



Your 2026 Prescription Drug List

Flex Base 3-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Surest and Oxford medical plans when sold in your market with a pharmacy benefit subject to the Flex Base 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York (referred to as First Start in New Jersey) – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification)³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	3	
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	3	
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet	1	
butalbital-apap-caff-cod	1	QL
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	
ESGIC ORAL TABLET 50-325-40 MG	3	
fentanyl	1	PA, QL
FIORICET	3	
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	
lidocaine external ointment 5 %	1	

Drug Name	Drug Tier	Requirements & Limits
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	3	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	
PROLATE ORAL TABLET	3	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	
TRIDACAINE III	E	
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	
ZTLIDO	3	PA
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	

Drug Name	Drug Tier	Requirements & Limits
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	3	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline tartrate	1	PA, H
varenicline tartrate (starter)	1	PA, H
varenicline tartrate(continue)	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
fidaxomicin oral tablet	1	
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
MACROBID	3	
MACRODANTIN	3	

Drug Name	Drug Tier	Requirements & Limits
methenamine hippurate	1	
metronidazole oral tablet 125 mg	E	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SEYSARA	3	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	3	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	1	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	E	
rivaroxaban	1	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	

Anticonvulsants - Drugs for Seizures

APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	

Drug Name	Drug Tier	Requirements & Limits
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	3	
EPIDIOLEX	3	SP
epitol	1	
eslicarbazepine acetate	1	
ethosuximide oral	1	
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	
oxcarbazepine er	1	
perampanel	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er oral capsule extended release 24 hour	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	

Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EFFEXOR XR	E	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	
PRISTIQ	E	
PROZAC	E	
RALDESY	3	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA
SPRAVATO (84 MG DOSE)	3	PA
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	

Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er	1	
VIIBRYD	E	
vilazodone hcl	1	
WAINUA	2	PA, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
DICLEGIS	E	
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND BIPACK	E	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
Antifungals - Drugs for Fungal Infections		
cicloclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	
JUBLIA	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL SHAMPOO 1%	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	3	
VFEND ORAL TABLET	3	
VIVJOA	3	PA
voriconazole oral tablet	1	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	

Drug Name	Drug Tier	Requirements & Limits
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST
AJOVY	E	PA, ST
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST
FROVA	E	
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	PA, ST
QULIPTA	2	PA, ST
RELPAX	E	
REYVOW	3	PA, ST
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	3	
UBRELVY	2	PA, ST
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet	1	
ZILBRYSQ	3	PA, SP

Antimycobacterials - Drugs to Treat Infections

dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	

Antineoplastics - Drugs for Cancer

abiraterone acetate	1	SP
ABIRTEGA	3	SP
ALECENSA	2	PA
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, SP
BESREMI	3	PA, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, SP
CABOMETYX	2	PA, SP
CALQUENCE	2	PA, SP
capecitabine	1	SP
CASODEX	E	

Drug Name	Drug Tier	Requirements & Limits
COTELLIC	2	PA, SP
dasatinib	1	PA, SP
ERIVEDGE	2	PA, SP
ERLEADA ORAL TABLET 240 MG	2	PA, SP
ERLEADA ORAL TABLET 60 MG	2	PA, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, SP
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, SP
GLEEVEC	E	SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, SP
IDHIFA	2	PA, SP
imatinib mesylate oral	1	SP
IMBRUVICA ORAL CAPSULE	2	PA, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	3	PA, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, SP
IMKELDI	3	SP
JAKAFI	2	PA, SP
KISQALI	2	PA, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
mercaptopurine oral tablet	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nilotinib hcl	1	PA, ST, SP
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
PIQRAY	2	PA, SP
POMALYST	3	PA, SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA, SP
REVLIMID	2	PA, SP
ROZLYTREK	2	PA, SP
RYDAPT	2	PA, SP
SCEMBLIX	3	PA, SP
SPRYCEL	E	PA, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAGRISSO	3	PA, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, SP
temozolomide	1	SP
torpenz	1	PA, SP
TRUQAP ORAL TABLET	2	PA, SP
VENCLEXTA	2	PA, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XELODA	E	SP
XTANDI	2	PA, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, SP
ZYTIGA	3	SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	
atovaquone	1	
atovaquone-proguanil hcl	1	

Drug Name	Drug Tier	Requirements & Limits
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	
KRINTAFEL	1	
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
permethrin external	1	
PLAQUENIL	E	
SOVUNA	3	
STROMECTOL	3	
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	3	
INBRIJA	3	PA, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	3	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	
cilostazol	1	
clopidogrel bisulfate oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	
CAPLYTA	3	
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	
LATUDA	E	
lurasidone hcl	1	
olanzapine oral	1	
paliperidone er	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	
acyclovir oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	H
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, SP
famciclovir oral	1	
GENVOYA	3	
HARVONI ORAL TABLET	2	PA, ST, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	
LAGEVRIO	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET ORAL PACKET	2	PA, SP
ODEFSEY	3	
oseltamivir phosphate oral	1	
PAXLOVID	2	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
SYMFI	2	
SYMFI LO ORAL TABLET 400-300-300 MG	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZOVIRAX EXTERNAL OINTMENT	E	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CAMZYOS	3	PA, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	1	

Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORLANOR	3	PA
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA
EPANED	3	
eplerenone	1	
EXFORGE	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	3	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
HEMICLOR	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	
indapamide	1	
INDERAL LA	E	
INSPRA	E	
INZIRQO	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorbide dinitrate	1	
isosorbide mononitrate er	1	
ivabradine hcl	1	
KAPSPARGO SPRINKLE	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	
labetalol hcl oral	1	
LANOXIN ORAL	3	
LASIX	3	

