



Your 2025 Prescription Drug List

Texas 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 Texas. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	11
Antibacterials	
Drugs for Infections.....	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	13
Anticonvulsants	
Drugs for Seizures.....	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	14
Antidepressants	
Drugs for Depression.....	15
Antiemetics	
Drugs for Nausea and Vomiting.....	16
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	17
Antimigraine Agents	
Drugs for Migraines	17
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	18
Antimycobacterials	
Drugs to Treat Infections.....	18
Antineoplastics	
Drugs for Cancer	18
Antiparasitics	
Drugs for Parasitic Infections.....	19
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	20
Antipsychotics	
Drugs for Mood Disorders.....	20
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	22
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	22
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	26
Drugs for Multiple Sclerosis.....	27
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	27
Dermatological Agents	
Drugs for Skin Conditions.....	28
Diabetes	
Glucose Monitoring and Supplies.....	32
Insulin.....	35
Non-Insulin Agents.....	36
Drugs for Blood Disorders.....	37
Drugs for Sexual Dysfunction.....	38
Electrolytes / Vitamins.....	38
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.....	40
Drugs for Bowel, Intestine and Stomach Conditions	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.....	42
Drugs for Prostate Conditions.....	43
Hormonal Agents	
Hormone Replacement and Birth Control	43
Oral Steroids.....	47
Other.....	48
Testosterone Replacement.....	48
Thyroid.....	48
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	49
Drugs for Vaccination	52
Infertility Agents	52
Inflammatory Bowel Disease Agents	53
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	53
Other.....	53
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	54
Drugs for Eye Infection and Inflammation.....	55
Drugs for Glaucoma.....	55
Drugs for Miscellaneous Eye Conditions	55
Otic Agents	
Drugs for Ear Conditions.....	56
Respiratory	
Drugs for Anaphylaxis	56
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold.....	56
Drugs for Asthma and COPD.....	57
Drugs for Cystic Fibrosis	59
Drugs for Pulmonary Fibrosis.....	59
Drugs for Pulmonary Hypertension	59
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	59
Sleep Disorder Agents.....	60
Index	61



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 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	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost 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	\$\$\$ Highest-cost 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.

H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
NF	Non-Formulary 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.
PA	Prior authorization – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy – 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 the member's prescription drug benefit plan. Please consult plan documents regarding benefit 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
Analgesics - Drugs for Pain		
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
Analgesics - Drugs for Pain and Inflammation		
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	
Anti-Addiction / Substance Abuse Treatment Agents		
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
Antibacterials - Drugs for Infections		
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	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
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
Anticonvulsants - Drugs for Seizures		
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	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
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	
Antidepressants - Drugs for Depression		
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
Antigout Agents - Drugs for Gout		
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	
Antimigraine Agents - Drugs for Migraines		
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
Antimythasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	NF	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	NF	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
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	
Antineoplastics - Drugs for Cancer		
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	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	NF	
PLAVIX	NF	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
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	
Antivirals - Drugs for Viral Infections		
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	
Anxiolytics - Drugs for Anxiety		
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	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
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	
torseamide	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	
Dermatological Agents - Drugs for Skin Conditions		
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
Diabetes - Glucose Monitoring and Supplies		
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
Diabetes - Insulin		
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
Diabetes - Non-Insulin Agents		
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
Drugs for Blood Disorders		
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
ALTUVIIIO	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	
Drugs for Sexual Dysfunction		
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
Electrolytes / Vitamins		
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	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
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

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

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
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
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
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
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	
PYRIDIDIUM	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
Genitourinary Agents - Drugs for Prostate Conditions		
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	
Hormonal Agents - Hormone Replacement and Birth Control		
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	
elinst	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	
Hormonal Agents - Oral Steroids		
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	

See page 6-8 for coverage details.



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	
Hormonal Agents - Other		
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
Hormonal Agents - Testosterone Replacement		
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
Hormonal Agents - Thyroid		
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	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
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
Inflammatory Bowel Disease Agents		
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	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
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
Metabolic Bone Disease Agents - Other		
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	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
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
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
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
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
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
Otic Agents - Drugs for Ear Conditions		
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	
Respiratory - Drugs for Anaphylaxis		
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
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
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
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
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
Sleep Disorder Agents		
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	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details.



Index

A

abacavir sulfate-lamivudine.....	20	acetic acid otic.....	56	ADALIMUMAB-FKJP (2 PEN).....	49
ABILIFY	20	ACIPHEX	40	ADALIMUMAB-FKJP (2 SYRINGE)	49
abiraterone acetate oral tablet 250 mg	18	acitretin	28	adapalene-benzoyl peroxide external gel 0.1-2.5 %	28
abiraterone acetate oral tablet 500 mg.....	18	ACTEMRA ACTPEN	49	adapalene-benzoyl peroxide external gel 0.3-2.5 %	28
ABRILADA (1 PEN) AUTO- INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS.....	49	ACTEMRA SUBCUTANEOUS.....	49	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .	49
ABRILADA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS.....	49	ACTICLATE ORAL TABLET 150 MG, 75 MG.....	11	ADCIRCA.....	59
ABRILADA (2 SYRINGE)	49	ACTIVELLA	43	ADDERALL	26
ABRYSVO.....	52	ACTONEL	53	ADDERALL XR	26
ABSORICA	28	ACTOPLUS MET.....	36	ADDYI	38
acamprosate calcium	11	ACTOS.....	36	ADEMPAS	59
ACANYA	28	ACULAR	54	ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML.....	36
acarbose oral	36	ACULAR LS.....	54	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML.....	36
ACCOLATE	57	ACUVAIL	54	ADMELOG.....	35
ACCRUFER	38	acyclovir external ointment.....	20	ADMELOG SOLOSTAR	35
ACCU-CHEK AVIVA PLUS TEST STRIPS	32	acyclovir oral.....	20	ADTHYZA	48
ACCU-CHEK FASTCLIX LANCET..	32	ACZONE.....	28	ADVAIR DISKUS.....	57
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	32	ADACEL	52	ADVAIR HFA.....	57
ACCU-CHEK GUIDE KIT W/ DEVICE.....	32	ADALIMUMAB-AACF (2 PEN)	49	ADVATE.....	37
ACCU-CHEK GUIDE ME METER...	32	ADALIMUMAB-AACF (2 SYRINGE)	49	ADYNOVATE	37
ACCU-CHEK GUIDE TEST	32	ADALIMUMAB-AACF(CD/UC/HS STRT).....	49	ADZENYS XR-ODT	26
ACCU-CHEK GUIDE TEST STRIPS	32	ADALIMUMAB-AACF(PS/UV STARTER).....	49	AEROCHAMBER HOLDING CHAMBER	57
ACCU-CHEK SMARTVIEW TEST STRIPS	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	49	AEROCHAMBER PLS FLOVU MTHPIECE	57
ACCU-CHEK SOFTCLIX LANCET .	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	49	AEROCHAMBER PLUS FLO-VU.....	57
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	32	ADALIMUMAB-AATY (2 PEN).....	49	AEROCHAMBER PLUS FLO-VU INTERM	57
accutane	28	ADALIMUMAB-AATY (2 SYRINGE)	49	AEROCHAMBER PLUS FLO-VU LARGE.....	57
ACCUTREND GLUCOSE	32	ADALIMUMAB-ADAZ	49	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	57
acebutolol hcl oral.....	22	ADALIMUMAB-ADBZ	49	AEROCHAMBER PLUS FLO-VU SMALL.....	57
acetaminophen-codeine oral solution 120-12 mg/5ml.....	9	ADALIMUMAB-ADBZ (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	49	AEROCHAMBER PLUS FLO-VU W/MASK.....	57
acetaminophen-codeine oral tablet.....	9	ADALIMUMAB-ADBZ (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	49	AFINITOR	18
acetazolamide er	22	ADALIMUMAB-ADBM	49	afirmelle.....	43
acetazolamide oral	22	ADALIMUMAB-ADBM (2 SYRINGE)	49		
		ADALIMUMAB-ADBM(CD/UC/ HS STRT)	49		
		ADALIMUMAB-ADBM(PS/UV STARTER).....	49		



AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	37	ALORA.....	43	amneestem.....	28
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT.....	37	alose tron hcl.....	41	amoxicillin.....	11
aftera.....	43	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %.....	55	amoxicillin-potassium clavulanate.....	11
AIMOVI G.....	17	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %.....	55	amphet-dextroamphet 3-bead er.....	26
AIMOVI G SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML.....	17	ALPHANATE.....	37	amphetamine sulfate.....	26
AIRDUO RESPICLICK 113/14.....	57	alprazolam er.....	21	amphetamine- dextroamphetamine.....	26
AIRDUO RESPICLICK 232/14.....	57	alprazolam oral.....	21	amphetamine- dextroamphetamine er.....	26
AIRDUO RESPICLICK 55/14.....	57	alprazolam xr.....	21	ampicillin.....	11
AIRSUPRA.....	57	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT.....	37	AMPYRA.....	27
AJOVY.....	17	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT.....	37	AMZEEQ.....	28
ak-poly-bac ophthalmic ointment 500-10000 unit/gm.....	54	ALREX.....	54	ANAFRANIL.....	15
AKLIEF.....	28	ALTACE.....	22	anagrelide hcl.....	37
ALA SCALP.....	28	altavera.....	43	ANALPRAM HC.....	53
ala-cort.....	28	ALTUVIII O.....	37	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %.....	53
albendazole oral.....	19	ALUNBRIG.....	18	ANALPRAM-HC EXTERNAL CREAM.....	53
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation.....	57	ALVAIZ.....	37	ANAPROX DS.....	10
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml.....	57	alyacen 1/35.....	43	ANASPAZ.....	41
albuterol sulfate inhalation solution (5 mg/ml) 0.5% inhalation.....	57	alyacen 7/7/7.....	43	anastrozole oral.....	18
albuterol sulfate oral syrup.....	57	alyq.....	59	ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR.....	48
alclometasone dipropionate.....	28	amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg.....	43	ANDROGEL PUMP.....	48
ALCOHOL PREP PADS PAD.....	32	amantadine hcl oral.....	19	ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%).....	48
ALDACTAZIDE ORAL TABLET 25-25 MG.....	22	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG.....	36	ANGELIQ.....	43
ALDACTONE.....	22	AMBIEN.....	60	ANKTIVA.....	18
ALECENSA.....	18	AMBIEN CR.....	60	ANNOVERA.....	43
alendronate sodium oral tablet.....	53	ambrisentan.....	59	ANORO ELLIPTA.....	57
alfuzosin hcl er.....	43	amethia oral tablet 0.15-0.03 & 0.01 mg.....	43	ANTIVERT ORAL TABLET.....	16
aliskiren fumarate.....	22	amethyst.....	43	ANUCORT-HC.....	53
allopurinol oral tablet 100 mg, 300 mg.....	17	amiloride hcl oral.....	22	ANUSOL-HC EXTERNAL.....	53
allopurinol oral tablet 200 mg.....	17	amiloride-hydrochlorothiazide.....	22	ANUSOL-HC RECTAL.....	53
ALLZITAL.....	9	amiodarone hcl oral.....	22	apap-caff-dihydrocodeine.....	9
almotriptan malate.....	17	AMITIZA.....	41	APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG.....	11
ALOGLIPTIN BENZOATE.....	36	amitriptyline hcl oral.....	15	aprepitant oral capsule 125 mg, 40 mg, 80 mg.....	16
ALOGLIPTIN-METFORMIN HCL.....	36	AMJEVITA FOR NUVAILA.....	49	apri.....	43
		amlodipine besylate oral.....	22	APRISO.....	53
		amlodipine besylate-benazepril hcl.....	22	APTENSIO XR.....	26
		amlodipine besylate-valsartan.....	22	APTIOM.....	13
		amlodipine-olmesartan.....	22	AQ INSULIN SYRINGE.....	32



