# Your 2027 Prescription Drug List

## Traditional 3-Tier

**Effective January 1, 2027**



United Healthcare

This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, River Valley, Optimum Choice, Inc., Global Solutions, Student Resources, New Jersey Oxford and UnitedHealthOne medical plans when sold in your market with a pharmacy benefit subject to the Traditional 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.

# Table of contents


Understanding your Prescription Drug List (PDL) ..... 4
Medication tips ..... 5
Reading your PDL ..... 5
Questions ..... 7
Analgesics
Drugs for pain ..... 8
Drugs for pain and inflammation ..... 8
Anti-addiction / Substance abuse treatment agents ..... 9
Antibacterials
Drugs for infections ..... 10
Anticoagulants
Drugs to treat or prevent blood clots ..... 12
Anticonvulsants
Drugs for seizures ..... 12
Antidementia agents
Drugs for Alzheimer's disease and dementia ..... 13
Antidepressants
Drugs for depression ..... 13
Antiemetics
Drugs for nausea and vomiting ..... 14
Antifungals
Drugs for fungal infections ..... 14
Antigout agents
Drugs for gout ..... 14
Antimigraine agents
Drugs for migraines ..... 14
Antimyasthenic agents
Drugs to treat myasthenia gravis ..... 15
Antimycobacterials
Drugs to treat infections ..... 15
Antineoplastics
Drugs for cancer ..... 15
Antiparasitics
Drugs for parasitic infections ..... 16
Antiparkinson agents
Drugs for Parkinson's disease ..... 16
Antiplatelets
Drugs for heart attack and stroke prevention ..... 16
Antipsychotics
Drugs for mood disorders ..... 16
Antivirals
Drugs for viral infections ..... 17
Anxiolytics
Drugs for anxiety ..... 17
Bipolar agents
Drugs for mood disorders ..... 17
Cardiovascular agents
Drugs for heart and circulation conditions ..... 18
Central nervous system agents
Drugs for attention deficit disorder ..... 20
Drugs for multiple sclerosis ..... 20
Miscellaneous ..... 21

Dental and oral agents
Drugs for mouth and throat conditions ..... 21
Dermatological agents
Drugs for skin conditions ..... 21
Diabetes
Glucose monitoring and supplies ..... 24
Insulin ..... 25
Non-insulin agents ..... 26
Drugs for blood disorders ..... 26
Drugs for sexual dysfunction ..... 27
Electrolytes / Vitamins ..... 27
Gastrointestinal agents
Drugs for acid reflux and ulcer ..... 28
Drugs for bowel, intestine and stomach conditions ..... 28
Genetic or enzyme disorder
Drugs for replacement, modification, treatment ..... 29
Genitourinary agents
Drugs for bladder, genital and kidney conditions ..... 29
Drugs for prostate conditions ..... 30
Hormonal agents
Hormone replacement and birth control ..... 30
Oral steroids ..... 33
Other ..... 34
Testosterone replacement ..... 34
Thyroid ..... 34
Immunological agents
Drugs for immune system stimulation or suppression ..... 34
Drugs for vaccination ..... 35
Infertility agents ..... 36
Inflammatory bowel disease agents ..... 36
Metabolic bone disease agents
Drugs for osteoporosis ..... 37
Other ..... 37
Ophthalmic agents
Drugs for eye allergy, infection and inflammation ..... 37
Drugs for glaucoma ..... 38
Drugs for miscellaneous eye conditions ..... 38
Otic agents
Drugs for ear conditions ..... 38
Respiratory
Drugs for anaphylaxis ..... 39
Respiratory tract / Pulmonary agents
Drugs for allergies, cough, cold ..... 39
Drugs for asthma and COPD ..... 39
Drugs for cystic fibrosis ..... 40
Drugs for pulmonary fibrosis ..... 40
Drugs for pulmonary hypertension ..... 40
Skeletal muscle relaxants
Drugs for muscle pain and spasm ..... 41
Sleep disorder agents ..... 41
Index ..... 42