Drug Name	Drug Tier	Requirements & Limits
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
LODOCO	3	
LOPID	3	
LOPRESSOR ORAL TABLET	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST
NEXLIZET	2	PA, ST
niacin er (antihyperlipidemic)	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
pentoxifylline er	1	
pitavastatin calcium	1	
PRALUENT	E	PA, ST
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	1	
RECTIV	3	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium oral	1	

Drug Name	Drug Tier	Requirements & Limits
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
sacubitril-valsartan	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
toremide	1	
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	3	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VASCEPA ORAL CAPSULE 0.5 GM	3	
VASCEPA ORAL CAPSULE 1 GM	E	
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA
VYNDAQEL	2	PA, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 10 MG ORAL	E	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	E	
ZESTRIL TABLET 5 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	

Drug Name	Drug Tier	Requirements & Limits
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
AZSTARYS	2	ST
clonidine hcl er	1	
CONCERTA	E	
COTEMPLA XR-ODT	3	
DEXEDRINE	E	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	
EVEKEO	3	
FOCALIN	3	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
lisdexamfetamine dimesylate	1	
METADATE CD	E	
METHYLIN	3	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	E	
methylphenidate hcl oral	1	
MYDAYIS	3	
ONYDA XR	3	
QELBREE	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
RELEXXII	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	
VYVANSE	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, SP
AUBAGIO	E	PA, SP
AVONEX PEN	2	PA, SP
AVONEX PREFILLED	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
dalfampridine er	1	PA, SP
dimethyl fumarate oral	1	PA, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, SP
fingolimod hcl	1	PA, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, SP

Drug Name	Drug Tier	Requirements & Limits
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT STARTER PACK	3	PA, SP
PLEGRIDY INTRAMUSCULAR	3	PA
PLEGRIDY STARTER PACK	3	PA, SP
PLEGRIDY SUBCUTANEOUS	3	PA, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, SP
teriflunomide	1	PA, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP
AUSTEDO XR	2	PA, SP
AUSTEDO XR PATIENT TITRATION	2	PA, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, SP
LYRICA ORAL CAPSULE	3	
NUEDEXTA	2	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP
SAVELLA	3	
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA
ZEPOSIA	3	PA, ST, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	
ACANYA	3	
acutane	1	
acitretin	1	
ACZONE	E	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA
adapalene-benzoyl peroxide external gel	1	
ADEINZDE	E	
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnesteem	1	
AMZEEQ	3	
ARAZLO	3	PA
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external swab	1	
clindamycin phosphate-benzoyl peroxide	1	
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL SHAMPOO	E	
CLOBEX SPRAY	E	
clodan	1	
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMACINRX UREA	3	
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA
DIPROLENE	3	
doxycycline capsule delayed release 40 mg oral	1	
doxycycline capsule delayed release 40 mg oral	3	
DRYSOL	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ELIDEL	E	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	

Drug Name	Drug Tier	Requirements & Limits
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
hydroquinone external	E	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external	1	
imiquimod pump	1	
IMPOYZ	3	
isotretinoin oral	1	
ivermectin external cream	E	
KLARON	3	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	2	PA
mometasone furoate external	1	
NEMLUVIO	2	PA, SP
neuac	1	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
TAZORAC EXTERNAL CREAM	3	PA
TOLAK	3	
TOPICORT	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	
TREMFYA	2	PA, SP
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	3	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	1	
urea external cream 20 %, 40 %, 41 %, 45 %, 47 %	1	
urea external cream 39 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	
VTAMA	3	PA
WINLEVI	3	
xurea	E	
zenatane	1	
ZILXI	3	PA, ST
ZORYVE	3	PA
ZYCLARA	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZYCLARA PUMP	3	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	
AGAMATRIX PRESTO TEST	E	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	

Drug Name	Drug Tier	Requirements & Limits
BD ULTRA-FINE PEN NEEDLES	2	
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	
BLOOD GLUCOSE TEST STRIPS	E	
BLOOD GLUCOSE TEST STRIPS 333	E	
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	
CARESENS N PLUS BT	E	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT GEN TEST STRIPS	1	
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CONTOUR TEST STRIPS	E	
CVS ADVANCED GLUCOSE TEST	E	
CVS GLUCOSE METER TEST STRIPS	E	
CVS TRUE METRIX GLUCOSE TEST	E	
D-CARE BLOOD GLUCOSE	E	
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA
DEXCOM G6 SENSOR	3	PA
DEXCOM G6 TRANSMITTER	3	PA
DEXCOM G7 RECEIVER	3	PA
DEXCOM G7 SENSOR	3	PA
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	
EASY MAX BLOOD GLUCOSE TEST	E	
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	
EASYGLUCO	E	
EASYMAX 15 TEST	E	
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	
EMBRACE BLOOD GLUCOSE TEST	E	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	
ENLITE GLUCOSE SENSOR	3	
EQ BLOOD GLUCOSE TEST	E	
EVERSENSE 365 SENSOR/ HOLDER	E	PA

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
IHEALTH BLOOD GLUCOSE TEST STR	E	
IHEALTH GLUCO+ KIT 10	E	
IHEALTH GLUCO+ KIT 100	E	
INPEN	3	
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	
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	
LANCETS	1	
MICRODOT TEST	E	
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	