AQINJECT PEN NEEDLE.....	32	AUGTYRO ORAL CAPSULE.....	18	azelastine hcl ophthalmic.....	54
ARAKODA.....	19	aurovela 1/20.....	43	azelastine-fluticasone.....	56
aranelle.....	43	aurovela 1.5/30.....	43	AZELEX.....	28
ARANESP (ALBUMIN FREE).....	37	aurovela 24 fe.....	43	AZILECT.....	19
ARAVA.....	49	aurovela fe 1/20.....	43	azithromycin oral.....	12
AREXVY.....	52	aurovela fe 1.5/30.....	43	azithromycin oral packet 1 gm....	12
arformoterol tartrate.....	57	AUSTEDO.....	27	AZOPT.....	55
ARICEPT.....	14	AUSTEDO XR.....	27	AZOR.....	22
ARIMIDEX.....	18	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG.....	27	AZSTARYS.....	26
aripiprazole oral solution.....	20	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG.....	27	AZULFIDINE.....	53
aripiprazole oral tablet.....	20	AUVELITY.....	15	AZULFIDINE EN-TABS.....	53
armodafinil.....	60	AUVI-Q.....	56	azurette.....	43
ARMOUR THYROID.....	48	AVALIDE.....	22	B	
ARNUITY ELLIPTA.....	57	avanafil.....	38	bac.....	9
AROMASIN.....	18	AVAPRO.....	22	bacitracin ophthalmic.....	55
ARTHROTEC.....	10	AVAR CLEANSER.....	28	bacitracin-polymyxin b.....	54
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG.....	53	AVAR LS CLEANSER.....	28	baclofen oral tablet 10 mg, 20 mg, 5 mg.....	59
ascomp-codeine.....	9	AVAR-E EMOLLIENT.....	28	baclofen oral tablet 15 mg.....	59
asenapine maleate.....	20	AVAR-E GREEN EXTERNAL CREAM 10-5 %.....	28	BACTRIM.....	12
ashlyna.....	43	AVAR-E LS EXTERNAL CREAM 10-2 %.....	28	BACTRIM DS.....	12
aspirin-dipyridamole er.....	37	AVAR-E LS EXTERNAL CREAM 10-2 %.....	28	BAFIERTAM.....	27
ATACAND.....	22	aviane.....	43	balsalazide disodium.....	53
ATACAND HCT.....	22	AVIDOXY.....	12	balziva.....	43
atenolol oral.....	22	AVITA EXTERNAL CREAM 0.025 %.....	28	BANZEL.....	13
atenolol-chlorthalidone.....	22	AVITA EXTERNAL GEL 0.025 %.....	28	BAQSIMI ONE PACK.....	36
ATIVAN ORAL.....	21	AVODART.....	43	BAQSIMI TWO PACK.....	36
atomoxetine hcl.....	26	AVONEX PEN.....	27	BARACLUDE ORAL TABLET.....	20
ATORVALIQ.....	22	AVONEX PREFILLED.....	27	BARAGLAR KWIKPEN.....	35
atorvastatin calcium oral tablet 10 mg, 20 mg.....	22	AYGESTIN ORAL TABLET 5 MG...	43	BASAGLAR TEMPO PEN.....	35
atorvastatin calcium oral tablet 40 mg, 80 mg.....	22	ayuna.....	43	BD AUTOSHIELD DUO PEN NEEDLES.....	32
atovaquone.....	19	AZASAN.....	50	BD BLUNT FILL NEEDLE W/ FILTER.....	32
atovaquone-proguanil hcl.....	19	AZASITE.....	54	BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"....	32
ATRALIN.....	28	azathioprine oral tablet 100 mg, 75 mg.....	50	BD ECLIPSE NEEDLE 23G X 1" (OTC).....	32
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %.....	55	azathioprine oral tablet 50 mg....	50	BD ECLIPSE NEEDLE 23G X 1" (RX).....	32
atropine sulfate ophthalmic solution 1 %.....	55	azelaic acid external.....	28	BD ECLIPSE SHIELDED NEEDLE..	32
ATROVENT HFA.....	57	azelastine hcl nasal solution 0.1 %, 137 mcg/spray.....	56	BD SAFETYGLIDE NEEDLE 23G X 1-1/2".....	32
AUBAGIO.....	27	azelastine hcl nasal solution 0.15 %.....	56	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2".....	32
aubra eq.....	43			BD SHARPS COLLECTOR.....	32
aubra oral tablet 0.1-20 mg-mcg .	43				
AUGMENTIN.....	11				
AUGMENTIN ES-600.....	11				

BD ULTRA-FINE INSULIN SYRINGES.....	32	bicalutamide.....	18	bromocriptine mesylate oral tablet.....	19
BD ULTRA-FINE PEN NEEDLES ...	32	BIGFOOT UNITY PROGRAM	32	BROMSITE	54
BD ULTRA-FINE U-500 INSULIN SYRINGES.....	32	BIJUVA	43	BRONCHITOL.....	59
BD VEO ULTRA-FINE INSULIN SYRINGES.....	32	BIKTARVY	20	BRONCHITOL TOLERANCE TEST.....	59
BELBUCA.....	9	bimatoprost ophthalmic	55	BROVANA	57
BELSOMRA.....	60	BIMZELX	50	BRUKINSA.....	18
benazepril hcl oral	22	BIOTEL CARE TEST STRIPS	32	budesonide inhalation.....	57
benazepril-hydrochlorothiazide ..	22	bis subcit-metronid-tetracyc	40	budesonide oral	53
BENICAR	22	bismuth/metronidaz/tetracyclin .	40	budesonide rectal	53
BENICAR HCT.....	22	bisoprolol fumarate oral.....	22	budesonide-formoterol fumarate	57
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	50	bisoprolol-hydrochlorothiazide...	22	bumetanide oral	22
BENZAMYCIN.....	28	blisovi 24 fe	43	BUMEX	22
benzonatate oral capsule 100 mg, 200 mg	56	blisovi fe 1/20	43	BUPAP ORAL TABLET 50-300 MG .	9
benzonatate oral capsule 150 mg.	56	blisovi fe 1.5/30.....	43	buprenorphine.....	9, 11
benzoyl peroxide-erythromycin ..	28	BLOOD GLUCOSE TEST STRIPS ..	32	buprenorphine hcl sublingual.....	11
benztropine mesylate oral	19	BLOOD GLUCOSE TEST STRIPS 333	32	buprenorphine hcl-naloxone hcl...	11
BESIVANCE	54	BOOSTRIX	52	bupropion hcl er (smoking det) ...	11
betamethasone dipropionate aug external cream.....	28	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	52	bupropion hcl er (sr)	15
betamethasone dipropionate aug external lotion.....	28	BOSULIF ORAL TABLET.....	18	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	15
betamethasone dipropionate aug external ointment.....	28	BREATHE COMFORT CHAMBER/ADULT.....	57	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	15
betamethasone dipropionate external cream.....	28	BREATHE COMFORT CHAMBER/CHILD	57	bupropion hcl oral	15
betamethasone dipropionate external lotion	28	BREO ELLIPTA	57	bupropion hcl oral.....	21
betamethasone dipropionate external ointment	28	breyana.....	57	butalbital-acetaminophen oral tablet 50-300 mg.....	9
betamethasone valerate external cream.....	28	BREZTRI AEROSPHERE.....	57	butalbital-acetaminophen oral tablet 50-325 mg	9
betamethasone valerate external lotion	28	briellyn	43	butalbital-apap-caff-cod oral capsule 50-300-40-30 mg.....	9
betamethasone valerate external ointment	28	BRILINTA.....	20	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9
BETAPACE.....	22	brimonidine tartrate external.....	28	butalbital-apap-caffeine oral capsule 50-300-40 mg.....	9
BETAPACE AF	22	brimonidine tartrate ophthalmic solution 0.1 %	55	butalbital-apap-caffeine oral capsule 50-325-40 mg	9
BETASERON.....	27	brimonidine tartrate ophthalmic solution 0.15 %	55	butalbital-apap-caffeine oral capsule 50-300-40 mg.....	9
betaxolol hcl oral	22	brimonidine tartrate ophthalmic solution 0.2 %	55	butalbital-apap-caffeine oral capsule 50-325-40 mg	9
bethanechol chloride oral.....	42	brimonidine tartrate-timolol.....	55	butalbital-apap-caffeine oral tablet.....	9
BETIMOL.....	55	brinzolamide.....	55	butalbital-asa-caff-codeine.....	9
BEVESPI AEROSPHERE.....	57	BRIVIACT ORAL	13	butalbital-aspirin-caffeine	9
BEXSERO.....	52	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	56	butorphanol tartrate nasal	9
BEYAZ	43	bromfenac sodium (once-daily) ..	54	BUTRANS	9
		bromfenac sodium ophthalmic solution 0.07 %.....	54	BYDUREON BCISE AUTOINJECTOR	36
		bromfenac sodium ophthalmic solution 0.075 %	54	BYETTA 10 MCG PEN	36



BYETTA 5 MCG PEN.....	36	carbidopa-levodopa oral tablet... 19	cephalexin	12
BYLVAY.....	41	carbidopa-levodopa-	CEQUA	55
BYLVAY (PELLETS).....	41	entacapone	CEQUR SIMPLICITY 2U 10PK	32
BYSTOLIC.....	22	carbinoxamine maleate oral	CERDELGA	42
		tablet 4 mg.....	cetirizine hcl oral solution	56
		56	CETRAXAL	56
		carbinoxamine maleate oral	cetorelix acetate.....	52
		tablet 6 mg.....	CETROTIDE.....	52
		56	cevimeline hcl	27
		CARDIZEM	charlotte 24 fe	43
		22	chateal eq	43
		CARDIZEM CD	chateal oral tablet	
		22	0.15-30 mg-mcg.....	43
		CARDIZEM LA	chlordiazepoxide hcl	21
		22	chlordiazepoxide-clidinium.....	41
		CARDURA	chlorhexidine gluconate mouth/	
		22	throat.....	27
		CAREPOINT POLY HUB NEEDLE	chlorpromazine hcl oral tablet....	20
		18G X 1", 21G X 1", 22G X 1",	chlorthalidone	22
		23G X 1", 25G X 1", 25G X 5/8".....	chlorzoxazone oral tablet	
		32	250 mg, 375 mg, 750 mg	59
		CAREPOINT POLY HUB NEEDLE	chlorzoxazone oral tablet	
		22G X 1-1/2"	500 mg.....	59
		32	cholestyramine light	22
		CAREPOINT SAFETY 1ST	cholestyramine oral	22
		NEEDLE	CHORIONIC GONADOTROPIN	
		32	INTRAMUSCULAR.....	52
		CARETOUCH MONITOR SYSTEM .	CIALIS	38
		32	CIBINQO.....	29
		CARETOUCH TEST.....	ciclodan	16
		32	ciclopirox external gel	16
		carisoprodol oral tablet 250 mg ..	ciclopirox external shampoo.....	16
		59	ciclopirox external solution	16
		carisoprodol oral tablet 350 mg ..	ciclopirox olamine external	
		59	cream	16
		CARNITOR ORAL SOLUTION	ciclopirox olamine external	
		38	suspension	29
		CARNITOR ORAL TABLET	cilostazol.....	20
		42	CIMDUO	20
		CARNITOR SF.....	cimetidine oral.....	40
		38	CIMZIA.....	50
		cartia xt	CIMZIA (2 SYRINGE)	50
		22	CIMZIA-STARTER.....	50
		carvedilol.....	cinacalcet hcl	53
		22	CINRYZE	50
		carvedilol phosphate er	CIPRO HC	56
		22	CIPRO ORAL TABLET.....	12
		CASODEX.....		
		18		
		CATAFLAM ORAL TABLET 50 MG .		
		10		
		CATAPRES-TTS-1.....		
		22		
		CATAPRES-TTS-2		
		22		
		CATAPRES-TTS-3		
		22		
		CAVERJECT IMPULSE.....		
		42		
		cefadroxil		
		12		
		cefdinir		
		12		
		cefixime.....		
		12		
		cefepodoxime proxetil oral tablet .		
		12		
		cefprozil.....		
		12		
		cefuroxime axetil		
		12		
		CELEBREX		
		10		
		celecoxib oral.....		
		10		
		CELEXA		
		15		
		CELLCEPT ORAL CAPSULE		
		50		
		CELLCEPT ORAL TABLET		
		50		
		CENTANY EXTERNAL		
		OINTMENT 2 %.....		
		12		



