, (manufactured by Celltrion), QL, SP

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	NF	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	NF	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	3	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADB (2 SYRINGE)	NF	PA, (manufactured by Boehringer), QL, SP
ADALIMUMAB-ADB(CD/UC/HS STRT)	NF	PA, (manufactured by Boehringer), SP
ADALIMUMAB-ADB(PS/UV STARTER)	NF	PA, (manufactured by Boehringer), SP
ADALIMUMAB-FKJP (2 PEN)	NF	PA, (manufactured by Biocon), QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	NF	PA, (manufactured by Biocon), QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
AMJEVITA FOR NUVAILA	3	PA, QL, SP
ARAVA	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
BIMZELX	4	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	NF	
CELLCEPT ORAL TABLET	NF	
CIMZIA	NF	PA
CIMZIA (2 SYRINGE)	3	PA, QL, SP
CIMZIA-STARTER	3	PA, QL, SP
CINRYZE	NF	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	3	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, QL, SP
COSENTYX SENSOREADY PEN	3	PA, QL, SP
COSENTYX UNOREADY	3	PA, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
CYLTEZO (2 PEN)	NF	PA, QL, SP
CYLTEZO (2 SYRINGE)	NF	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	NF	PA, QL, SP
EMPAVELI	3	PA, QL, SP
ENBREL	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENTYVIO PEN	3	PA, (SUBCUTANEOUS), QL, SP
ENVARUSUS XR	NF	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	NF	
gengraf oral capsule	1	
GRASTEK	4	PA, QL
HADLIMA	NF	PA, QL, SP
HADLIMA PUSHTOUCH	NF	PA, QL, SP
HAEGARDA	3	PA, QL, SP
HULIO (2 PEN)	NF	PA, QL, SP
HULIO (2 SYRINGE)	NF	PA, QL, SP
HUMIRA (2 PEN)	3	PA, QL, SP
HUMIRA (2 SYRINGE)	3	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	3	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	3	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	PA, QL, SP
HUMIRA-PSORIASIS/UEVIT STARTER	3	PA, QL, SP
HYFTOR	4	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	NF	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER	NF	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ-PED<40KG CROHN STARTER	NF	PA, QL, SP
HYRIMOZ-PED>/=40KG CROHN START	NF	PA, QL, SP
HYRIMOZ-PLAQ PSOR/UVEIT START	NF	PA, QL, SP
IDACIO (2 PEN)	NF	PA, QL, SP
IDACIO (2 SYRINGE)	NF	PA, QL, SP
IDACIO-CROHNS/UC STARTER	NF	PA, QL, SP
IDACIO-PSORIASIS STARTER	NF	PA, QL, SP
IMURAN	NF	
JYLAMVO	4	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	4	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	4	PA, QL, SP
LUPKYNIS	NF	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	3	
mycophenolic acid	3	
MYFORTIC	NF	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	NF	
OLUMIANT ORAL TABLET 1 MG, 4 MG	4	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	4	PA, ST, QL, SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, (SUBCUTANEOUS), QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA ORAL TABLET 20 MG	3	PA, QL
OTEZLA ORAL TABLET 30 MG	3	PA, QL, SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	PA, QL, SP
OTREXUP	NF	QL

Drug Name	Drug Tier	Requirements & Limits
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	4	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	NF	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMLANDI (1 PEN)	NF	PA, QL, SP
SIMLANDI (2 PEN)	NF	PA, QL, SP
SIMPONI	3	PA, QL, SP
sirolimus oral solution	3	
sirolimus oral tablet	1	
SKYRIZI PEN	3	PA, QL, SP
SKYRIZI SUBCUTANEOUS	3	PA, QL, SP
SOTYKTU	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	NF	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	PA, ST, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	3	PA
TREXALL	2	
XELJANZ	3	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NF	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	NF	PA, SP
YUFLYMA (2 PEN)	NF	PA, QL, SP
YUFLYMA (2 SYRINGE)	NF	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	NF	PA, SP
YUSIMRY	NF	PA, QL, SP
ZORTRESS	NF	

#### Immunological Agents - Drugs for Vaccination

ABRYSVO	3	H
ADACEL	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
COMIRNATY	3	H
ENGERIX-B	2	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