Drug Name	Drug Tier	Requirements & Limits
NEUTEK 2TEK TEST	E	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE INTRO KIT	2	PA
OMNIPOD 5 LIBRE PODS	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/ DEVICE	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
ONETOUCH VERIO TEST STRIPS	E	
OPTIUMEZ TEST	E	
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	
PRECISION XTRA BLOOD GLUCOSE	E	
PRECISION XTRA KIT W/DEVICE	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	
PTS PANELS EGLU TEST	E	
QUICK TOUCH BLOOD GLUCOSE	E	
QUICK TOUCH BLOOD GLUCOSE TEST	E	
QUINTET AC BLOOD GLUCOSE TEST	E	
QUINTET BLOOD GLUCOSE TEST	E	
RELION GLUCOSE TEST STRIPS	E	
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	
RIGHTEST GT333 GLUCOSE TEST	E	
SIMPLERA SENSOR	E	
SIMPLERA SYNC SENSOR	E	
SIMPLERA SYSTEM	E	
TECHLITE INSULIN SYRINGES	2	QL (Arkay)
TECHLITE PEN NEEDLES	2	QL (Arkay)
TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	

Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX PRO BLOOD GLUCOSE	E	
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA
UNISTRIP1 GENERIC	E	
VERISAFE SAFETY STERILE NEEDLE	2	
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	3	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMULIN R VIAL	1	
INSULIN ASPART	E	ST
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	ST
NOVOLOG U-100 VIAL	E	ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	
ACTOS	E	
ALOGLIPTIN BENZOATE	2	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST
DAPAGLIFLOZIN PROPANEDIOL	E	ST
FARXIGA	E	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	(Fresenius)
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
INVOKANA	E	ST
JANUMET	E	ST
JANUVIA	E	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	
liraglutide	1	PA
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral tablet 1000 mg, 500 mg, 625 mg, 850 mg	1	
metformin hcl oral tablet 750 mg	E	
MOUNJARO	2	PA
nateglinide	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	
ONGLYZA	E	
OZEMPIC	2	PA
pioglitazone hcl	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	PA
saxagliptin hcl	1	

Drug Name	Drug Tier	Requirements & Limits
saxagliptin-metformin er	1	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA
XIGDUO XR	E	ST
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	SP
DOPTELET	3	PA, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, SP
IDELVION	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, SP
tranexamic acid oral	1	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
INTRAROSA	3	PA
OSPHENA	2	PA
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
STENDRA	3	QL
tadalafil oral	1	QL
vardenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	
Electrolytes / Vitamins		
ACCRUFER	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3	
FLORIVA PLUS	3	
FLOTREX	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	
NEONATAL VITAMIN	E	
NIVA-PLUS	3	
ONE VITE WOMENS	E	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POKONZA	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	E	

Drug Name	Drug Tier	Requirements & Limits
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE MINI	3	
PRENATOL-M	3	
PRENATRIX	3	
PRENATRYL	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	
dexlansoprazole	1	
esomeprazole magnesium oral capsule delayed release	E	
esomeprazole magnesium oral packet	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	
lansoprazole oral tablet delayed release dispersible	1	
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
NEXIUM ORAL PACKET	3	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	
PREVACID SOLUTAB	E	

Drug Name	Drug Tier	Requirements & Limits
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral	1	
VOQUEZNA	3	PA
VOQUEZNA DUAL PAK	3	ST
VOQUEZNA TRIPLE PAK	3	ST
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	3	
ANASPAZ	2	
BYLVAY	3	PA, SP
BYLVAY (PELLETS)	3	PA, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	1	H
hyoscyamine sulfate er	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	3	PA, ST
IQIRVO	3	PA, ST, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA
LIVDELZI	3	PA, ST, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	1	
MOTTEGRITY	E	PA
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA
RELTONE	3	
REZDIFFRA	3	PA
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	

Drug Name	Drug Tier	Requirements & Limits
SYMPROIC	2	PA
TRULANCE	3	PA, ST
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VYNDAMAX	2	PA, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	
GEMTESA	3	
mirabegron er	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	3	SP
VELPHORO	3	
VESICARE	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	
CLIMARA PRO	2	
COMBIPATCH	2	
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	1	H
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/ 0.5GM, 1 MG/GM, 1.25 MG/ 1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	

Drug Name	Drug Tier	Requirements & Limits
dotti	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	H
eluryng	1	H
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	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	
ESTROGEL	3	
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	
finzala	1	H
fyavolv	1	
gallifrey	1	

Drug Name	Drug Tier	Requirements & Limits
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H

Drug Name	Drug Tier	Requirements & Limits
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
MYFEMBREE	2	
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
nmyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
PHEXXI	3	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H

Drug Name	Drug Tier	Requirements & Limits
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nmyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zovia 1/35 (28)	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	3	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
fludrocortisone acetate oral	1	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA
NORDITROPIN FLEXPRO	2	PA, SP
NUTROPIN AQ NUSPIN 10	E	PA, SP
NUTROPIN AQ NUSPIN 20	E	PA, SP
NUTROPIN AQ NUSPIN 5	E	PA, SP
OMNITROPE	2	PA, SP
ORIAHNN	2	
ORLISSA	2	
SKYTROFA	3	PA, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	
JATENZO	3	
KYZATREX	3	
NATESTO	E	
TESTIM	1	
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	
testosterone gel 20.25 mg/act (1.62%) transdermal	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	E	
testosterone gel 25 mg/2.5gm (1%) transdermal	1	
testosterone gel 25 mg/2.5gm (1%) transdermal	E	