CIPRODEX OTIC SUSPENSION 0.3-0.1%.....	56	clindamycin phosphate gel 1 % external	29	COLAZAL	53
ciprofloxacin hcl ophthalmic.....	54	clindamycin phosphate vaginal... ..	12	colchicine oral	17
ciprofloxacin hcl oral	12	CLINDESSE	12	colchicine-probenecid	17
ciprofloxacin hcl otic	56	CLINPRO 5000	27	COLCRYS ORAL TABLET 0.6 MG..	17
ciprofloxacin-dexamethasone....	56	clobazam oral suspension.....	13	colesevelam hcl oral tablet.....	23
citalopram hydrobromide oral solution	15	clobazam oral tablet.....	13	COLESTID ORAL TABLET	23
citalopram hydrobromide oral tablet.....	15	clobetasol prop emollient base external cream 0.05 %.....	29	colestipol hcl oral tablet.....	23
CITRANATAL 90 DHA.....	38	clobetasol propionate e.....	29	COMBIGAN	55
CITRANATAL ASSURE	38	clobetasol propionate external cream	29	COMBIPATCH.....	43
CITRANATAL DHA ORAL 27-1 & 250 MG.....	38	clobetasol propionate external foam.....	29	COMBIVENT RESPIMAT.....	58
claravis	29	clobetasol propionate external gel	29	COMIRNATY	52
CLARINEX	56	clobetasol propionate external liquid	29	COMPLERA	20
clarithromycin er	12	clobetasol propionate external ointment.....	29	COMPLETENATE	38
clarithromycin oral suspension reconstituted	12	clobetasol propionate external shampoo.....	29	COMTAN ORAL TABLET 200 MG..	19
clarithromycin oral tablet.....	12	clobetasol propionate external solution	29	CONCEPT DHA.....	38
CLENPIQ.....	41	CLOBEX EXTERNAL SHAMPOO... ..	29	CONCERTA.....	26
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12	CLOBEX SPRAY	29	constulose	41
CLEOCIN ORAL CAPSULE 75 MG.	12	clodan.....	29	CONTOUR MONITOR KIT W/ DEVICE.....	32
CLEOCIN ORAL SOLUTION RECONSTITUTED.....	12	CLOMID.....	52	CONTOUR NEXT EZ KIT W/ DEVICE.....	32
CLEOCIN VAGINAL CREAM.....	12	clomiphene citrate oral tablet 50 mg	52	CONTOUR NEXT GEN MONITOR KIT W/DEVICE	32
CLEOCIN-T.....	29	clomipramine hcl oral	15	CONTOUR NEXT GEN TEST STRIPS	32
CLIMARA.....	43, 44	clonazepam oral	21	CONTOUR NEXT LINK KIT W/ DEVICE.....	32
CLIMARA PRO	43	clonidine hcl er.....	26	CONTOUR NEXT MONITOR KIT W/DEVICE	32
clindacin	29	clonidine hcl oral.....	22	CONTOUR NEXT ONE DEVICE....	33
clindacin etz external swab	29	clonidine patch weekly 0.1 mg/24hr transdermal.....	22, 23	CONTOUR NEXT ONE KIT.....	33
clindacin-p.....	29	clonidine patch weekly 0.2 mg/24hr transdermal	23	CONTOUR NEXT TEST STRIPS....	33
CLINDAGEL.....	29	clonidine patch weekly 0.3 mg/24hr transdermal	23	CONTOUR PLUS BLUE.....	33
clindamycin hcl oral	12	clonidine patch weekly 0.5 mg/24hr transdermal	23	CONTOUR PLUS TEST	33
clindamycin palmitate hcl.....	12	clopidogrel bisulfate oral.....	20	CONTOUR TEST STRIPS.....	33
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %.....	29	clorazepate dipotassium.....	21	COPAXONE	27
clindamycin phos-benzoyl perox external gel 1.2-5 %.....	29	clotrimazole external cream	29	CORDRAN.....	29
clindamycin phosphate external foam.....	29	clotrimazole mouth/throat	16	COREG	23
clindamycin phosphate external lotion	29	clotrimazole-betamethasone....	29	COREG CR	23
clindamycin phosphate external solution	29	clozapine oral tablet.....	20	CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG.....	23
clindamycin phosphate external swab.....	29	CLOZARIL.....	20	CORLANOR.....	23
		CO-NATAL FA	38	CORTEF	47



COSENTYX 150 MG/ML SUBCUTANEOUS.....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	50	delyla.....	43
COSENTYX SENSOREADY (300 MG).....	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	50	DENTA 5000 PLUS.....	27, 38
COSENTYX SENSOREADY PEN	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50	DENTA 5000 PLUS SENSITIVE.....	38
COSENTYX UNOREADY	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	DENTAGEL	27
COSOPT.....	55	CYMBALTA	15	DEPAKOTE	13
COSOPT PF	55	cyproheptadine hcl oral.....	56	DEPAKOTE ER.....	13
COTELLIC.....	18	cyred eq.....	43	DEPAKOTE SPRINKLES.....	13
COTEMPLA XR-ODT	26	cyred oral tablet 0.15-30 mg-mcg.....	43	DEPEN TITRATABS.....	42
COVARYX	43	CYTOMEL.....	48	DEPO-ESTRADIOL	43
COVARYX HS.....	43	CYTOTEC.....	40	DEPO-PROVERA	43
COZAAR.....	23			DEPO-SUBQ PROVERA 104	43
CREON	42			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	48
CRESEMBA ORAL.....	16			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	48
CRESTOR.....	23			DERMA-SMOOTH/FS BODY	29
CREXONT	19			DERMA-SMOOTH/FS SCALP	29
cromolyn sodium ophthalmic.....	55			DERMACINRX UREA.....	29
cromolyn sodium oral	41			DERMOTIC.....	56
cryselle-28	43			DESCOVY	20
curae	43			desipramine hcl oral.....	15
CUVPOSA	41			desloratadine oral tablet.....	56
CVS ADVANCED GLUCOSE TEST	33			desmopressin acetate oral.....	48
CVS GLUCOSE METER TEST STRIPS	33			desmopressin acetate spray	48
CVS NEEDLE COLLECTION/ DISPOSAL.....	33			desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5).....	43
cvs nicotine	11			desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.....	44
cvs nicotine polacrilex.....	11			desonide external cream.....	29
cyanocobalamin injection solution 1000 mcg/ml.....	38			desonide external lotion	29
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	38			desonide external ointment	29
cyanocobalamin nasal.....	38			DESOWEN.....	29
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	59			desoximetasone external cream	29
cyclobenzaprine hcl oral tablet 7.5 mg	59			desoximetasone external ointment.....	29
CYCLOGYL.....	55			desvenlafaxine succinate er	15
cyclopentolate hcl ophthalmic	55			DETROL	42
cyclophosphamide oral capsule	18			DETROL LA	42
CYCLOSET	36			DEXABLISS	47
cyclosporine modified oral capsule.....	50			dexamethasone intensol.....	47
cyclosporine ophthalmic.....	55			dexamethasone oral elixir.....	47
cyclosporine oral	50			dexamethasone oral solution	47
CYLTEZO (2 PEN)	50			dexamethasone oral tablet	47
CYLTEZO (2 SYRINGE)	50			dexamethasone oral tablet therapy pack.....	47

D



dexamethasone sodium phosphate ophthalmic	54	dicloxacillin sodium.....	12	dorzolamide hcl-timolol mal pf ...	55
DEXCOM G6 RECEIVER	33	dicyclomine hcl oral	41	dotti	44
DEXCOM G6 SENSOR	33	DIFICID ORAL TABLET	12	DOVATO	20
DEXCOM G6 TRANSMITTER.....	33	DIFLUCAN	16	doxazosin mesylate oral.....	23
DEXCOM G7 RECEIVER	33	difluprednate	55	doxepin hcl oral capsule.....	15
DEXCOM G7 SENSOR	33	digitek oral tablet 125 mcg, 250 mcg.....	23	doxepin hcl oral concentrate	15
DEXEDRINE.....	26	digoxin oral tablet	23	doxepin hcl oral tablet.....	60
DEXILANT	40	DILANTIN INFATABS	13	doxycycline	12, 29
dexlansoprazole	40	DILANTIN ORAL CAPSULE.....	13	doxycycline hyclate oral capsule..	12
dexmethylphenidate hcl	26	DILAUDID ORAL TABLET.....	9	doxycycline hyclate oral tablet 100 mg	12
dexmethylphenidate hcl er	26	dilt-xr.....	23	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg.....	26	diltiazem hcl er beads	23	doxycycline hyclate oral tablet 20 mg	12
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg.....	26	diltiazem hcl er coated beads.....	23	doxycycline monohydrate oral capsule 100 mg, 50 mg.....	12
dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	26	diltiazem hcl er oral capsule extended release 12 hour	23	doxycycline monohydrate oral capsule 150 mg, 75 mg	12
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg.....	26	diltiazem hcl er oral capsule extended release 24 hour	23	doxycycline monohydrate oral suspension reconstituted.....	12
DHIVY	19	diltiazem hcl er oral tablet extended release 24 hour	23	doxycycline monohydrate oral tablet.....	12
DIABETES MONITOR DIGIT ADD-ON.....	33	diltiazem hcl oral.....	23	doxylamine-pyridoxine.....	16
DIABETES MONITOR DIGIT SOLN	33	dimethyl fumarate oral.....	27	DRISDOL.....	38
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	DIOVAN	23	dronabinol	16
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	DIOVAN HCT.....	23	DROPSAFE SAFETY SYRINGE/NEEDLE	33
diazepam oral solution	21	DIPENTUM	53	drospiren-eth estrad-levomefol ..	44
diazepam oral tablet.....	21	diphenoxylate-atropine oral tablet.....	41	drospirenone-ethinyl estradiol ...	44
diazepam rectal.....	13	DIPROLENE.....	29	DRYSOL	29
DICLEGIS	16	disulfiram oral	11	DUAVEE	44
diclofenac potassium oral tablet 25 mg.....	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	42	DULERA	58
diclofenac potassium oral tablet 50 mg	10	divalproex sodium er	13	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	15
diclofenac sodium er	10	divalproex sodium oral capsule delayed release sprinkle.....	13	duloxetine hcl oral capsule delayed release particles 40 mg ..	15
diclofenac sodium external gel 1%	10	divalproex sodium oral tablet delayed release	13	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	29
diclofenac sodium external gel 3%.....	29	DIVIGEL.....	44	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	29
diclofenac sodium ophthalmic....	54	DODEX.....	38	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	29
diclofenac sodium oral	10	dofetilide.....	23	DUREZOL	55
diclofenac-misoprostol	10	dolishale.....	44	dutasteride oral.....	43
DICLOFONO	10	donepezil hcl oral tablet 10 mg, 5 mg	14		
		donepezil hcl oral tablet 23 mg ...	15		
		DOPTELET	37		
		dorzolamide hcl solution 2% ophthalmic.....	55		
		dorzolamide hcl-timolol mal	55		



DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	47
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	26
DYMISTA	56