#### Infertility Agents

cetorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	4	
clomiphene citrate oral tablet 50 mg	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
ANUSOL-HC RECTAL	NF	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	NF	
AZULFIDINE	NF	
AZULFIDINE EN-TABS	NF	
balsalazide disodium	1	
budesonide oral	2	
budesonide rectal	2	
CANASA	NF	
COLAZAL	NF	
CORTENEMA	4	
CORTIFOAM	2	
DIPENTUM	NF	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	NF	
hydrocortisone (perianal) external cream 1 %	NF	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	NF	
mesalamine er oral capsule 0.375 gm	NF	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	NF	

Drug Name	Drug Tier	Requirements & Limits
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	NF	
PROCTOCORT	NF	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
ROWASA	NF	QL
SFROWASA	NF	
sulfasalazine oral	1	
UCERIS ORAL	NF	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL	NF	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	NF	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	4	QL
risedronate sodium oral tablet 30 mg, 5 mg	4	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	NF	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA, SP
TYMLOS	4	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	NF	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SENSIPAR	NF	PA
ZEMPLAR ORAL	4	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	NF	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	NF	
bromfenac sodium ophthalmic solution 0.075 %	NF	QL
BROMSITE	NF	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	NF	
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	NF	
PROLENSA	NF	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	NF	
XDEMYY	4	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Ophthalmic Agents - Drugs for Eye Infection and Inflammation</b>		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	NF	QL
BETIMOL	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	NF	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	NF	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
IYUZEH	NF	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL

Drug Name	Drug Tier	Requirements & Limits
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	NF	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	4	
VYZULTA	NF	ST, QL
XALATAN	NF	
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	NF	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	NF	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	NF	PA, QL
difluprednate	3	
DUREZOL	NF	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	NF	PA
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
TYRVAYA	NF	PA, QL
VERKAZIA	4	PA, QL
VEVYE	NF	PA, QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
XIIDRA	4	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	NF	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	NF	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	4	
DERMOTIC	4	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	NF	QL
EPIPEN JR 2-PAK	NF	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl nasal solution 0.15 %	NF	
azelastine-fluticasone	NF	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	NF	
cetirizine hcl oral solution	NF	
CLARINEX	NF	
cyproheptadine hcl oral	1	
desloratadine oral tablet	NF	
DYMISTA	NF	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	NF	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
mometasone furoate nasal	3	QL

See page 6-8 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	NF	
ODACTRA	4	PA, QL
olopatadine hcl nasal	4	
PATANASE NASAL SOLUTION 0.6 %	NF	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	NF	QL
ryvent	NF	
sodium chloride inhalation	1	
XHANCE	NF	ST, QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ACCOLATE	4	
ADVAIR DISKUS	NF	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL

Drug Name	Drug Tier	Requirements & Limits
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NF	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	NF	
albuterol sulfate oral syrup	1	
ANORO ELLIPTA	3	QL
arformoterol tartrate	4	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	3	
BREATHE COMFORT CHAMBER/ CHILD	3	
BREO ELLIPTA	3	QL, RS
brey-na	NF	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	NF	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	NF	QL, RS

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
COMBIVENT RESPIMAT	4	QL
DALIRESP	NF	QL
DULERA	NF	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL
FLEXICHAMBER	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	NF	QL
FLUTICASONE FUROATE-VILANTEROL	NF	QL, RS
FLUTICASONE PROPIONATE HFA	NF	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	NF	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
formoterol fumarate inhalation	NF	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFORMIST	NF	QL
PROCHAMBER VHC	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	NF	QL
PULMICORT FLEXHALER	NF	QL
PULMICORT SUSPENSION	NF	QL
QVAR REDIHALER	2	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	NF	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	NF	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	NF	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	NF	QL
YUPELRI	4	PA, QL
zafirlukast	1	

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA, QL, SP

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	NF	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	3	PA, QL, SP
pirfenidone oral tablet 534 mg	3	PA, QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	NF	PA, QL, SP
ADEMPAS	3	PA, QL, SP
alyq	NF	PA, QL, SP
ambrisentan	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
ORENITRAM	4	PA, QL, SP
REMODULIN	NF	PA
REVATIO ORAL	NF	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	4	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	3	PA, QL, SP
treprostinil	NF	PA

Drug Name	Drug Tier	Requirements & Limits
TYVASO	3	PA
TYVASO DPI INSTITUTIONAL KIT	3	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	3	PA, QL, SP
TYVASO DPI TITRATION KIT	3	PA, QL, SP
TYVASO REFILL KIT	3	PA
TYVASO STARTER KIT	3	PA
UPTRAVI ORAL	4	PA, QL