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, SP
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN)	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), SP
ADBRY SOLUTION AUTO-INJECTOR	2	PA, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
AMJEVITA 40 MG/0.8ML	E	PA, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
BIMZELX	3	PA, ST, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA (2 SYRINGE)	2	PA, SP
CIMZIA-STARTER	2	PA, SP
CINRYZE	3	PA, SP
COSENTYX (300 MG DOSE)	2	PA, SP
COSENTYX 75MG/0.5ML SUBCUTANEOUS	2	PA, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, SP
COSENTYX SENSOREADY (300 MG)	2	PA, SP
COSENTYX SENSOREADY PEN	2	PA, SP
COSENTYX UNOREADY	2	PA, SP
cyclosporine modified oral capsule	1	
CYLTEZO (2 PEN)	E	PA, SP
CYLTEZO (2 SYRINGE)	E	PA, SP
CYLTEZO-CD/UC/HS STARTER	E	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CYLTEZO-PSORIASIS/UV STARTER	E	PA, SP
EMPAVELI	2	PA, SP
ENBREL	2	PA, SP
ENBREL MINI	2	PA, SP
ENBREL SURECLICK	2	PA, SP
ENTYVIO PEN	2	PA, SP
ENVARUS XR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
HADLIMA	E	PA, SP
HADLIMA PUSHTOUCH	E	PA, SP
HAEGARDA	2	PA, SP
HULIO (2 PEN)	E	PA, SP
HULIO (2 SYRINGE)	E	PA, SP
HUMIRA (1 PEN)	E	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, SP
HUMIRA-CD/UC/HS STARTER	E	PA, SP

Drug Name	Drug Tier	Requirements & Limits
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, SP
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
HUMIRA-PSORIASIS/UEVIT STARTER	E	PA, SP
HYFTOR	3	PA
HYRIMOZ	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, SP
HYRIMOZ-PLAQ PSOR/UEVIT START	E	PA, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, SP
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, SP
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
IMURAN	E	
JYLAMVO	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	3	PA, ST, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, SP
leflunomide oral	1	
LITFULO	3	PA, SP
LUPKYNIS	3	PA, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, SP
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), SP
OMVOH SUBCUTANEOUS PREFILLED SYRINGE	2	PA, (SUBCUTANEOUS), SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, SP
OTEZLA ORAL TABLET 20 MG	2	PA, SP
OTEZLA ORAL TABLET 30 MG	2	PA, SP
OTREXUP	E	
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	

Drug Name	Drug Tier	Requirements & Limits
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMLANDI (1 PEN)	E	PA, SP
SIMLANDI (1 SYRINGE)	E	PA, SP
SIMLANDI (2 PEN)	E	PA, SP
SIMLANDI (2 SYRINGE)	E	PA, SP
SIMPONI	2	PA, SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, SP
SKYRIZI SUBCUTANEOUS	2	PA, SP
SOTYKTU	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, SP
STEQEYMA SUBCUTANEOUS	2	PA, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, SP
TREMFYA	2	PA, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, SP
WEZLANA	2	PA, SP
XELJANZ	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
YESINTEK SUBCUTANEOUS	2	PA, SP
YUFLYMA (1 PEN)	E	PA, SP
YUFLYMA (2 PEN)	E	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
YUFLYMA (2 SYRINGE)	E	PA, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSCO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	PA, ST, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
FYREMADEL	3	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC	3	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal	1	
PROCORT	3	

Drug Name	Drug Tier	Requirements & Limits
PROCTOCORT EXTERNAL	E	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTRON ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVY	3	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST
travoprost (bak free)	1	
VYZULTA	3	
XALATAN	E	

Drug Name	Drug Tier	Requirements & Limits
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	
MIEBO	3	
RESTASIS	1	
RESTASIS MULTIDOSE	3	
TYRVAYA	3	
VERKAZIA	3	PA
VEVYE	E	PA
XIIDRA	2	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RYALTRIS	3	
ryvent	1	
sodium chloride inhalation	1	
XHANCE	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	
ADVAIR HFA	2	RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	

Drug Name	Drug Tier	Requirements & Limits
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	
ARNUITY ELLIPTA	1	
ASMANEX HFA	E	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	RS

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
breyna	E	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
budesonide-formoterol fumarate	E	RS
COMBIVENT RESPIMAT	2	
DALIRESP	E	
DULERA	3	ST
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	
FLUTICASONE FUROATE-VILANTEROL	3	RS
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	

Drug Name	Drug Tier	Requirements & Limits
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA
PERFORMIST	3	
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	1	
roflumilast	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	3	RS
UMECLIDINIUM-VILANTEROL	E	
VENTOLIN HFA	E	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
XOPENEX HFA	3	
YUPELRI	3	
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, SP
PULMOZYME	2	PA, SP
TOBI PODHALER	3	PA, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, SP
ADEMPAS	2	PA, SP
alyq	1	PA, SP
OPSUMIT	2	PA, SP
REVATIO ORAL	E	SP
sildenafil citrate oral tablet 20 mg	1	
tadalafil (pah)	1	PA, SP
TADLIQ	3	PA, SP
TRACLEER	2	PA, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
TYVASO DPI TITRATION KIT	2	PA, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone	1	
cyclobenzaprine hcl oral	1	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	
BELSOMRA	3	ST
DAYVIGO	E	ST
doxepin hcl oral tablet	1	
eszopiclone	1	
LUMRYZ	3	PA, SP
LUNESTA	E	
modafinil oral	1	
NUVIGIL	E	
PROVIGIL	E	

See page 6-8 for coverage details.