E

E.E.S. GRANULES	12
EASIVENT	58
EASIVENT MASK LARGE	58
EASIVENT MASK MEDIUM	58
EASIVENT MASK SMALL	58
EASY COMFORT SHARPS CONTAINER	33
EASY MAX BLOOD GLUCOSE TEST	33
EASY MAX T1 GLUCOSE SYSTEM	33
EASY TOUCH HEALTHPRO GLUCOSE	33
EASY TOUCH TEST	33
EASYGLUCO	33
EASYMAX 15 TEST	33
EASYMAX NG BLOOD GLUCOSE KIT	33
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10
ec-naproxen	10
econazole nitrate external	16
econtra ez oral tablet 1.5 mg	44
econtra one-step	44
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	41
EDARBI	23
EDARBYCLOR	23
EDEX	42
EEMT	44
EEMT HS	44
efavirenz-emtricitab-tenofo df	21
EFFER-K ORAL TABLET	
EFFERVESCENT 10 MEQ, 20 MEQ	38
EFFEXOR XR	15
EFFIENT	20
EFUDEX	29
ELEPSIA XR	13
ELESTRIN	44
eletriptan hydrobromide	17

ELIDEL	29
ELIMITE	19
elinest	44
ELIQUIS	13
ELIQUIS DVT/PE STARTER PACK	13
ELITE-OB	38
ELLA	44
ELMIRON	42
ELOCTATE	37
eluryng	44
EMBRACE BLOOD GLUCOSE TEST	33
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	33
EMEND ORAL CAPSULE	16
EMGALITY	17
EMPAVELI	50
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	21
emtricitabine-tenofovir df oral tablet 200-300 mg	21
emzahn	44
enalapril maleate oral solution	23
enalapril maleate oral tablet	23
enalapril-hydrochlorothiazide	23
ENBREL	50
ENBREL MINI	50
ENBREL SURECLICK	50
endocet	9
ENDOMETRIN	52
ENGERIX-B	52
enillorig	44
ENLITE GLUCOSE SENSOR	33
enoxaparin sodium injection solution prefilled syringe	13
enpresse-28	44
enskyce	44
ENSTILAR	29
entacapone	19
entecavir	21
ENTRESTO ORAL TABLET	23
ENTYVIO PEN	50
enulose	41
ENVARUS XR	50
EPANED	23
EPCLUSA ORAL TABLET	21

EPIDIOLEX	13
EPIDUO	30
EPIDUO FORTE	30
epinephrine solution auto- injector 0.15 mg/0.15ml injection	56
epinephrine solution auto- injector 0.15 mg/0.3ml injection	56
epinephrine solution auto- injector 0.3 mg/0.3ml injection	56
EPIPEN 2-PAK	56
EPIPEN JR 2-PAK	56
epitol	14
eplerenone	23
EQ BLOOD GLUCOSE TEST	33
eq nicotine	11
eq nicotine polacrilex	11
eq nicotine step 3	11
eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	11
EQUETRO	22
ergocalciferol oral capsule	38, 40
ERIVEDGE	18
ERLEADA ORAL TABLET 240 MG	18
ERLEADA ORAL TABLET 60 MG	18
ERMEZA	48
errin	44
ERY-TAB	12
ERYGEL	30
ERYPED 200	12
ERYPED 400	12
erythromycin base oral tablet	12
erythromycin base oral tablet delayed release	12
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	12
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	12
erythromycin external	30
erythromycin ophthalmic	54
erythromycin oral	12
escitalopram oxalate oral solution	15
escitalopram oxalate oral tablet	15
ESGIC	9
ESGIC ORAL CAPSULE 50-325-40 MG	9



esomeprazole magnesium oral capsule delayed release	40	EVEKEO	26	FELDENE ORAL CAPSULE 10 MG, 20 MG	10
esomeprazole magnesium oral packet.....	40	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	50	felodipine er	23
est estrogens-methyltest	44	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	18	FEMARA.....	18
est estrogens-methyltest ds	44	EVERSENSE 365 SENSOR/HOLDER.....	33	FEMRING	44
est estrogens-methyltest hs	44	EVERSENSE 365 SMART TRANSMIT	33	femynor oral tablet 0.25-35 mg-mcg.....	44
estarylla	44	EVERSENSE E3 SENSOR/HOLDER.....	33	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg.....	23
estazolam	60	EVERSENSE E3 SMART TRANSMITTER.....	33	FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG ...	23
ESTRACE	44	EVERSENSE SENSOR/HOLDER... ..	33	fenofibrate oral capsule 134 mg, 200 mg, 67 mg.....	23
estradiol oral.....	43, 44, 46	EVERSENSE SMART TRANSMITTER.....	33	fenofibrate oral tablet 120 mg, 40 mg	23
estradiol patch twice weekly 0.025 mg/24hr transdermal.....	44	EVISTA	53	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	23
estradiol patch twice weekly 0.0375 mg/24hr transdermal	44	EVOCALIN EXTERNAL FOAM 1%... ..	30	fenofibric acid oral capsule delayed release	23
estradiol patch twice weekly 0.05 mg/24hr transdermal	44	EVOXAC.....	27	FENOGLIDE.....	23
estradiol patch twice weekly 0.075 mg/24hr transdermal.....	44	EVRYSDI	42	fantanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr .	9
estradiol patch twice weekly 0.1 mg/24hr transdermal.....	44	EXELDERM EXTERNAL CREAM ...	16	fantanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	9
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.....	44	EXELON	15	FETZIMA	15
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%).....	44	exemestane.....	18	FEXMID	59
estradiol transdermal patch weekly	44	EXFORGE	23	FINACEA EXTERNAL FOAM.....	30
estradiol vaginal cream.....	44	EXKIVITY ORAL CAPSULE 40 MG	18	FINACEA EXTERNAL GEL	30
estradiol vaginal tablet.....	44	EXTAVIA.....	27	finasteride oral tablet 5 mg	43
estradiol valerate intramuscular ..	44	EYSUVIS	54	finbolimod hcl	27
estradiol-norethindrone acet	44	ezetimibe	23	FINTEPLA	14
estrategest f.s.....	44	ezetimibe-simvastatin.....	23	finzala	45
ESTRATEST H.S.....	44			FIORICET	9
ESTRING	44	F		FIORICET/CODEINE	9
ESTROGEL	44	FABHALTA.....	37	FIRVANQ.....	12
eszopiclone	60	falmina	44	flac	56
ethambutol hcl oral.....	18	famciclovir oral	21	FLAGYL	12
ethosuximide oral	14	famotidine oral suspension reconstituted	40	FLAREX	54
ethynodiol diac-eth estradiol	44	famotidine oral tablet 20 mg, 40 mg	40	flecainide acetate	23
etodolac.....	10	FARXIGA	36	FLEXICHAMBER	58
etodolac er.....	10	FASENRA PEN.....	58	FLOMAX.....	43
etonogestrel-ethinyl estradiol	44	fayosim oral tablet 42-21-21-7 days	44	FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	38
etravirine.....	21	febuxostat	17	FLORIVA PLUS.....	39
EUCRISA	30	felbamate.....	14		
euthyrox.....	48	FELBATOL.....	14		
EVAMIST	44	FELBATOL ORAL SUSPENSION 600 MG/5ML	14		



FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	58	fluticasone propionate nasal	56	FREESTYLE LIBRE 3 READER	33
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 cream	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	G	
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,	
glimpiride 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
glimpiride 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			HULIO (2 PEN).....	50
glycopyrrolate oral tablet 1 mg,				HULIO (2 SYRINGE)	50
2 mg.....	41			HUMALOG CARTRIDGE	35
GLYCOPYRROLATE ORAL				HUMALOG INJECTION.....	35
TABLET 1.5 MG	41			HUMALOG KWIKPEN.....	35
glydo	9			HUMALOG MIX 50/50 KWIKPEN .	35
GLYNASE ORAL TABLET 1.5 MG ..	37			HUMALOG MIX 50/50 VIAL.....	35
GLYNASE ORAL TABLET 3 MG,				HUMALOG MIX 75/25 KWIKPEN ..	35
6 MG.....	37			HUMALOG MIX 75/25 VIAL	35
GLYXAMBI	37			HUMALOG SUBCUTANEOUS.....	35
gnp nicotine mini	11			HUMALOG TEMPO PEN	35
gnp nicotine polacrilex mouth/				HUMALOG U-100 JUNIOR	
throat gum 2 mg.....	11			KWIKPEN.....	35
gnp nicotine polacrilex mouth/				HUMATE-P	38
throat lozenge	11			HUMIRA (2 PEN)	50
gnp nicotine transdermal	11			HUMIRA (2 SYRINGE)	50
GOLYTELY	41			HUMIRA-CD/UC/HS STARTER ...	50
GONAL-F.....	52			HUMIRA-PED<40KG CROHNS	
GONAL-F RFF	52			STARTER SUBCUTANEOUS	
				PREFILLED SYRINGE KIT	
				80 MG/0.8ML & 40MG/0.4ML	50

H

habitrol.....	11				
HADLIMA	50				
HADLIMA PUSHTOUCH	50				
HAEGARDA.....	50				
hailey 1.5/30	45				
hailey 24 fe	45				
hailey fe 1/20.....	45				
hailey fe 1.5/30.....	45				
HALCION.....	21				
halobetasol propionate external					
cream	30				
halobetasol propionate external					
ointment.....	30				
haloette	45				
haloperidol oral.....	20				
HARVONI ORAL TABLET	21				
HAVRIX.....	52				



INGREZZA ORAL CAPSULE 40 MG, 80 MG.....	27	INTRAROSA.....	38	jencycla.....	45
INGREZZA ORAL CAPSULE 60 MG.....	27	introvale.....	45	JENTADUETO.....	37
INGREZZA ORAL CAPSULE SPRINKLE.....	27	INTUNIV.....	26	JENTADUETO XR.....	37
INGREZZA ORAL CAPSULE THERAPY PACK.....	27	INVEGA.....	20	jinteli.....	45
INLYTA.....	18	INVELTYS.....	54	jolessa.....	45
INPEN 100-BLUE-LILLY- HUMALOG DEVICE.....	34	INVOKANA.....	37	JORNAY PM.....	26
INPEN 100-BLUE-NOVOLOG- FIASP DEVICE.....	34	IPOL.....	52	JUBLIA.....	16
INPEN 100-GREY-LILLY- HUMALOG DEVICE.....	34	ipratropium bromide inhalation..	58	juleber.....	45
INPEN 100-GREY-NOVOLOG- FIASP DEVICE.....	34	ipratropium bromide nasal.....	56	JULUCA.....	21
INPEN 100-PINK-LILLY- HUMALOG DEVICE.....	34	ipratropium-albuterol.....	58	junel 1/20.....	45
INPEN 100-PINK-NOVOLOG- FIASP DEVICE.....	34	IQIRVO.....	41	junel 1.5/30.....	45
INSPIREASE.....	58	irbesartan.....	23	junel fe 1/20.....	45
INSPIRA.....	23	irbesartan-hydrochlorothiazide..	23	junel fe 1.5/30.....	45
INSULIN ASPART.....	36	ISENTRESS HD.....	21	junel fe 24.....	45
INSULIN ASPART FLEXPEN.....	36	ISENTRESS ORAL TABLET.....	21	JUST RIGHT 5000 DENTAL GEL 1.1 %.....	28
INSULIN DEGLUDEC FLEXTOUCH.....	36	isibloom.....	45	JUST RIGHT 5000 DENTAL PASTE.....	28
INSULIN GLARGINE.....	36	isoniazid oral tablet.....	18	JYLAMVO.....	51
INSULIN GLARGINE MAX SOLOSTAR.....	36	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %.....	55	JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG.....	42
INSULIN GLARGINE SOLOSTAR..	36	ISORDIL TITRADOSE.....	24	JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG.....	42
INSULIN LISPRO.....	36	isosorb dinitrate-hydralazine.....	24		
INSULIN LISPRO (1 UNIT DIAL)..	36	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	24	K	
INSULIN LISPRO JUNIOR KWIKPEN.....	36	isosorbide dinitrate oral tablet 40 mg.....	24	K-PHOS-NEUTRAL.....	39
INSULIN LISPRO PROT & LISPRO.....	36	isosorbide mononitrate.....	24	K-TAB.....	39
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.....	34	isosorbide mononitrate er.....	24	kalliga.....	45
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.....	34	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	30	KAPSPARGO SPRINKLE.....	24
INTELENCE ORAL TABLET 100 MG, 200 MG.....	21	isotretinoin oral capsule 25 mg, 35 mg.....	30	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG.....	26
INTELENCE ORAL TABLET 25 MG	21	ISTALOL.....	55	kariva.....	45
		itraconazole oral capsule.....	16	kelnor 1/35.....	45
		ivabradine hcl.....	24	kelnor 1/50.....	45
		ivermectin external cream.....	30	KEPPRA ORAL.....	14
		ivermectin oral.....	19	KEPPRA XR.....	14
		IYUZEH.....	55	KERENDIA.....	24
				KESIMPTA.....	27
		J		ketoconazole external cream.....	16
		jaimiess.....	45	ketoconazole external shampoo..	16
		JAKAFI.....	18	ketoconazole oral.....	16
		jantoven.....	13	ketorolac tromethamine ophthalmic.....	54
		JANUMET.....	37	ketorolac tromethamine oral.....	10
		JANUMET XR.....	37	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	51
		JANUVIA.....	37		
		JARDIANCE.....	37		
		jasmiel.....	45		