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	NF	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	NF	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
DANTRIUM ORAL	4	
dantrolene sodium oral	1	
FEXMID	NF	
LORZONE ORAL TABLET 375 MG, 750 MG	NF	
metaxalone	3	
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	NF	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	NF	
ZANAFLEX	4	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
AMBIEN	NF	
AMBIEN CR	NF	
armodafinil	2	QL
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
doxepin hcl oral tablet	NF	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	NF	
modafinil oral	2	QL
NUVIGIL	NF	QL
PROVIGIL	NF	QL
ramelteon	4	ST, QL
RESTORIL	4	
ROZEREM	NF	ST, QL
SILENOR	NF	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	NF	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
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zolpidem tartrate oral tablet	1	

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fluconazole oral	16	FLUTICASONE-SALMETEROL INHALATION AEROSOL	58	FREESTYLE LIBRE 3 SENSOR	33
fludrocortisone acetate oral	47	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	58	FREESTYLE LIBRE READER	33
flunisolide nasal	56	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	58	FREESTYLE PRECISION NEO SYSTEM	33
fluocinolone acetonide body	30	fluvastatin sodium	23	FREESTYLE PRECISION NEO TEST	33
fluocinolone acetonide external cream	30	fluvoxamine maleate	15	FREESTYLE TEST	33
fluocinolone acetonide external ointment	30	fluvoxamine maleate er	15	FROVA	17
fluocinolone acetonide external solution	30	FML FORTE	54	frovatriptan succinate	17
fluocinolone acetonide otic	56	FML LIQUIFILM	54	ft nicotine	11
fluocinolone acetonide scalp	30	FOCALIN	26	ft nicotine mini	11
fluocinonide external cream 0.05 %	30	FOCALIN XR	26	FUROSCIX	23
fluocinonide external cream 0.1 %	30	folic acid oral tablet 1 mg	39	furosemide oral	23
fluocinonide external gel	30	FOLLISTIM AQ	52	fyavolv	45
fluocinonide external ointment	30	fondaparinux sodium	13	FYCOMPA ORAL SUSPENSION	14
fluocinonide external solution	30	FORA 6 CONNECT/GTEL TEST	33	FYCOMPA ORAL TABLET	14
FLUORIDEX	28	FORFIVO XL	15	FYREMADEL	52
FLUORIDEX ENHANCED WHITENING	28	formoterol fumarate inhalation	58		
FLUORIMAX 5000	28, 39	FORTEO	53	<b>G</b>	
FLUORIMAX 5000 SENSITIVE	39	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	48	g tussin ac	56
fluoritab oral solution 0.275 (0.125 f) mg/drop	39	FORTISCARE G1 TEST STRIP IN VITRO STRIP	33	gabapentin oral capsule	14
fluorometholone	54	FORTISCARE TEST IN VITRO STRIP	33	gabapentin oral solution 250 mg/5ml	14
FLUOROURACIL EXTERNAL CREAM 0.5 %	30	FOSAMAX	53	GABAPENTIN ORAL TABLET 25 MG, 50 MG	14
fluorouracil external cream 5 %	30	fosfomycin tromethamine	12	gabapentin oral tablet 600 mg, 800 mg	14
fluoxetine hcl oral capsule	15	fosinopril sodium	23	galantamine hydrobromide er	15
fluoxetine hcl oral capsule delayed release	15	fosinopril sodium-hctz	23	gallifrey	45
fluoxetine hcl oral solution	15	FRAICHE 5000 DENTAL	28	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	52
fluoxetine hcl oral tablet 10 mg	15	FRAICHE 5000 SENSITIVE	39	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	52
fluoxetine hcl oral tablet 20 mg, 60 mg	15	FREESTYLE LIBRE 14 DAY READER	33	GASTROCROM	41
fluphenazine hcl oral tablet	20	FREESTYLE LIBRE 14 DAY SENSOR	33	gatifloxacin ophthalmic	54
flurbiprofen oral	10	FREESTYLE LIBRE 2 PLUS SENSOR	33	gavilyte-c	41
FLUTICASONE FUROATE-VILANTEROL	58	FREESTYLE LIBRE 2 READER	33	gavilyte-g	41
fluticasone propionate external cream	30	FREESTYLE LIBRE 2 SENSOR	33	gavilyte-n with flavor pack	41
fluticasone propionate external ointment	30	FREESTYLE LIBRE 3 PLUS SENSOR	33	GAVRETO	18
FLUTICASONE PROPIONATE HFA	58			gemfibrozil oral	23