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

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BARACLUDE ORAL TABLET	19	betamethasone dipropionate aug external ointment	27	BREATHE COMFORT CHAMBER/ CHILD	55
BASAGLAR KWIKPEN	33	betamethasone dipropionate external	27	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	55
BASAGLAR TEMPO PEN	33	betamethasone valerate external cream	27	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	55
BD BLUNT FILL NEEDLE W/ FILTER	30	betamethasone valerate external lotion	27	breyana	56
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2"	30	BETAPACE	21	BREZTRI AEROSPHERE	56
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BD PEN NEEDLE MINI ULTRAFINE	30	BETIMOL OPHTHALMIC SOLUTION 0.25 %	52	brimonidine tartrate ophthalmic solution 0.1 %	53
BD PEN NEEDLE NANO ULTRAFINE	30	BETIMOL OPHTHALMIC SOLUTION 0.5 %	52	brimonidine tartrate ophthalmic solution 0.15 % , 0.2 %	53
BD PEN NEEDLE ORIG ULTRAFINE	30	BEVESPI AEROSPHERE	55	brimonidine tartrate-timolol	53
BD PEN NEEDLE SHORT ULTRAFINE	30	BEYAZ	41	brinzolamide	53
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	30	bicalutamide	17	BRIVIACT ORAL TABLET	13
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	30	BIGFOOT UNITY PROGRAM	30	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	54
BD ULTRA-FINE PEN NEEDLES ...	30	BIJUVA	41	bromfenac sodium (once-daily) ..	52
BD ULTRA-FINE U-500 INSULIN SYRINGES	30	BIKTARVY	19	bromfenac sodium ophthalmic ...	52
BD VEO ULTRA-FINE INSULIN SYRINGES	30	bimatoprost ophthalmic	52	bromocriptine mesylate oral tablet	18
BELBUCA	9	BIMZELX	47	bromphen-pseudoeph-dm	54
BELSOMRA	57	BIOTEL CARE TEST STRIPS	30	BROMSITE	52
benazepril hcl oral	20	bis subcit-metronid-tetracyc	38	BRONCHITOL	57
benazepril-hydrochlorothiazide ..	21	bismuth/metronidaz/tetracyclin .	38	BRONCHITOL TOLERANCE TEST ..	57
BENICAR	21	bisoprolol fumarate oral tablet ...	21	BRUKINSA	17
BENICAR HCT	21	bisoprolol-hydrochlorothiazide ...	21	budesonide inhalation	56
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	47	BLANCHE	27	budesonide oral	51
BENZAMYCIN	26	blisovi 24 fe	41	budesonide-formoterol fumarate	56
benzonatate	54	blisovi fe 1/20	41		
benzoyl peroxide-erythromycin ..	26	blisovi fe 1.5/30	41		
		BLOOD GLUCOSE TEST STRIPS ..	30		



bumetanide oral	21	calcium acetate (phos binder) oral capsule	40	CARNITOR SF	36
BUMEX	21	CALQUENCE	17	cartia xt	21
BUPAP ORAL TABLET 50-300 MG .	9	camila	41	carvedilol	21
buprenorphine	9, 10	camrese	41	carvedilol phosphate er	21
buprenorphine hcl sublingual	10	camrese lo	41	CASODEX	17
buprenorphine hcl-naloxone hcl	10	CAMZYOS	21	CATAPRES-TTS-1	21
bupropion hcl er (smoking det)	10	CANASA	51	CATAPRES-TTS-2	21
bupropion hcl er (sr)	14	candesartan cilexetil	21	CATAPRES-TTS-3	21
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14	candesartan cilexetil-hctz	21	cefadroxil oral capsule	11
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14	capecitabine	17	cefadroxil oral suspension reconstituted	11
bupropion hcl oral	14	CAPLYTA	19	cefdinir	11
buspironone hcl oral	20	captopril oral	21	cefixime oral capsule	11
butalbital-acetaminophen oral tablet	9	CAPVAXIVE	50	cefpodoxime proxetil oral tablet	11
butalbital-apap-caff-cod	9	CARAC EXTERNAL CREAM 0.5 % .	27	cefprozil	12
butalbital-apap-caffeine	9	CARAFATE	38	cefuroxime axetil	12
butalbital-asa-caff-codeine	9	carbamazepine er	13	CELEBREX	10
butalbital-aspirin-caffeine	9	carbamazepine oral tablet	13	celecoxib oral	10
butorphanol tartrate nasal	9	carbamazepine oral tablet chewable	13	CELEXA	14
BUTRANS	9	CARBATROL	13	CELLCEPT ORAL CAPSULE	47
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	34	carbidopa-levodopa er	18	CELLCEPT ORAL TABLET	47
BYLVAY	38	carbidopa-levodopa oral tablet	18	cephalexin	12
BYLVAY (PELLETS)	38	carbinoxamine maleate oral tablet	54	CEQUA	53
BYSTOLIC	21	CARDIZEM	21	CEQUR SIMPLICITY 2U 8PK	30
		CARDIZEM CD	21	CERDELGA	39
		CARDIZEM LA	21	cetirizine hcl oral solution	54
		CARDURA	21	CETROTIDE	50
		CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	30	cevimeline hcl	26
		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	30	charlotte 24 fe	41
		CAREPOINT SAFETY 1ST NEEDLE	30	chateal eq	41
		CARESENS N PLUS BT	30	chlordiazepoxide hcl	20
		CARETOUCH MONITOR SYSTEM .	30	chlordiazepoxide-clidinium	38
		CARETOUCH TEST	30	chlorhexidine gluconate mouth/ throat	26
		carisoprodol oral	57	chlorpromazine hcl oral tablet	19
		CARNITOR ORAL SOLUTION	36	chlorthalidone	21
		CARNITOR ORAL TABLET	39	chlorzoxazone	57
				cholestyramine light	21
				cholestyramine oral	21
				CHORIONIC GONADOTROPIN INTRAMUSCULAR	50

C

cabergoline	45				
CABOMETYX	17				
CABTREO	27				
calcipotriene external cream	27				
calcipotriene external ointment	27				
calcipotriene external solution	27				
CALCITRENE	27				
calcitriol oral capsule	51				