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



LINZESS.....	41	LOTEMAX OPHTHALMIC OINTMENT.....	54	marlissa.....	45
liothyronine sodium oral.....	48	LOTEMAX OPHTHALMIC SUSPENSION.....	54	matzim la.....	24
LIPITOR.....	24	LOTEMAX SM.....	54	MAVENCLAD.....	27
LIRAGLUTIDE.....	37	LOTENSIN.....	24	MAVYRET.....	21
lisdexamphetamine dimesylate.....	26	LOTENSIN HCT.....	24	MAXALT.....	17
lisinopril oral.....	24	loteprednol etabonate ophthalmic gel.....	54	MAXALT-MLT.....	17
lisinopril-hydrochlorothiazide.....	24	loteprednol etabonate ophthalmic suspension.....	54	maxi-tuss ac.....	56
LITFULO.....	51	LOTREL.....	24	MAXITROL.....	54
lithium carbonate er.....	22	lovastatin oral.....	24	MAXZIDE ORAL TABLET 75-50 MG.....	24
lithium carbonate oral.....	22	LOVAZA.....	24	MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	24
LITHOBID.....	22	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	13	MAYZENT.....	27
LIVALO.....	24	low-ogestrel.....	45	MAYZENT STARTER PACK.....	27
LO LOESTRIN FE.....	45	loxapine succinate.....	20	me/naphos/mb/hyo1.....	42
lo-zumandimine.....	45	lubiprostone.....	41	meclizine hcl oral tablet.....	16
LODINE.....	10	LUMAKRAS ORAL TABLET.....	19	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	47
LODOCO.....	24	LUMIGAN.....	55	MEDROL ORAL TABLET 2 MG.....	47
LOESTRIN 1/20 (21).....	45	LUMRYZ.....	60	MEDROL ORAL TABLET THERAPY PACK.....	47
LOESTRIN 1.5/30 (21).....	45	LUNESTA.....	60	medroxyprogesterone acetate intramuscular.....	45
LOESTRIN FE 1/20.....	45	LUPKYNIS.....	51	medroxyprogesterone acetate oral.....	45
LOESTRIN FE 1.5/30.....	45	lurasidone hcl.....	20	mefenamic acid oral.....	10
LOFENA.....	10	lutera.....	45	mefloquine hcl.....	19
lojaimiess.....	45	lyleq.....	45	megestrol acetate oral suspension 40 mg/ml.....	48
LOKELMA.....	39	lyllana.....	45	megestrol acetate oral tablet.....	45
LOMOTIL.....	41	LYMEPAK ORAL TABLET 100 MG.....	12	MEKINIST ORAL TABLET.....	19
LONSURF.....	19	LYNPARZA.....	19	meloxicam oral tablet.....	10
LOPID.....	24	LYRICA ORAL CAPSULE.....	27	memantine hcl er.....	15
LOPRESSOR.....	24	LYSTEDA ORAL TABLET 650 MG.....	38	memantine hcl oral tablet.....	15
LOPROX EXTERNAL CREAM 0.77 %.....	16	LYUMJEV KWIKPEN.....	36	MENOPUR.....	52
LOPROX EXTERNAL SHAMPOO 1 %.....	16	LYUMJEV TEMPO PEN.....	36	MENOSTAR.....	45
LOPROX EXTERNAL SUSPENSION 0.77 %.....	30	LYUMJEV VIAL.....	36	MENQUADFI.....	52
lorazepam intensol.....	21	lyza.....	45	MENVEO.....	52
lorazepam oral concentrate 2 mg/ml.....	21			MEPRON.....	19
lorazepam oral tablet.....	22			mercaptapurine oral.....	19
LORTAB ORAL ELIXIR 10-300 MG/15ML.....	9			mesalamine er oral capsule 0.375 gm.....	53
loryna.....	45			mesalamine oral tablet delayed release 1.2 gm.....	53
LORZONE ORAL TABLET 375 MG, 750 MG.....	59			mesalamine oral tablet delayed release 800 mg.....	53
losartan potassium oral.....	24			mesalamine rectal enema.....	53
losartan potassium-hctz.....	24			mesalamine rectal suppository.....	53
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG.....	45				
LOTEMAX OPHTHALMIC GEL.....	54				
		M			
		M-M-R II.....	52		
		M-NATAL PLUS.....	39		
		MACROBID.....	12		
		MACRODANTIN.....	12		
		MALARONE.....	19		
		MARINOL ORAL CAPSULE 10 MG, 5 MG.....	16		
		MARINOL ORAL CAPSULE 2.5 MG.....	16		

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
N					
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
NOCDURNA.....	48	NOVOLIN R FLEXPEN	36	nystatin-triamcinolone.....	17
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		
nortriptyline hcl oral capsule.....	15	NUTROPIN AQ NUSPIN 5.....	48		
NORVASC	24	NUVARING.....	46		
NOVAREL	52	NUVESSA.....	13		
NOVOEIGHT	38	NUVIGIL	60		
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT.....	38		
NOVOFINE PEN NEEDLE.....	34	NUWIQ INTRAVENOUS KIT 1500 UNIT.....	38		
NOVOFINE PLUS PEN NEEDLE ...	34	NUZYRA ORAL.....	13		
NOVOLIN 70/30 FLEXPEN	36	nyamyc.....	16		
NOVOLIN 70/30 FLEXPEN RELION.....	36	nylia 1/35.....	46		
NOVOLIN 70/30 RELION	36	nylia 7/7/7.....	46		
NOVOLIN 70/30 VIAL.....	36				

O

OB COMPLETE.....	39
OCALIVA.....	41
ocella.....	46
OCUFLOX	54
ODACTRA	57
ODEFSEY.....	21
ODOMZO.....	19
OFEV	59
ofloxacin ophthalmic.....	54
ofloxacin otic	56
olanzapine oral tablet	20
olanzapine oral tablet dispersible.	20
olanzapine-fluoxetine hcl	15
olmesartan medoxomil oral.....	24
olmesartan medoxomil-hctz.....	24
olmesartan-amlodipine-hctz	24
olopatadine hcl nasal.....	57
olopatadine hcl ophthalmic solution 0.1 %	54
OLUMIANT ORAL TABLET 1 MG, 4 MG.....	51
OLUMIANT ORAL TABLET 2 MG ..	51
OLUX EXTERNAL FOAM 0.05 % ...	30
OMECLAMOX-PAK.....	41
omega-3-acid ethyl esters.....	24
omeprazole oral capsule delayed release	41
OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	34
OMNIPOD 5 DEXG7G6 PODS GEN 5.....	34
OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	34
OMNIPOD 5 G7 PODS (GEN 5)....	34
OMNIPOD 5 LIBRE2 PLUS G6.....	34
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	34



OMNITROPE	48	ORIAHNN	48	PACERONE ORAL TABLET 200 MG25
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	51	ORILISSA	48	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
ON CALL EXPRESS BLOOD GLUCOSE	34	orphenadrine citrate er.....	59	20
ON CALL EXPRESS MONITORING SYS.....	34	OSCIMIN.....	41	PAMELOR
ondansetron hcl oral	16	oseltamivir phosphate oral.....	21	PANCREAZE.....
ondansetron odt oral tablet dispersible 16 mg	16	OSPHENA	38	PANRETIN.....
ondansetron odt oral tablet dispersible 4 mg, 8 mg	16	OTEZLA ORAL TABLET 20 MG	51	pantoprazole sodium oral tablet delayed release
ONE VITE WOMENS PLUS.....	39	OTEZLA ORAL TABLET 30 MG	51	41
ONETOUCH DELICA LANCETS ...	34	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	51	PARADIGM REAL-TIME TRANSMITTER.....
ONETOUCH ULTRA 2 KIT W/ DEVICE.....	34	OTREXUP.....	51	35
ONETOUCH ULTRA BLUE TEST ...	35	OVACE PLUS WASH EXTERNAL LIQUID	31	paricalcitol oral
ONETOUCH ULTRA TEST STRIPS .	35	OVACE WASH	31	53
ONETOUCH ULTRASOFT LANCETS.....	35	OVIDREL.....	52	PARLODEL ORAL TABLET
ONETOUCH VERIO FLEX SYSTEM KIT.....	35	oxaprozin oral tablet.....	10	20
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	35	OXAYDO ORAL TABLET 5 MG, 7.5 MG.....	9	15
ONETOUCH VERIO KIT W/ DEVICE.....	35	oxazepam	22	PARNATE
ONETOUCH VERIO REFLECT KIT W/DEVICE	35	oxcarbazepine	14	paroxetine hcl er.....
ONETOUCH VERIO TEST STRIPS .	35	oxcarbazepine er	14	15
ONEXTON.....	31	OXTELLAR XR.....	14	PATANASE NASAL SOLUTION 0.6 %.....
ONFI	14	oxybutynin chloride er	42	57
ONGLYZA	37	oxybutynin chloride oral tablet 2.5 mg.....	42	PAXIL CR.....
opcicon one-step.....	46	oxybutynin chloride oral tablet 5 mg	42	15
opium	41	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9	PAXIL ORAL TABLET
OPSUMIT.....	59	oxycodone hcl oral capsule	9	15
option 2	46	oxycodone hcl oral solution.....	9	PAXLOVID (150/100).....
OPTIUMEZ TEST.....	35	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	10	21
OPZELURA	31	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	10	PAXLOVID (300/100)
ORACEA.....	31	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10	21
ORACIT	39	OXYCONTIN	10	pazopanib hcl
ORAL CITRATE.....	39	oxymorphone hcl er.....	10	19
ORALONE DENTAL PASTE	28	OZEMPIC.....	37	PEDIAPRED
ORAPRED ODT.....	47			47
ORENCIA CLICKJECT.....	51			peg 3350-kcl-na bicarb-nacl.....
ORENCIA SUBCUTANEOUS	51			41
ORENITRAM	59			peg-3350/electrolytes
ORFADIN.....	42			41
ORGOVYX.....	19			peg-kcl-nacl-nasulf-na asc-c
				41
				penicillin v potassium
				13
				pentoxifylline er
				25
				PEPCID.....
				41
				PERCOCET.....
				10
				PERFOROMIST.....
				58
				PERIDEX
				28
				perindopril erbumine.....
				25
				periogard
				28
				permethrin external.....
				19
				perphenazine oral
				16
				PERTZYE
				42
				PFIZER COVID-19 VAC-TRIS 5-11Y.....
				52
				PFIZER COVID-19 VAC-TRIS 6M-4Y
				52
				phenazo oral tablet 200 mg.....
				42