gentamicin sulfate ophthalmic ...	54	GONAL-F RFF REDIJECT .....	52	HEALTHPRO BLOOD GLUCOSE		
GENVOYA .....	21	goodsense nicotine .....	11	MONITO.....	34	
GEODON ORAL.....	20	granisetron hcl oral.....	16	heather.....	45	
GILENYA .....	27	GRASTEK.....	50	HEMADY.....	47	
glatiramer acetate.....	27	griseofulvin microsize oral .....	16	HEMANGEOL .....	23	
glatopa.....	27	griseofulvin ultramicrosize .....	16	HEMLIBRA SUBCUTANEOUS		
GLEEVEC.....	18	guaiafuesin ac.....	56	SOLUTION 105 MG/0.7ML,		
glimepiride oral tablet 1 mg,		guaifenesin ac oral syrup 100-10		150 MG/ML, 30 MG/ML,		
2 mg, 4 mg .....	36	mg/5ml .....	56	300 MG/2ML, 60 MG/0.4ML .....	37	
glimepiride oral tablet 3 mg.....	36	guaifenesin-codeine .....	56	HEMLIBRA SUBCUTANEOUS		
glipizide er .....	36	guanfacine hcl.....	23, 26	SOLUTION 12 MG/0.4ML.....	37	
glipizide oral tablet 10 mg, 5 mg ..	36	guanfacine hcl er .....	26	HEMMOREX-HC RECTAL		
glipizide oral tablet 2.5 mg .....	36	GUARDIAN 4 GLUCOSE SENSOR .	33	SUPPOSITORY 25 MG .....	53	
glipizide xl.....	36	GUARDIAN 4 TRANSMITTER.....	33	HEMMOREX-HC RECTAL		
glipizide-metformin hcl .....	36	GUARDIAN CONNECT		SUPPOSITORY 30 MG .....	53	
glucagon emergency kit 1 mg		TRANSMITTER.....	33	HEMOPIL M .....	37	
injection.....	36	GUARDIAN LINK 3		heparin sodium (porcine)		
GLUCAGON EMERGENCY KIT		TRANSMITTER.....	34	injection solution .....	38	
for LOW BLOOD SUGAR.....	37	GUARDIAN REAL-TIME		heparin sodium (porcine) pf .....	38	
GLUCOCARD EXPRESSION TEST .	33	REPLACE PED.....	34	HEPLISAV-B.....	52	
GLUCOCARD SHINE TEST .....	33	GUARDIAN SENSOR (3) .....	34	her style.....	45	
GLUCOCARD VITAL TEST.....	33	GUARDIAN SENSOR 3.....	34	HIDEX 6-DAY.....	47	
GLUCOTROL XL .....	37	GVOKE HYPOPEN 1-PACK.....	34	HIPREX .....	12	
GLUMETZA .....	37	GVOKE HYPOPEN 2-PACK.....	34	hm nicotine polacrilex.....	11	
glyburide micronized .....	37	GVOKE KIT.....	34	hm nicotine transdermal patch		
glyburide oral .....	37	GVOKE PFS.....	34	24 hour 14 mg/24hr, 21 mg/24hr,		
glyburide-metformin.....	37	GYNAZOLE-1.....	16	7 mg/24hr .....	11	
GLYCATE .....	41			HORIZANT .....	27	
glycopyrrolate oral solution.....	41	<b>H</b>			HULIO (2 PEN).....	50
glycopyrrolate oral tablet 1 mg,		habitrol.....	11	HULIO (2 SYRINGE) .....	50	
2 mg.....	41	HADLIMA .....	50	HUMALOG CARTRIDGE .....	35	
GLYCOPYRROLATE ORAL		HADLIMA PUSH TOUCH .....	50	HUMALOG INJECTION.....	35	
TABLET 1.5 MG .....	41	HAEGARDA.....	50	HUMALOG KWIKPEN.....	35	
glydo .....	9	hailey 1.5/30 .....	45	HUMALOG MIX 50/50 KWIKPEN .	35	
GLYNASE ORAL TABLET 1.5 MG ..	37	hailey 24 fe .....	45	HUMALOG MIX 50/50 VIAL.....	35	
GLYNASE ORAL TABLET 3 MG,		hailey fe 1/20.....	45	HUMALOG MIX 75/25 KWIKPEN ..	35	
6 MG.....	37	hailey fe 1.5/30.....	45	HUMALOG MIX 75/25 VIAL .....	35	
GLYXAMBI .....	37	HALCION.....	21	HUMALOG SUBCUTANEOUS.....	35	
gnp nicotine mini .....	11	halobetasol propionate external		HUMALOG TEMPO PEN .....	35	
gnp nicotine polacrilex mouth/		cream .....	30	HUMALOG U-100 JUNIOR		
throat gum 2 mg.....	11	halobetasol propionate external		KWIKPEN.....	35	
gnp nicotine polacrilex mouth/		ointment.....	30	HUMATE-P .....	38	
throat lozenge .....	11	haloette .....	45	HUMIRA (2 PEN) .....	50	
gnp nicotine transdermal .....	11	haloperidol oral.....	20	HUMIRA (2 SYRINGE) .....	50	
GOLYTELY .....	41	HARVONI ORAL TABLET .....	21	HUMIRA-CD/UC/HS STARTER ....	50	
GONAL-F.....	52	HAVRIX.....	52	HUMIRA-PED<40KG CROHNS		
GONAL-F RFF .....	52			STARTER SUBCUTANEOUS		
				PREFILLED SYRINGE KIT		
				80 MG/0.8ML & 40MG/0.4ML ....	50	