CIALIS	36	clindamycin phos (twice-daily) gel 1 % external	27	clonidine patch weekly 0.1 mg/24hr transdermal	21
CIBINQO	27	clindamycin phosphate external lotion	27	clonidine patch weekly 0.2 mg/24hr transdermal	21
ciclodan	15	clindamycin phosphate external solution	27	clonidine patch weekly 0.3 mg/24hr transdermal	21
ciclopirox external	15	clindamycin phosphate external swab	27	clopidogrel bisulfate oral	18
ciclopirox olamine external cream	15	clindamycin phosphate vaginal ...	12	clorazepate dipotassium	20
ciclopirox olamine external suspension	27	clindamycin phosphate-benzoyl peroxide	27	clotrimazole external cream	27
cilostazol	18	CLINDESSE	12	clotrimazole mouth/throat	16
CIMDUO	19	CLINPRO 5000	26	clotrimazole-betamethasone	27
cimetidine oral	38	clobazam oral suspension 2.5 mg/ml	13	clozapine oral tablet	19
CIMZIA (2 SYRINGE)	47	clobazam oral tablet	13	CLOZARIL	19
CIMZIA-STARTER	47	clobetasol prop emollient base external cream 0.05 %	27	CO-NATAL FA	36
cinacalcet hcl	51	clobetasol propionate e	27	COLAZAL	51
CINRYZE	47	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	27	colchicine oral	16
CIPRO ORAL TABLET	12	clobetasol propionate external cream 0.05 %	27	colchicine-probenecid	16
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	53	clobetasol propionate external foam	27	COLCRYS ORAL TABLET 0.6 MG ..	16
ciprofloxacin hcl ophthalmic	52	clobetasol propionate external gel	27	colesevelam hcl oral tablet	21
ciprofloxacin hcl oral	12	CLOBEX EXTERNAL SHAMPOO ..	27	COLESTID ORAL TABLET	21
ciprofloxacin-dexamethasone	53	CLOBEX SPRAY	27	colestipol hcl oral tablet	21
citalopram hydrobromide oral tablet	14	clodan	27	COMBIGAN	53
claravis	27	CLOMID	50	COMBIPATCH	41
CLARINEX	54	clomiphene citrate oral	50	COMBIVENT RESPIMAT	56
clarithromycin oral tablet	12	clomipramine hcl oral	14	COMIRNATY	50
CLENPIQ	38	clonazepam oral	20	CONCERTA	24
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	12	clonidine hcl er	24	constulose	38
CLEOCIN ORAL CAPSULE 75 MG.	12	clonidine hcl oral	21	CONTOUR MONITOR KIT W/ DEVICE	30
CLEOCIN ORAL SOLUTION RECONSTITUTED	12			CONTOUR NEXT EZ KIT W/ DEVICE	30
CLEOCIN VAGINAL CREAM	12			CONTOUR NEXT GEN MONITOR KIT	30
CLEOCIN-T	27			CONTOUR NEXT GEN TEST STRIPS	30
CLIMARA	41, 42			CONTOUR NEXT LINK KIT W/ DEVICE	30
CLIMARA PRO	41			CONTOUR NEXT MONITOR KIT W/DEVICE	30
clindacin etz external swab	27			CONTOUR NEXT ONE KIT	30
clindacin-p	27			CONTOUR NEXT TEST STRIPS	30
CLINDAGEL	27			CONTOUR PLUS BLUE KIT W/ DEVICE	30
clindamycin hcl oral	12				
clindamycin palmitate hcl	12				
clindamycin phos (once-daily) gel 1 % external	27				



dexamethasone oral.....	45	dicloxacillin sodium.....	12	dorzolamide hcl-timolol mal pf ...	53
dexamethasone sodium phosphate ophthalmic.....	52	dicyclomine hcl oral capsule.....	38	dotti.....	41
DEXCOM G6 RECEIVER.....	31	dicyclomine hcl oral tablet 20 mg.....	38	DOVATO.....	19
DEXCOM G6 SENSOR.....	31	DIFFERIN EXTERNAL GEL 0.3 % ..	28	doxazosin mesylate oral.....	21
DEXCOM G6 TRANSMITTER.....	31	DIFICID ORAL TABLET.....	12	doxepin hcl oral capsule.....	14
DEXCOM G7 RECEIVER.....	31	DIFLUCAN.....	16	doxepin hcl oral concentrate.....	14
DEXCOM G7 SENSOR.....	31	difluprednate.....	53	doxepin hcl oral tablet.....	57
DEXEDRINE.....	24	digoxin oral tablet.....	21	doxycycline capsule delayed release 40 mg oral.....	28
DEXILANT.....	38	DILANTIN.....	13	doxycycline hyclate oral capsule..	12
dexlansoprazole.....	38	DILAUDID ORAL TABLET.....	9	doxycycline hyclate oral tablet....	12
dexmethylphenidate hcl.....	24	dilt-xr.....	21	doxycycline monohydrate oral....	12
dexmethylphenidate hcl er.....	24	diltiazem hcl er.....	21	doxylamine-pyridoxine.....	15
dextroamphetamine sulfate er ...	24	diltiazem hcl er beads.....	21	DRISDOL.....	36
dextroamphetamine sulfate oral tablet.....	24	diltiazem hcl er coated beads.....	21	dronabinol.....	15
DHIVY.....	18	diltiazem hcl oral.....	21	DROPSAFE SAFETY SYRINGE/NEEDLE.....	31
DIABETES CARE.....	31	dimethyl fumarate oral.....	25	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg.....	41
DIABETES MONITOR DIGIT ADD-ON.....	31	DIOVAN.....	21	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg.....	41
DIABETES MONITOR DIGIT SOLN.....	31	DIOVAN HCT.....	21	drospirenone-ethinyl estradiol ...	41
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG.....	13	DIPENTUM.....	51	DRYSOL.....	28
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	diphenoxylate-atropine oral tablet.....	38	DUAVEE.....	41
diazepam oral solution.....	20	DIPROLENE.....	28	DULERA.....	56
diazepam oral tablet.....	20	disulfiram oral.....	10	duloxetine hcl oral.....	14
diazepam rectal.....	13	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG.....	40	DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	28
DICLEGIS.....	15	divalproex sodium er.....	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.....	28
diclofenac potassium oral tablet 25 mg.....	10	divalproex sodium oral.....	13	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML.....	28
diclofenac potassium oral tablet 50 mg.....	10	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM.....	41	DUREZOL.....	53
diclofenac sodium er.....	10	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM.....	41	dutasteride oral.....	40
diclofenac sodium external gel 1 %.....	10	DODEX INJECTION SOLUTION 1000 MCG/ML.....	36	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.....	45
diclofenac sodium external gel 3 %.....	28	dofetilide.....	21	DYANAVEL XR ORAL TABLET EXTENDED RELEASE.....	24
diclofenac sodium ophthalmic....	52	donepezil hcl oral tablet.....	14	DYMISTA.....	54
diclofenac sodium oral.....	10	DOPTELET.....	35		
diclofenac-misoprostol.....	10	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	53		
DICLOFONO.....	10	dorzolamide hcl-timolol mal.....	53		