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PACERONE ORAL TABLET 100 MG, 400 MG

24



phenazopyridine hcl oral tablet 100 mg, 200 mg	42	POLY-VI-FLOR ORAL TABLET CHEWABLE.....	39	premium lidocaine.....	10
phenobarbital oral.....	14	POLYCYN	54	PREMPHASE	46
phenytek oral capsule 200 mg....	14	polymyxin b-trimethoprim.....	54	PREMPRO	46
phenytek oral capsule 300 mg....	14	POMALYST	19	PRENA1 PEARL	39
phenytoin infatabs	14	portia-28.....	46	prenatal 19 oral tablet 29-1 mg ...	39
phenytoin oral tablet chewable...	14	posaconazole oral tablet delayed release	17	prenatal 19 oral tablet chewable..	39
phenytoin sodium extended.....	14	potassium chloride crys er	39	prenatal oral tablet 27-1 mg	39
PHEXXI.....	46	potassium chloride er	39	prenatal plus	39
philith	46	potassium chloride oral	39	prenatal plus vitamin/mineral.....	39
PHOSPHA 250 NEUTRAL	39	potassium citrate er	39	prenatal vitamin plus low iron oral tablet 27-1 mg.....	39
phospho-trin 250 neutral	39	potassium citrate-citric acid	39	PRENATE DHA.....	39
phosphorous.....	39	PRADAXA ORAL CAPSULE.....	13	PRENATE ENHANCE.....	39
PIFELTRO	21	PRALUENT	25	PRENATE ESSENTIAL.....	39
pilocarpine hcl ophthalmic.....	55	pramipexole dihydrochloride	20	PRENATE MINI.....	39
pilocarpine hcl oral	28	PRAMOSONE EXTERNAL CREAM 1-1 %	31	PRENATE PIXIE	40
pimecrolimus	31	PRAMOSONE EXTERNAL CREAM 1-2.5 %.....	31	PRENATE RESTORE.....	40
pimozide	20	prasugrel hcl.....	20	PRENATOL-M.....	40
pimtree.....	46	pravastatin sodium	25	PRENATRIX	40
pindolol	25	prazosin hcl oral	25	PRENATRYL	40
pioglitazone hcl.....	37	PRECISION XTRA.....	35	PREVACID.....	41
pioglitazone hcl-metformin hcl...	37	PRECISION XTRA BLOOD GLUCOSE	35	PREVACID SOLUTAB.....	41
PIP BLOOD GLUCOSE TEST STRIP.....	35	PRED FORTE	54	prevalite.....	25
PIQRAY.....	19	PRED MILD.....	54	PREVIDENT 5000 BOOSTER PLUS.....	28
pirfenidone oral tablet 267 mg, 801 mg	59	prednisolone acetate ophthalmic.....	54	PREVIDENT 5000 DRY MOUTH...	28
pirfenidone oral tablet 534 mg ...	59	PREDNISOLONE ACETATE P-F....	54	PREVIDENT 5000 ENAMEL PROTECT.....	40
pirmella 1/35 oral tablet 1-35 mg-mcg.....	46	prednisolone oral solution	47	PREVIDENT 5000 KIDS	28
pirmella 7/7/7.....	46	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml.....	47	PREVIDENT 5000 ORTHO DEFENSE.....	28
piroxicam oral.....	10	prednisolone sodium phosphate oral solution 15 mg/5ml	47	PREVIDENT 5000 PLUS.....	28
pitavastatin calcium.....	25	prednisolone sodium phosphate oral solution 20 mg/5ml.....	47	PREVIDENT 5000 SENSITIVE	40
PLAN B ONE-STEP	46	prednisolone sodium phosphate oral tablet dispersible	47	PREVIDENT DENTAL	28
PLAQUENIL	19	prednisone oral	47	PREVIDENT MOUTH/THROAT	40
PLAVIX.....	20	pregabalin oral capsule.....	27	PREVNAR 20	52
PLEGRIDY INTRAMUSCULAR.....	27	PREGNYL.....	52	PREVYMIS ORAL	21
PLEGRIDY STARTER PACK.....	27	PREMARIN ORAL	46	PREZCOBIX	21
PLEGRIDY SUBCUTANEOUS	27	PREMARIN VAGINAL	46	PREZISTA ORAL TABLET 150 MG, 75 MG.....	21
PLENVU	41	PREMIUM BLOOD GLUCOSE TEST.....	35	primidone oral tablet 125 mg	14
PLEXION CLEANSER	31			primidone oral tablet 250 mg, 50 mg	14
PNEUMOVAX 23	52			PRISTIQ.....	15
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML.....	52			probenecid.....	17
pnv-dha	39			PROCARDIA XL	25
podofilox external solution	31			PROCHAMBER VHC.....	58
POKONZA.....	39				



prochlorperazine	16	pyridostigmine bromide oral tablet 60 mg	18	RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	15
prochlorperazine maleate oral	16			react.....	46
PROCORT	53	Q			
procto-med hc.....	53	qc nicotine transdermal system ..	11	reclipsen	46
PROCTOCORT	53	QELBREE.....	26	RECOMBINATE	38
PROCTOFOAM HC.....	53	QUARTETTE ORAL TABLET 42- 21-21-7 DAYS	46	RECOMBIVAX HB	52
PROCTOSOL HC.....	53	QUESTRAN.....	25	RECTIV.....	25
PROCTOZONE-HC.....	53	QUESTRAN LIGHT.....	25	REGLAN.....	16
progesterone intramuscular	46	quetiapine fumarate	20	RELAFEN DS	10
progesterone oral	46	quetiapine fumarate er.....	20	RELAFEN ORAL TABLET 500 MG, 750 MG.....	10
PROGRAF ORAL CAPSULE	51	QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG ...	40	RELEXXII.....	27
PROLATE ORAL TABLET.....	10	QUFLORA PEDIATRIC	40	RELION TRUE MET AIR GLUC METER.....	35
PROLENSA.....	54	QUILLICHEW ER.....	26	RELION TRUE METRIX TEST STRIPS	35
PROMACTA ORAL TABLET	38	QUILLIVANT XR	27	RELION ULTIMA GLUCOSE SYSTEM	35
promethazine hcl oral	16	quinapril hcl.....	25	RELION ULTIMA TEST.....	35
promethazine hcl rectal.....	16	QUINTET AC BLOOD GLUCOSE TEST.....	35	RELPAK.....	17
promethazine-codeine.....	57	QUINTET BLOOD GLUCOSE TEST.....	35	RELTONE.....	42
promethazine-dm	57	QULIPTA	17	RELYVRIO ORAL PACKET 3-1 GM .	27
PROMETHEGAN	16	QVAR REDIHALER	58	REMERON.....	15
PROMETRIUM	46			REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15
propafenone hcl	25	R			
propafenone hcl er	25	ra mini nicotine	11	REMODULIN	59
propranolol hcl er.....	25	ra nicotine mouth/throat gum 4 mg	11	REVELA ORAL TABLET	42
propranolol hcl oral.....	25	ra nicotine polacrilex	11	repaglinide.....	37
propylthiouracil oral	49	ra nicotine transdermal patch 24 hour 21 mg/24hr	11	REPATHA	25
PROSCAR	43	rabeprazole sodium oral tablet delayed release	41	REPATHA PUSHTRONEX SYSTEM .	25
PROTONIX ORAL TABLET DELAYED RELEASE.....	41	RADICAVA ORS	27	REPATHA SURECLICK	25
protriptyline hcl.....	15	RADICAVA ORS STARTER KIT	27	RESTASIS.....	55
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT.....	58	raloxifene hcl	53	RESTASIS MULTIDOSE	55
PROVERA.....	43, 46	ramelteon.....	60	RESTORIL	60
PROVIGIL	60	ramipril.....	25	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML .	38
PROZAC	15	RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	25	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	38
pseudoephedrine- bromphen-dm	57	ranolazine er	25	RETEVMO ORAL CAPSULE 40 MG	19
PTS PANELS EGLU TEST.....	35	RAPAFLO.....	43	RETEVMO ORAL CAPSULE 80 MG	19
PULMICORT FLEXHALER	58	RAPAMUNE ORAL SOLUTION	51	RETIN-A.....	31
PULMICORT SUSPENSION.....	58	RAPAMUNE ORAL TABLET	51	REVATIO ORAL	59
PULMOSAL.....	57	rasagiline mesylate oral	20	REVLIMID.....	19
PULMOZYME.....	59	RASUVO.....	51		
PYLERA.....	41				
PYRIDIDIUM.....	42				
pyridostigmine bromide er.....	18				
pyridostigmine bromide oral tablet 30 mg	18				



REXTOVY.....	11	rufinamide oral suspension	14	sildenafil citrate oral tablet	
REXULTI.....	20	rufinamide oral tablet	14	20 mg	59
REYVOW	17	RUKOBIA.....	21	SILENOR	60
RHOFADE	31	RYALTRIS.....	57	silodosin.....	43
RHOPRESSA.....	55	RYBELSUS.....	37	SILVADENE.....	13
rifabutin.....	18	RYTARY.....	20	silver sulfadiazine external	13
rifampin oral	18	RYTHMOL SR ORAL CAPSULE		SIMLANDI (1 PEN)	51
RIGHTEST GT333 GLUCOSE		EXTENDED RELEASE 12 HOUR		SIMLANDI (2 PEN).....	51
TEST.....	35	225 MG, 325 MG, 425 MG.....	25	simliya.....	46
riluzole	27	ryvent.....	57	simpesse	46
RINVOQ	51			SIMPONI	51
risedronate sodium oral tablet		S			simvastatin oral tablet 10 mg,
150 mg, 35 mg	53	SAFYRAL.....	46	20 mg, 40 mg, 5 mg.....	25
risedronate sodium oral tablet		SALAGEN	28	simvastatin oral tablet 80 mg.....	25
30 mg, 5 mg.....	53	SANTYL	31	SINEMET	20
RISPERDAL	20	SAPHRIS	20	SINGULAIR ORAL PACKET.....	58
risperidone.....	20	sapropterin dihydrochloride oral		SINGULAIR ORAL TABLET	58
RITALIN	27	packet.....	42	SINGULAIR ORAL TABLET	
RITALIN LA	27	SAVELLA	27	CHEWABLE.....	58
ritonavir	21	saxagliptin hcl	37	sirolimus oral solution	51
rivastigmine.....	15	saxagliptin-metformin er	37	sirolimus oral tablet	51
rivastigmine tartrate	15	scopolamine	16	SITAVIG	21
rivelsa	46	SE-NATAL 19	40	SKYRIZI PEN	51
rizatriptan benzoate oral tablet		SEASONIQUE ORAL TABLET		SKYRIZI SUBCUTANEOUS.....	51
10 mg.....	17	0.15-0.03 & 0.01 MG.....	46	SKYTROFA	48
rizatriptan benzoate oral tablet		selenium sulfide external lotion ..	31	SLYND	46
5 mg.....	17	SENSIPAR	54	sm nicotine.....	11
rizatriptan benzoate oral tablet		SEREVENT DISKUS	58	sm nicotine polacrilex	11
dispersible 10 mg	17	SEROQUEL.....	20	SOAANZ.....	25
rizatriptan benzoate oral tablet		SEROQUEL XR	20	sod citrate-citric acid oral	
dispersible 5 mg	17	SERTRALINE HCL ORAL		solution 500-334 mg/5ml.....	40
ROBINUL.....	42	CAPSULE.....	15	sod fluoride-potassium nitrate ...	40
ROBINUL-FORTE.....	42	sertraline hcl oral concentrate....	15	sodium chloride inhalation.....	57
ROCALTROL	53	sertraline hcl oral tablet.....	15	sodium fluoride 5000 enamel ...	40
ROCKLATAN	55	setlakin.....	46	sodium fluoride 5000 plus	28
roflumilast	58	sevelamer carbonate oral tablet..	42	sodium fluoride 5000 ppm	28
ropinirole hcl.....	20	SEYSARA.....	13	sodium fluoride 5000 sensitive ...	40
rosadan external cream 0.75 % ...	31	sf 5000 plus.....	28	sodium fluoride dental	28
rosadan external gel 0.75 %	31	sf gel 1.1%	28	sodium fluoride mouth/throat....	40
rosuvastatin calcium oral	25	SFROWASA.....	53	sodium fluoride oral solution	40
ROWASA.....	53	sharobel.....	46	sodium fluoride oral tablet	
roweepra.....	14	SHARPS COLLECTOR.....	32, 35	chewable.....	40
ROXICODONE	10	SHARPS CONTAINER.....	33, 35	SODIUM OXYBATE SOLUTION	
ROZEREM	60	SHINGRIX.....	52	500 MG/ML ORAL	60
ROZLYTREK ORAL CAPSULE.....	19	sildenafil citrate oral tablet		sodium sulfacetamide wash	31
ROZLYTREK ORAL PACKET.....	19	100 mg, 25 mg, 50 mg.....	38	SOFOSBUVIR-VELPATASVIR	21
RUCONEST.....	51			solifenacin succinate	42