KINERET .....	51	LAMICTAL.....	14	levetiracetam er .....	14
KISQALI (200 MG DOSE) .....	18	LAMICTAL ODT ORAL TABLET		levetiracetam oral .....	14
KISQALI (400 MG DOSE) .....	18	DISPERSIBLE .....	14	levo-t.....	48
KISQALI (600 MG DOSE) .....	18	LAMICTAL XR ORAL TABLET		levocarnitine oral solution.....	39
KLARITY-A .....	54	EXTENDED RELEASE 24 HOUR ...	14	levocarnitine oral tablet.....	42
KLARITY-C DROPS .....	55	lamotrigine er.....	14	levocarnitine sf .....	39
KLARON.....	30	lamotrigine oral tablet.....	14	levocetirizine dihydrochloride	
klayesta .....	16	lamotrigine oral tablet chewable .	14	oral solution.....	56
KLISYRI (250 MG) .....	30	lamotrigine oral tablet		levocetirizine dihydrochloride	
KLISYRI (350 MG) .....	30	dispersible .....	14	oral tablet .....	56
KLONOPIN.....	21	LANCETS.....	34, 35	levofloxacin oral tablet.....	12
klor-con .....	39	LANOXIN ORAL TABLET		levonest.....	45
klor-con 10 .....	39	125 MCG, 250 MCG .....	24	levonorg-eth estrad triphasic.....	45
klor-con m10.....	39	LANOXIN ORAL TABLET		levonorgest-eth est & eth est .....	45
klor-con m15.....	39	62.5 MCG.....	24	levonorgest-eth estrad 91-day	
klor-con m20.....	39	lansoprazole oral capsule		oral tablet 0.1-0.02 & 0.01 mg,	
KLOXXADO .....	11	delayed release .....	40	0.15-0.03 & 0.01 mg .....	45
kls quit2 .....	11	lansoprazole oral tablet delayed		levonorgest-eth estrad 91-day	
kls quit4 .....	11	release dispersible.....	40	oral tablet 0.15-0.03 mg.....	45
KOATE.....	38	LANTUS SOLOSTAR .....	36	levonorgestrel .....	45
KOATE-DVI.....	38	LANTUS U-100 VIAL.....	36	levonorgestrel-ethinyl estrad	
KOGENATE FS.....	38	larin 1/20 .....	45	oral tablet 0.1-20 mg-mcg,	
KOMBIGLYZE XR ORAL TABLET		larin 1.5/30 .....	45	0.15-30 mg-mcg .....	45
EXTENDED RELEASE 24 HOUR		larin 24 fe.....	45	levonorgestrel-ethinyl estrad	
2.5-1000 MG, 5-1000 MG,		larin fe 1/20 .....	45	oral tablet 90-20 mcg .....	45
5-500 MG .....	37	larin fe 1.5/30 .....	45	levora 0.15/30 (28) .....	45
KOSELUGO.....	18	LASIX.....	24	LEVOTHYROXINE SODIUM	
kosher prenatal plus iron .....	39	latanoprost ophthalmic .....	55	ORAL CAPSULE.....	48
kourzeq .....	28	LATUDA .....	20	levothyroxine sodium oral tablet .	48
KOVALTRY.....	38	LEDIPASVIR-SOFOSBUVIR.....	21	levoxyl.....	48
KRINTAFEL.....	19	leena .....	45	LEVSIN .....	41
KRISTALOSE ORAL PACKET		leflunomide oral .....	51	LEVSIN/SL .....	41
10 GM.....	41	lenalidomide.....	18	LEXAPRO.....	15
KRISTALOSE ORAL PACKET		LENVIMA ORAL CAPSULE		LIALDA.....	53
20 GM .....	41	THERAPY PACK 10 & 4 MG,		LIBERVANT .....	14
kurvelo .....	45	10 MG, 10 MG & 2 X 4 MG, 2 X 10		LIBRAX.....	41
KYNMOBI SUBLINGUAL FILM		MG, 2 X 10 MG & 4 MG, 2 X 4 MG...	18	lidocaine external ointment 5 % ...	9
10 MG, 15 MG, 20 MG, 25 MG,		LENVIMA ORAL CAPSULE		lidocaine external patch 5 % .....	9
30 MG .....	20	THERAPY PACK 3 X 4 MG, 4 MG ...	19	lidocaine hcl mouth/throat .....	28
KYZATREX.....	48	lessina.....	45	lidocaine hcl urethral/mucosal ....	9
<b>L</b>					
labetalol hcl oral .....	24	letrozole oral.....	19	lidocaine viscous hcl.....	28
lacosamide oral.....	14	leucovorin calcium oral.....	19	lidocaine-prilocaine external	
lactulose encephalopathy.....	41	leuprolide acetate injection.....	48	cream .....	9
lactulose oral solution.....	41	levabuterol hcl inhalation.....	58	LIDOCAN .....	9
LAGEVRIO .....	21	LEVALBUTEROL HFA		LIDODERM.....	9
		INHALATION AEROSOL		LIDOTRAL 1.....	9
		45 MCG/ACT.....	58	LIKMEZ.....	12
		LEVBID.....	41	linezolid oral tablet .....	12