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EASYMAX 15 TEST 31

EASYMAX NG BLOOD GLUCOSE KIT..... 31

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EMEND BIPACK..... 15

EMGALITY 16

EMPAVELI..... 48

emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg 19

emtricitabine-tenofovir df oral tablet 200-300 mg 19

emzahh..... 41

enalapril maleate oral 21

enalapril-hydrochlorothiazide 21

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ENBREL MINI 48

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epinephrine solution auto-injector 0.15 mg/0.15ml injection. 54

epinephrine solution auto-injector 0.15 mg/0.3ml injection.. 54

epinephrine solution auto-injector 0.3 mg/0.3ml injection ... 54

EPIPEN 2-PAK 54

EPIPEN JR 2-PAK 54

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eplerenone..... 21

EQ BLOOD GLUCOSE TEST 31

eq nicotine 10

eq nicotine mouth/throat gum 4 mg 10

eq nicotine polacrilex 10

eq nicotine step 3..... 10

eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg 10

ergocalciferol oral capsule.... 36, 37

ERIVEDGE 17

ERLEADA ORAL TABLET 240 MG . 17

ERLEADA ORAL TABLET 60 MG... 17

ERMEZA..... 46

errin 41

ERYGEL..... 28

ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML .. 12

ERYPED 400 12

erythromycin base oral tablet 12

erythromycin ethylsuccinate oral suspension reconstituted 12

erythromycin external..... 28

erythromycin ophthalmic 52

escitalopram oxalate oral solution 5 mg/5ml..... 15

escitalopram oxalate oral tablet .. 15

ESGIC ORAL CAPSULE 50-325-40 MG 9

ESGIC ORAL TABLET 50-325-40 MG 9

eslicarbazepine acetate..... 13

esomeprazole magnesium oral capsule delayed release..... 38



FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50	fluvoxamine maleate.....	15	FREESTYLE PRECISION NEO TEST.....	31
fluconazole oral.....	16	fluvoxamine maleate er.....	15	FREESTYLE TEST.....	31
fludrocortisone acetate oral.....	45	FLUZONE HIGH-DOSE.....	50	FROVA.....	16
FLULAVAL.....	50	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50	frovatriptan succinate.....	16
flunisolide nasal.....	54	FML FORTE.....	52	ft naloxone hcl.....	10
fluocinolone acetonide body.....	28	FML LIQUIFILM.....	52	ft nicotine.....	10
fluocinolone acetonide external.....	28	FOCALIN.....	24	ft nicotine mini.....	10
fluocinolone acetonide otic.....	53	FOCALIN XR.....	24	FUROSCIX.....	22
fluocinolone acetonide scalp.....	28	folic acid oral tablet 1 mg.....	36	furosemide oral.....	22
fluocinonide external.....	28	FOLLISTIM AQ.....	50	fyavolv.....	42
FLUORIDEX.....	26	FORA 6 CONNECT/GTEL TEST.....	31	FYCOMPA.....	13
FLUORIDEX ENHANCED WHITENING.....	26	FORFIVO XL.....	15	FYREMADEL.....	50
FLUORIMAX 5000.....	26, 36	FORTEO.....	51		
FLUORIMAX 5000 SENSITIVE.....	36	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%).....	45	G	
fluorometholone.....	52	FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	31	g tussin ac.....	54
FLUOROURACIL EXTERNAL CREAM 0.5 %.....	28	FORTISCARE TEST IN VITRO STRIP.....	31	gabapentin oral capsule.....	13
fluorouracil external cream 5 %.....	28	FOSAMAX.....	51	gabapentin oral solution 250 mg/5ml.....	13
fluoxetine hcl oral capsule.....	15	fosfomycin tromethamine.....	12	GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	13
fluoxetine hcl oral solution.....	15	fosinopril sodium.....	22	gabapentin oral tablet 600 mg, 800 mg.....	13
fluoxetine hcl oral tablet.....	15	FRAICHE 5000 DENTAL.....	26	GABARONE.....	13
FLUTICASONE FUROATE- VILANTEROL.....	56	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %.....	36	gallifrey.....	42
fluticasone propionate external cream.....	28	FREESTYLE LIBRE 14 DAY READER.....	31	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	50
fluticasone propionate external ointment.....	28	FREESTYLE LIBRE 14 DAY SENSOR.....	31	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	50
FLUTICASONE PROPIONATE HFA.....	56	FREESTYLE LIBRE 2 PLUS SENSOR.....	31	GASTROCROM.....	38
fluticasone propionate nasal.....	54	FREESTYLE LIBRE 2 READER.....	31	gatifloxacin ophthalmic.....	52
FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	56	FREESTYLE LIBRE 2 SENSOR.....	31	gavilyte-c.....	38
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	56	FREESTYLE LIBRE 3 PLUS SENSOR.....	31	gavilyte-g.....	38
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	56	FREESTYLE LIBRE 3 READER.....	31	gavilyte-n with flavor pack.....	38
		FREESTYLE LIBRE 3 SENSOR.....	31	GAVRETO.....	17
		FREESTYLE LIBRE READER.....	31	gemfibrozil oral.....	22
		FREESTYLE PRECISION NEO SYSTEM.....	31	GEMTESA.....	40
				GEN7T EXTERNAL PATCH 3.5 %.....	9
				generlac.....	38
				gengraf oral capsule.....	48