SOLIQUA.....	37	subvenite.....	14	SYMJEPI INJECTION SOLUTION	
SOMA.....	59	SUCRAID.....	42	PREFILLED SYRINGE	
SOOLANTRA.....	31	sucralfate oral suspension.....	41	0.15 MG/0.3ML, 0.3 MG/0.3ML....	56
sotalol hcl (af).....	25	sucralfate oral tablet.....	41	SYMLINPEN 120.....	37
sotalol hcl oral.....	25	SUFLAVE.....	42	SYMLINPEN 60.....	37
SOTYKTU.....	51	SULAR.....	25	SYMPAZAN.....	14
SOVUNA.....	19	SULCONAZOLE NITRATE		SYMPROIC.....	42
SPIKEVAX.....	52	EXTERNAL CREAM.....	17	SYNALAR EXTERNAL OINTMENT.....	31
spinosad.....	31	sulfacetamide sod-sulfur wash		SYNALAR EXTERNAL SOLUTION	
SPIRIVA HANDIHALER.....	58	external liquid 9-4 %.....	31	0.01 %.....	31
SPIRIVA RESPIMAT.....	58	sulfacetamide sod-sulfur wash		SYNJARDY.....	37
spironolactone oral tablet.....	25	external liquid 9-4.5 %.....	31	SYNJARDY XR.....	37
spironolactone-hctz.....	25	sulfacetamide sodium (acne).....	31	SYNTHROID.....	49
SPORANOX ORAL CAPSULE.....	17	sulfacetamide sodium external... ..	31		
SPRAVATO (56 MG DOSE).....	16	sulfacetamide sodium			
SPRAVATO (84 MG DOSE).....	16	ophthalmic solution.....	54		
sprintec 28.....	47	sulfacetamide sodium-sulfur			
SPRYCEL.....	19	external cream 10-2 %, 10-5 %.....	31		
SPS (SODIUM POLYSTYRENE		sulfacetamide sodium-sulfur			
SULF).....	40	external liquid 10-2 %, 9-4.5 %, ..			
sronyx.....	47	9.8-4.8 %.....	31		
ssd.....	13	sulfacetamide sodium-sulfur			
sss 10-5 external cream.....	31	external liquid 10-5 %, 9-4 %.....	31		
STALEVO 100 ORAL TABLET		sulfacetamide sodium-sulfur			
25-100-200 MG.....	20	external suspension 10-5 %.....	31		
STALEVO 125 ORAL TABLET		sulfacetamide-prednisolone.....	55		
31.25-125-200 MG.....	20	sulfamethoxazole-trimethoprim			
STALEVO 150 ORAL TABLET		oral suspension 200-40 mg/5ml.....	13		
37.5-150-200 MG.....	20	sulfamethoxazole-trimethoprim			
STALEVO 200 ORAL TABLET		oral tablet.....	13		
50-200-200 MG.....	20	sulfasalazine oral.....	53		
STALEVO 50 ORAL TABLET		sulfatrim pediatric.....	13		
12.5-50-200 MG.....	20	sulindac oral.....	11		
STALEVO 75 ORAL TABLET		SUMADAN WASH.....	31		
18.75-75-200 MG.....	20	sumatriptan nasal.....	17		
STELARA SUBCUTANEOUS		sumatriptan succinate oral.....	17		
SOLUTION.....	51	sumatriptan succinate refill			
STELARA SUBCUTANEOUS		subcutaneous solution cartridge.....	17		
SOLUTION PREFILLED SYRINGE.....	51	sumatriptan succinate			
STENDRA.....	38	subcutaneous.....	17		
STIOLTO RESPIMAT.....	58	SUNOSI.....	60		
STIVARGA.....	19	SUPREP BOWEL PREP KIT.....	42		
STRATTERA.....	27	SUTAB.....	42		
STRENSIQ.....	42	syeda.....	47		
STRIBILD.....	21	SYMBICORT.....	58		
STRIVERDI RESPIMAT.....	58	SYMBYAX.....	16		
STROMECTOL.....	19	SYMFI.....	21		
SUBOXONE.....	11	SYMFI LO.....	21		

T

TABRECTA.....	19
TACLONEX.....	31
TACLONEX EXTERNAL	
OINTMENT 0.005-0.064 %.....	31
tacrolimus external.....	31
tacrolimus oral.....	51
tadalafil (pah).....	59
tadalafil oral.....	38
TADLIQ.....	59
TAFINLAR ORAL CAPSULE.....	19
tafluprost (pf).....	55
TAGRISO.....	19
take action.....	47
TAKHZYRO.....	51
TALTZ SUBCUTANEOUS	
SOLUTION AUTO-INJECTOR.....	51
TAMIFLU.....	21
tamoxifen citrate oral tablet	
10 mg.....	19
tamoxifen citrate oral tablet	
20 mg.....	19
tamsulosin hcl.....	43
TANLOR.....	59
TAPERDEX 12-DAY.....	48
TAPERDEX 6-DAY.....	48
TAPERDEX 7-DAY.....	48
TARGADOX.....	13
tarina 24 fe.....	47
tarina fe 1/20 eq.....	47
tarina fe 1/20 oral tablet	
1-20 mg-mcg.....	47
TARON-C DHA.....	40



TASIGNA	19	TESTOSTERONE CYPIONATE INJECTION	48	tinidazole oral.....	13
TAVALISSE	38	testosterone cypionate intramuscular	48	tiopronin oral tablet delayed release	42
tazarotene external cream 0.1 %..	31	testosterone enanthate intramuscular	48	tiotropium bromide monohydrate	58
TAZORAC EXTERNAL CREAM.....	31	testosterone gel 10 mg/act (2%) transdermal.....	48	TIROSINT	49
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	25	testosterone gel 12.5 mg/act (1%) transdermal.....	48	TIROSINT-SOL.....	49
TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	27	testosterone gel 20.25 mg/1.25gm (1.62%) transdermal..	48	TIVICAY.....	21
TECHLITE INSULIN SYRINGES ...	35	testosterone gel 20.25 mg/act (1.62%) transdermal	48	tizanidine hcl oral capsule.....	59
TECHLITE PEN NEEDLES.....	35	testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	48	tizanidine hcl oral tablet.....	59
TECHLITE PLUS PEN NEEDLES ...	35	testosterone gel 50 mg/5gm (1%) transdermal.....	48	TOBI PODHALER.....	59
TEGLUTIK.....	27	testosterone transdermal gel 1.62 %.....	48	TOBRADEX OPHTHALMIC OINTMENT.....	54
TEGRETOL ORAL TABLET.....	14	testosterone transdermal gel 25 mg/2.5gm (1%).....	48	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %.....	54
TEGRETOL-XR.....	14	tetracycline hcl oral capsule	13	TOBRADEX ST	54
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	42	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	58	tobramycin inhalation nebulization solution 300 mg/4ml.....	59
TEKURNA	25	THALITONE.....	25	tobramycin ophthalmic	54
TEKURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG.....	25	theophylline er.....	58	tobramycin-dexamethasone.....	54
telmisartan.....	25	THIOLA	42	TOLAK.....	31
telmisartan-hctz.....	25	THIOLA EC.....	42	TOLSURA.....	17
temazepam	60	THRIVE	11	tolterodine tartrate.....	42
TEMODAR ORAL CAPSULE 250 MG.....	19	THRIVITE RX.....	40	tolterodine tartrate er.....	42
temozolomide	19	THYQUIDITY.....	49	TOPAMAX	14
TEMPO REFILL.....	35	thyroid oral.....	49	TOPAMAX SPRINKLE	14
TEMPO WELCOME.....	35	tiadyt er.....	25	TOPICORT EXTERNAL CREAM....	31
TENCON	10	TIAZAC.....	25	TOPICORT EXTERNAL OINTMENT.....	31
TENIVAC	52	TIGLUTIK ORAL SUSPENSION 50 MG/10ML.....	27	topiramate er oral capsule extended release 24 hour	14
tenofovir disoproxil fumarate.....	21	TIKOSYN	25	topiramate oral	14
TENORETIC 100	25	tilia fe.....	47	TOPROL XL.....	25
TENORETIC 50	25	timolol maleate (once-daily).....	55	torpenz.....	19
TENORMIN.....	25	timolol maleate ocudose.....	55	torsemide	25
terazosin hcl	43	timolol maleate ophthalmic.....	55	TOSYMRA	17
terbinafine hcl oral	17	timolol maleate pf.....	55	TOUJEO MAX SOLOSTAR	36
terconazole	17	TIMOPTIC OCUDOSE	55	TOUJEO SOLOSTAR.....	36
teriflunomide	27	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %.....	55	TRACLEER 62.5 MG, 125 MG	59
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml.....	53	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	55	TRADJENTA.....	37
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML.....	53			tramadol hcl (er biphasic) oral tablet extended release 24 hour..	10
TESTIM.....	48			tramadol hcl er.....	10
				tramadol hcl oral tablet 100 mg, 75 mg, 25 mg.....	10
				tramadol hcl oral tablet 50 mg....	10
				tramadol-acetaminophen	10