mesalamine-cleanser .....	53	methylphenidate hcl oral solution .....	26	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)....	46
MESTINON ORAL TABLET .....	18	methylphenidate hcl oral tablet ..	26	MINILINK REAL-TIME TRANSMITTER.....	34
METADATE CD .....	26	methylphenidate hcl oral tablet chewable.....	26	MINIMED 630G GUARDIAN PRESS .....	34
metaxalone .....	59	methylprednisolone oral .....	47	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG .....	24
metformin hcl er.....	37	metoclopramide hcl oral solution .....	16	MINIVELLE .....	44, 46
metformin hcl er (mod) .....	37	metoclopramide hcl oral tablet...	16	minocycline hcl oral capsule .....	12
metformin hcl er (osm).....	37	metolazone .....	24	minoxidil oral .....	24
metformin hcl oral solution .....	37	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg .....	24	mirabegron er.....	42
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg .....	37	metoprolol succinate er oral tablet extended release 24 hour 25 mg.....	24	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) .....	46
metformin hcl oral tablet 625 mg	37	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg .....	24	mirtazapine oral .....	15
methadone hcl oral tablet.....	9	metoprolol tartrate oral tablet 37.5 mg, 75 mg.....	24	MIRVASO.....	30
methazolamide oral .....	55	metoprolol-hydrochlorothiazide. .	24	misoprostol oral .....	40
methenamine hippurate .....	12	METROCREAM.....	30	MITIGARE.....	17
METHERGINE.....	48	METROGEL .....	30	MM BLOOD GLUCOSE SYSTEM...	34
methimazole oral .....	48	METROLOTION.....	30	MM BLOOD GLUCOSE SYSTEM REFILL .....	34
methocarbamol oral tablet 1000 mg.....	59	metronidazole external cream....	30	MM BLULINK GLUCOSE TEST ....	34
methocarbamol oral tablet 500 mg, 750 mg .....	59	metronidazole external gel 0.75 % .....	30	MM EASY TOUCH GLUCOSE METER.....	34
methotrexate sodium (pf) .....	51	metronidazole external gel 1 %...	30	modafinil oral .....	60
methotrexate sodium injection solution .....	51	metronidazole external lotion ....	30	MODERNA COVID-19 VAC 6M-11Y .....	52
methotrexate sodium oral .....	51	metronidazole oral .....	12	moexipril hcl .....	24
methscopolamine bromide oral ..	41	metronidazole vaginal.....	12	mometasone furoate external ....	30
methylergonovine maleate oral ..	48	mexiletine hcl oral .....	24	mometasone furoate nasal .....	56
METHYLIN .....	26	MIACALCIN .....	53	MONDOXYNE NL .....	12
methylphenidate hcl er (cd).....	26	mibelas 24 fe.....	45	mono-linyah .....	46
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg .....	26	MICARDIS.....	24	MONOJECT HYPODERMIC NEEDLE 18G X 1" .....	34
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg.....	26	MICARDIS HCT .....	24	montelukast sodium oral packet .	58
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg .....	26	MICROCHAMBER.....	58	montelukast sodium oral tablet ..	58
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG .....	26	MICRODOT TEST .....	34	montelukast sodium oral tablet chewable.....	58
methylphenidate hcl er (osm) oral tablet extended release 72 mg.....	26	microgestin 1/20 .....	45	MONUROL ORAL PACKET 3 GM ..	12
methylphenidate hcl er (xr) .....	26	microgestin 1.5/30 .....	45	morphine sulfate (concentrate)...	9
methylphenidate hcl er oral tablet extended release .....	26	microgestin 24 fe oral tablet 1-20 mg-mcg.....	45	morphine sulfate er oral tablet extended release .....	9
methylphenidate hcl er oral tablet extended release 24 hour ..	26	microgestin fe 1/20.....	46	morphine sulfate oral.....	9
		microgestin fe 1.5/30.....	45	MOTEGRITY .....	41
		midodrine hcl .....	24	MOTPOLY XR.....	14
		MIEBO.....	55	MOUNJARO.....	37
		mili .....	46	MOVIPREP .....	41
		mimvey.....	46	moxifloxacin hcl (2x day).....	54