gentamicin sulfate external.....	12	gnp nicotine transdermal	11	haloette	42
gentamicin sulfate ophthalmic ...	52	GOLYTELY	38	haloperidol oral	19
GENVOYA	19	GONAL-F	50	HARVONI ORAL TABLET	19
GEODON ORAL	19	GONAL-F RFF	50	HAVRIX.....	50
GILENYA ORAL CAPSULE		GONAL-F RFF REDIJECT	50	HEALTHPRO BLOOD GLUCOSE	
0.25 MG	25	goodsense nicotine.....	11	MONITO.....	32
GILENYA ORAL CAPSULE		griseofulvin microsize oral		heather.....	42
0.5 MG.....	25	suspension	16	HEMADY.....	45
glatiramer acetate.....	25	guaifenesin ac oral syrup		HEMANGEOL	22
glatopa.....	25	100-10 mg/5ml	54	HEMICLOR	22
GLEEVEC.....	17	guaifenesin-codeine	54	HEMLIBRA SUBCUTANEOUS	
glimepiride.....	34	guanfacine hcl	22, 24	SOLUTION 105 MG/0.7ML, 150	
glipizide er	34	guanfacine hcl er	24	MG/ML, 30 MG/ML,	
glipizide ir	34	GUARDIAN 4 GLUCOSE SENSOR .	31	300 MG/2ML, 60 MG/0.4ML	35
glipizide xl oral tablet extended		GUARDIAN 4 TRANSMITTER.....	31	HEMLIBRA SUBCUTANEOUS	
release 24 hour 10 mg, 2.5 mg,		GUARDIAN CONNECT		SOLUTION 12 MG/0.4ML.....	35
5 mg.....	34	TRANSMITTER.....	31	HEMMOREX-HC	51
glipizide-metformin hcl	34	GUARDIAN LINK 3		HEMOFIL M	35
glucagon emergency kit 1 mg		TRANSMITTER.....	32	HEPLISAV-B.....	50
injection.....	34	GUARDIAN REAL-TIME		HIDEX 6-DAY.....	45
GLUCAGON EMERGENCY KIT		REPLACE PED.....	32	HIPREX.....	12
for LOW BLOOD SUGAR.....	35	GUARDIAN SENSOR 3	32	hm nicotine polacrilex mouth/	
GLUCOCARD EXPRESSION TEST. 31		GVOKE HYPOPEN 1-PACK.....	32	throat gum 2 mg, 4 mg	11
GLUCOCARD SHINE TEST	31	GVOKE HYPOPEN 2-PACK.....	32	hm nicotine polacrilex mouth/	
GLUCOCARD VITAL TEST.....	31	GVOKE KIT.....	32	throat lozenge 2 mg	11
GLUCOTROL XL	35	GVOKE PFS.....	32	hm nicotine transdermal patch	
GLUMETZA ORAL TABLET		GYNAZOLE-1.....	16	24 hour 21 mg/24hr, 7 mg/24hr ...	11
EXTENDED RELEASE 24 HOUR				HULIO (2 PEN)	48
1000 MG, 500 MG	35			HULIO (2 SYRINGE)	48
glyburide oral	35			HUMALOG CARTRIDGE	33
glyburide-metformin.....	35			HUMALOG INJECTION.....	33
GLYCATE	38			HUMALOG KWIKPEN.....	33
glycopyrrolate oral tablet 1 mg,				HUMALOG MIX 50/50 KWIKPEN .	33
2 mg.....	38			HUMALOG MIX 50/50 VIAL	
GLYCOPYRROLATE ORAL				SUBCUTANEOUS SUSPENSION	
TABLET 1.5 MG.....	38			(50-50) 100 UNIT/ML	33
GLYXAMBI	35			HUMALOG MIX 75/25 KWIKPEN ..	33
gnp naloxone hcl	11			HUMALOG MIX 75/25 VIAL	33
gnp nicotine mini	11			HUMALOG SUBCUTANEOUS.....	33
gnp nicotine polacrilex mouth/				HUMALOG TEMPO PEN	33
throat gum 2 mg.....	11			HUMALOG U-100 JUNIOR	
gnp nicotine polacrilex mouth/				KWIKPEN.....	33
throat lozenge	11			HUMATE-P	35

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HUMIRA (1 PEN)	48	HYDREA	17	hyoscyamine sulfate oral tablet dispersible	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	48	hydrochlorothiazide oral	22	hyoscyamine sulfate sublingual ...	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	48	hydrocod poli-chlorphe poli er....	54	HYPERSAL	54
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	48	hydrocodone bit-homatrop mbr oral solution	54	HYRIMOZ	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ...	48	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/ 15ml	9	HYRIMOZ-CROHNS/UC STARTER.	48
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS...	48	hydrocodone-acetaminophen oral tablet	9	HYRIMOZ-PED<40KG CROHN STARTER	48
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ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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