trandolapril	25	triamcinolone acetonide external cream 0.5 %	31	TRUE METRIX GO GLUCOSE METER.....	35
tranexamic acid oral.....	38	triamcinolone acetonide external lotion	31	TRUE METRIX METER KIT	35
TRANSDERM-SCOP.....	16	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %.....	31	TRUE METRIX PRO BLOOD GLUCOSE	35
TRANXENE-T ORAL TABLET 7.5 MG.....	22	triamcinolone acetonide external ointment 0.05 %.....	31	TRUETRACK TEST	35
tranylcyromine sulfate	16	triamcinolone acetonide mouth/ throat.....	28	TRULANCE.....	42
TRAVATAN Z.....	55	triamcinolone in absorbase	31	TRULICITY.....	37
travoprost (bak free)	55	triamterene oral	25	TRUMENBA.....	52
trazodone hcl oral	16	triamterene-hctz	25	TRUQAP ORAL TABLET.....	19
TRELEGY ELLIPTA	58	TRIANEX EXTERNAL OINTMENT 0.05 %	31	TRUSOPT OPHTHALMIC SOLUTION 2 %.....	55
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	51	triazolam.....	22	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	21
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML.....	51	TRIBENZOR.....	25	TRUVADA ORAL TABLET 200-300 MG	21
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	51	TRICARE	40	turqoz	47
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML.....	51	TRICOR.....	25	TWINRIX	52
treprostinil	59	TRIDACAINE II.....	10	TWIRLA	47
TRESIBA FLEXTOUCH.....	36	TRIDACAINE III.....	10	TYBLUME	47
tretinoin external cream	31	triderm	31	tydemy	47
tretinoin external gel 0.01 %, 0.025 %.....	31	TRIDESILON EXTERNAL CREAM 0.05 %	31	TYMLOS.....	53
tretinoin external gel 0.05 %	31	trihexyphenidyl hcl oral tablet....	20	TYRVAYA	55
TREXALL	51	TRIJARDY XR.....	37	TYVASO	59
TREZIX	10	TRIKAFTA ORAL TABLET THERAPY PACK	59	TYVASO DPI INSTITUTIONAL KIT.....	59
tri femynor	47	TRILEPTAL	14	TYVASO DPI MAINTENANCE KIT.....	59
tri-estarylla	47	TRILIPIX	25	TYVASO DPI TITRATION KIT	59
tri-legest fe	47	trimethoprim oral	13	TYVASO REFILL KIT.....	59
tri-linyah.....	47	TRINATAL RX 1.....	40	TYVASO STARTER KIT	59
tri-lo-estarylla	47	TRINATE.....	40		
tri-lo-marzia	47	TRINTELLIX.....	16	U	
tri-lo-mili	47	tritocin external ointment 0.05 %.....	31	UBRELVY	17
tri-lo-sprintec.....	47	TRIUMEQ.....	21	UCERIS ORAL.....	53
tri-mili	47	trivora (28)	47	UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	47	TROKENDI XR.....	14	ULORIC	17
tri-sprintec.....	47	trospium chloride.....	42	UNISTRIP1 GENERIC	35
tri-vite/fluoride	40	trospium chloride er.....	42	unithroid	49
tri-vylibra.....	47	TRUE FOCUS BLOOD GLUCOSE STRIP.....	35	UPTRAVI ORAL	59
tri-vylibra lo	47	TRUE METRIX AIR GLUCOSE METER KIT	35	urea external cream 20 %, 40 %, 45 %	31
triamcinolone acetonide external cream 0.025 %, 0.1 %.....	31	TRUE METRIX BLOOD GLUCOSE TEST.....	35	urea external cream 39 %	31
				UREA EXTERNAL CREAM 39.5 % ..	31
				urea external cream 41 %, 47 %....	31
				uredeb	31
				UREMEZ-40	31



URESOL	31	VELPHORO.....	42	vilazodone hcl.....	16
UROCIT-K 10.....	40	VELTASSA ORAL PACKET 1 GM ...	40	VIMPAT ORAL SOLUTION.....	14
UROCIT-K 15.....	40	VELTASSA ORAL PACKET		VIMPAT ORAL TABLET.....	14
UROCIT-K 5 ORAL TABLET		16.8 GM, 25.2 GM, 8.4 GM	40	viorele	47
EXTENDED RELEASE 5 MEQ		VEMLIDY.....	21	VIREAD ORAL TABLET 150 MG,	
(540 MG).....	40	VENCLEXTA.....	19	200 MG, 250 MG.....	21
UROGESIC-BLUE	42	venlafaxine hcl.....	16	VIREAD ORAL TABLET 300 MG ...	21
UROXATRAL	43	venlafaxine hcl er oral capsule		virt-pn dha oral capsule	
URSO 250 ORAL TABLET 250 MG.	42	extended release 24 hour	16	27-0.6-0.4-300 mg	40
URSO FORTE.....	42	venlafaxine hcl er oral tablet		VISTARIL ORAL CAPSULE	
URSODIOL ORAL CAPSULE		extended release 24 hour	16	25 MG, 50 MG.....	22
200 MG, 400 MG.....	42	VENTOLIN HFA	57, 58	VITAFOL FE+	40
ursodiol oral capsule 300 mg	42	VEOZAH	27	VITAFOL GUMMIES	40
ursodiol oral tablet	42	verapamil hcl er oral capsule		VITAFOL ULTRA	40
UZEDY SUBCUTANEOUS		extended release 24 hour		VITAFOL-OB	40
SUSPENSION PREFILLED		100 mg, 200 mg, 300 mg.	25	VITAMEDMD ONE RX/	
SYRINGE 100 MG/0.28ML.....	20	verapamil hcl er oral capsule		QUATREFOLIC.....	40
		extended release 24 hour		vitamin d (ergocalciferol) oral	
		120 mg, 180 mg, 240 mg, 360 mg.	25	capsule 1.25 mg (50000 ut),	
		verapamil hcl er oral tablet		50000 unit.....	40
		extended release	25	VITAPEARL.....	40
		verapamil hcl oral.....	25	VITATHELY WITH GINGER	40
		VERELAN.....	25	VITRAKVI	19
		VERELAN PM.....	25	VIVAGUARD INO GLUCOSE	
		VERIFINE SHARPS CONTAINER ..	35	METER KIT	35
		VERKAZIA.....	55	VIVAGUARD INO TEST STRIPS....	35
		VERQUVO	26	VIVELLE-DOT.....	44, 47
		VERZENIO.....	19	VIVJOA.....	17
		VESICARE.....	42	VOGELXO	48
		vestura	47	VOGELXO PUMP.....	48
		VEVYE.....	55	volnea	47
		VFEND ORAL TABLET 200 MG....	17	VOQUEZNA	41
		VFEND ORAL TABLET 50 MG	17	VOQUEZNA DUAL PAK	41
		VIAGRA	38	VOQUEZNA TRIPLE PAK.....	41
		VIBERZI.....	42	voriconazole oral tablet	17
		VIBRAMYCIN ORAL CAPSULE		VORTEX HOLD CHMBR/MASK/	
		100 MG	13	CHILD	58
		VIBRAMYCIN ORAL		VORTEX HOLD CHMBR/MASK/	
		SUSPENSION RECONSTITUTED		TODDLER	58
		25 MG/5ML	13	VORTEX VALVED HOLDING	
		vienva	47	CHAMBER.....	58
		vigabatrin oral packet	14	VOSEVI.....	21
		vigadrone oral packet	14	VOYDEYA ORAL TABLET	38
		VIGAMOX	54	VOYDEYA ORAL TABLET	
		vigpoder	14	THERAPY PACK	38
		VIIBRYD.....	16	VRAYLAR.....	20
		VIIBRYD STARTER PACK ORAL		VTAMA	32
		KIT 10 & 20 MG.....	16	vyfemla	47

V

VAGIFEM	47
valacyclovir hcl oral.....	21
VALCYTE ORAL TABLET	21
valganciclovir hcl oral tablet	21
VALIUM	22
valproic acid oral capsule	14
valproic acid oral solution	
250 mg/5ml.....	14
valsartan oral tablet	25
valsartan-hydrochlorothiazide....	25
VALTOCO	14
VALTREX	21
VANADOM ORAL TABLET	
350 MG.....	59
VANOCOCIN.....	13
vancomycin hcl oral	13
VANDAZOLE	13
VANOS	32
VAQTA.....	52
vardenafil hcl oral tablet	38
varenicline tartrate	11
varenicline tartrate (starter)	11
varenicline tartrate(continue).....	11
VARIVAX	52
VASCEPA.....	25
VASERETIC.....	25
VASOTEC.....	25
velivet	47



VYLEESI.....	38
vylibra	47
VYNDAMAX	42
VYTORIN.....	26
VYVANSE.....	27
VYZULTA	55

W

WAINUA	16
WAKIX.....	60
warfarin sodium oral.....	13
WELCHOL ORAL TABLET.....	26
WELLBUTRIN SR.....	16
WELLBUTRIN XL.....	16
wera	47
wes-phos 250 neutral.....	40
WESCAP-C DHA	40
WESCAP-PN DHA	40
WESTAB PLUS.....	40
WILATE.....	38
WINLEVI	32
wixela inhub.....	58
wymzya fe.....	47

X

XACIATO	13
XALATAN	55
XANAX	22
XANAX XR.....	22
XARELTO	13
XARELTO STARTER PACK.....	13
XCOPRI.....	14
XDEMVI.....	54
XELJANZ	51, 52
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	52
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	52
XELODA	19
XENLETA ORAL TABLET 600 MG ..	13
XHANCE.....	57
XIFAXAN	13
XIGDUO XR	37
XIIDRA	56
XOFLUZA (40 MG DOSE).....	21

XOFLUZA (80 MG DOSE).....	21
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ..	52
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML.....	58
XOPENEX HFA	59

XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML.....	59
XTAMPZA ER.....	10
XTANDI.....	19
xulane	47
xurea	32
XYOSTED.....	48
XYREM	60
XYWAV	60

Y

YASMIN 28	47
YAZ	47
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	52
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	52
YUFLYMA (2 PEN).....	52
YUFLYMA (2 SYRINGE).....	52
YUFLYMA-CD/UC/HS STARTER...	52
YUPELRI.....	59
YUSIMRY.....	52
yuvaferm.....	47

Z

zafemy	47
zafirlukast.....	59
zaleplon	60
ZANAFLEX	59
ZARONTIN	14
ZARXIO.....	38
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG.....	40
ZAVZPRET.....	17
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25).....	48
ZEBUTAL ORAL CAPSULE 50-325-40 MG.....	10

ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	37
ZEJULA ORAL CAPSULE 100 MG ..	19
ZELBORAF	19
ZEMBRACE SYMTOUCH.....	17
ZEMPLAR ORAL.....	54
zenatane	32
ZENPEP.....	42
ZENZEDI	27
ZEPOSIA	27
ZEPOSIA 7-DAY STARTER PACK...	27
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	27
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	27
ZESTORETIC	26
ZESTRIL.....	26
ZETIA	26
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	57
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	26
ZIAC ORAL TABLET 5-6.25 MG ..	26
ZILXI	32
ZIMHI	11
ZIOPTAN	55
ziprasidone hcl.....	20
ZIRGAN	21
ZITHROMAX ORAL	13
ZITHROMAX TRI-PAK	13
ZITHROMAX Z-PAK	13
ZOCOR	26
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	17
zolmitriptan nasal solution 5 mg..	17
zolmitriptan oral tablet.....	17
zolmitriptan oral tablet dispersible	17
ZOLOFT	16
zolpidem tartrate er	60
zolpidem tartrate oral tablet.....	60
ZOMIG NASAL SOLUTION 2.5 MG	17
ZOMIG NASAL SOLUTION 5 MG ..	17
ZOMIG ORAL.....	17
ZONEGRAN	14



zonisamide oral	14
ZORTRESS.....	52
ZORYVE EXTERNAL CREAM 0.3 %.....	32
ZORYVE EXTERNAL FOAM	32
zovia 1/35 (28)	47
ZOVIRAX EXTERNAL OINTMENT .	21
ZOVIRAX ORAL SUSPENSION 200 MG/5ML.....	21
ZTLIDO.....	10
ZUBSOLV.....	11
zumandimine	47
ZURZUVAE	16
ZYCLARA.....	32
ZYCLARA PUMP	32
ZYLET	54
ZYLOPRIM ORAL TABLET 100 MG, 300 MG.....	17
ZYMAXID OPHTHALMIC SOLUTION 0.5 %.....	54
ZYPREXA ORAL.....	20
ZYPREXA ZYDIS	20
ZYTIGA.....	19
ZYVOX ORAL TABLET	13

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XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

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)**សូមជំនួយភាសាដទៃយុត្តិធម៌ខ្មែរ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែគិតគូរលុយ ដល់មាន់លើលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 nit'i'izí bee nééhozinígíí bine'deę 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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