moxifloxacin hcl ophthalmic.....	54	naloxone hcl injection solution prefilled syringe .....	11	NEULASTA .....	38
moxifloxacin hcl oral .....	12	naloxone hcl nasal .....	11	NEUPRO.....	20
MS CONTIN .....	9	naltrexone hcl oral.....	11	NEURONTIN .....	14
MULTAQ .....	24	NAMENDA ORAL TABLET 10 MG, 5 MG.....	15	NEUTEK 2TEK TEST.....	34
MULTI-VIT-FLOR .....	39	NAMENDA TITRATION PAK .....	15	NEVANAC .....	54
multi-vitamin/fluoride .....	39	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG .....	15	new day .....	46
multivitamin w/fluoride tablet chewable 0.25 mg oral .....	39	NAPROSYN ORAL TABLET .....	10	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	40
multivitamin w/fluoride tablet chewable 0.5 mg oral.....	39	naproxen dr .....	10	NEXIUM ORAL PACKET .....	40
multivitamin w/fluoride tablet chewable 1 mg oral .....	39	naproxen oral tablet.....	10	NEXLETOL.....	24
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) .....	39	naproxen oral tablet delayed release .....	10	NEXLIZET.....	24
multivitamin/fluoride tablet chewable 0.5 mg oral (rx).....	39	naproxen sodium oral tablet 275 mg, 550 mg.....	10	NEXTSTELLIS.....	46
multivitamin/fluoride tablet chewable 1 mg oral (rx).....	39	naratriptan hcl.....	17	NGENLA.....	48
mupirocin cream .....	12	NARCAN.....	11	niacin er (antihyperlipidemic).....	24
mupirocin ointment .....	12	NASCOBAL.....	39	NICODERM CQ .....	11
my choice .....	46	NATALVIT .....	39	NICORETTE MINI.....	11
my way .....	46	NATAZIA .....	46	NICORETTE MOUTH/THROAT GUM.....	11
MYAMBUTOL ORAL TABLET 400 MG.....	18	nateglinide.....	37	NICORETTE MOUTH/THROAT LOZENGE .....	11
MYCOBUTIN ORAL CAPSULE 150 MG.....	18	NATESTO.....	48	NICORETTE STARTER KIT.....	11
mycophenolate mofetil oral .....	51	NAYZILAM .....	14	nicotine mini.....	11
mycophenolate sodium .....	51	nebivolol hcl .....	24	nicotine polacrilex mini.....	11
mycophenolic acid .....	51	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % ..	57	nicotine polacrilex mouth/throat.....	11
MYDAYIS.....	26	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ..	57	nicotine step 1 .....	11
MYFEMBREE.....	46	necon 0.5/35 (28).....	46	nicotine step 2.....	11
MYFORTIC .....	51	NEO-POLYCIN .....	55	nicotine step 3.....	11
MYHIBBIN.....	51	neomycin sulfate oral .....	12	nicotine transdermal patch 24 hour .....	11
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	30	neomycin-bacitracin zn-polymyx .....	55	NICOTROL.....	11
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ..	42	neomycin-polymyxin-dexameth ophthalmic ointment.....	54	nifedipine er .....	24
MYSOLINE .....	14	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1.....	54	nifedipine er osmotic release .....	24
<b>N</b>					
na sulfate-k sulfate-mg sulf.....	41	neomycin-polymyxin-hc ophthalmic.....	55	nifedipine oral .....	24
nabumetone oral .....	10	neomycin-polymyxin-hc otic .....	56	nikki .....	46
nadolol oral .....	24	NEONATAL COMPLETE.....	39	NINLARO.....	19
NAFRINSE CHW 1MG F.....	39	NEONATAL PLUS.....	39	nisoldipine er.....	24
nafrinse drops oral solution 0.275 (0.125 f) mg/drop .....	39	NEORAL ORAL CAPSULE.....	51	nitazoxanide oral .....	19
NALOCET .....	9	NERLYNX.....	19	NITRO-BID.....	24
		neuac.....	30	NITRO-DUR.....	24
				nitrofurantoin macrocrystal .....	13
				nitrofurantoin monohydrate macrocrystals.....	13
				nitrofurantoin oral suspension 25 mg/5ml .....	13
				nitroglycerin rectal .....	24
				nitroglycerin sublingual .....	24
				nitroglycerin transdermal.....	24



NITROSTAT .....	24	NOVOLIN N FLEXPEN .....	36	nymyo oral tablet 0.25-35 mg- mcg .....	46
NIVA THYROID.....	48	NOVOLIN N FLEXPEN RELION ...	36	nystatin external.....	17
NIVA-PLUS.....	39	NOVOLIN N RELION.....	36	nystatin mouth/throat .....	17
NIVESTYM .....	38	NOVOLIN N VIAL .....	36	nystatin oral.....	17
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nora-be.....	46	NOVOLIN R FLEXPEN RELION...	36	nystop.....	17
NORDITROPIN FLEXPEN .....	48	NOVOLIN R RELION.....	36	NYVEPRIA.....	38
norelgestromin-eth estradiol .....	46	NOVOLIN R VIAL .....	36		
norethin ace-eth estrad-fe oral tablet.....	46	NOVOLOG FLEXPEN .....	36		
norethin ace-eth estrad-fe oral tablet chewable.....	46	NOVOLOG FLEXPEN RELION.....	36		
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg..	46	NOVOLOG RELION.....	36		
norethindron-ethinyl estrad-fe ...	46	NOVOLOG U-100 VIAL .....	36		
norethindrone acet-ethinyl est ...	46	NOVOPEN ECHO.....	34		
norethindrone acetate oral .....	46	NOXAFIL ORAL TABLET DELAYED RELEASE .....	16		
norethindrone oral .....	46	np thyroid .....	48		
norethindrone-eth estradiol .....	46	NUBEQA.....	19		
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg .....	46	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	58		
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	46	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML .....	58		
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	46	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML .....	58		
NORITATE.....	30	NUCYNTA .....	9		
NORLIQVA .....	24	NUCYNTA ER.....	9		
norlyroc .....	46	NUDEXTA.....	27		
NORPRAMIN .....	15	NULEV.....	41		
nortrel 0.5/35 (28).....	46	NUPLAZID ORAL CAPSULE.....	20		
nortrel 1/35 (21) .....	46	NURTEC .....	17		
nortrel 1/35 (28).....	46	NUTROPIN AQ NUSPIN 10 .....	48		
nortrel 7/7/7 .....	46	NUTROPIN AQ NUSPIN 20 .....	48		
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PACERONE ORAL TABLET  
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توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្លឹមសារនេះ ដើម្បីស្វែងរកសេវាបន្ថែម។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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