# 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.

### 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.**

## 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 5 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.

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

# Medication tips

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

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

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

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

### 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.

## 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.

# 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**<br>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** | $$ **Mid-range cost**<br>Medications that provide good overall value. Mainly preferred brand-name drugs. | Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs. |
| **Tier 3** | $$$ **Highest-cost**<br>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** –There may be 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 covered 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.[4] |
| **QL** | **Quantity limits**[5] – The largest quantity of medication covered per copayment or in a defined period of time. |
| **RS** | **Refill and Save Program**[5] – 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.[5] |

## Coverage details

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

- **Central nervous system: sedatives/hypnotics**
  Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
  Diabetic supplies and prescription medications may be subject to different cost-share amounts. Please see your Summary of Benefits and Coverage (SBC) for details.
- **Diabetes: continuous glucose monitors, sensors**
  Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
  Coverage is set by your prescription drug benefit plan.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.
5. Not applicable to certain New Jersey Oxford and Student Resources plans.

# Reading your PDL (continued)

- **Infertility**
  Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required for New Jersey Oxford plans or where a state mandates infertility drug coverage.
- **Medications for sexual dysfunction**
  Coverage is set by your prescription drug benefit plan.
- **Termination of pregnancy**
  Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

## 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 |
| apap-caff-dihydrocodeine | 1 | QL |
| ascomp-codeine | 1 | QL |
| bac (butalbital-acetamin-caff) | 1 | QL |
| BELBUCA | 3 | PA, QL |
| buprenorphine | 1 | PA, QL |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 | |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg | 1 | QL |
| butalbital-apap-caffeine oral capsule | 1 | QL |
| butalbital-apap-caffeine oral tablet | 1 | QL |
| butalbital-asa-caff-codeine | 1 | QL |
| butalbital-aspirin-caffeine | 1 | |
| butorphanol tartrate nasal | 1 | QL |
| endocet | 1 | QL |
| ESGIC ORAL CAPSULE 50-325-40 MG | 3 | QL |
| ESGIC ORAL TABLET 50-325-40 MG | 3 | QL |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1 | PA, QL |
| FIORICET | 3 | QL |
| hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml | 1 | QL |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| hydromorphone hcl oral tablet | 1 | QL |
| JOURNAVX | 3 | QL |
| lidocaine external ointment 5 % | 1 | QL |
| lidocaine external patch 5 % | 1 | PA, QL |
| lidocaine-prilocaine external cream | 1 | |
| methadone hcl oral tablet | 1 | PA, QL |
| morphine sulfate er | 1 | PA, QL |
| morphine sulfate oral tablet | 1 | QL |
| NUCYNTA ER | 3 | PA, QL |
| oxycodone hcl oral capsule | 1 | QL |
| oxycodone hcl oral solution | 1 | QL |
| oxycodone hcl oral tablet | 1 | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| premium lidocaine external ointment 5 % | 1 | QL |
| tapentadol hcl | 1 | QL |
| TENCON | 3 | |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 1 | (generic for Ryzolt), QL |
| tramadol hcl er tablet extended release 24 hour 100 mg oral | 1 | (generic for Ultram ER), QL |
| tramadol hcl er tablet extended release 24 hour 100 mg oral | 1 | QL |
| tramadol hcl er tablet extended release 24 hour 200 mg oral | 1 | (generic for Ultram ER), QL |
| tramadol hcl er tablet extended release 24 hour 200 mg oral | 1 | QL |
| tramadol hcl er tablet extended release 24 hour 300 mg oral | 1 | (generic for Ultram ER), QL |
| tramadol hcl er tablet extended release 24 hour 300 mg oral | 1 | QL |
| tramadol hcl oral tablet 50 mg | 1 | QL |
| tramadol-acetaminophen | 1 | QL |
| TREZIX | 3 | QL |
| XTAMPZA ER | 3 | PA, QL |
| ZTLIDO | 3 | PA, QL |
| **Analgesics - Drugs for pain and inflammation** | | |
| aspirin 81 oral tablet delayed release | 1 | H |
| aspirin adult low dose | 1 | H |
| aspirin adult low strength | 1 | H |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| aspirin childrens | 1 | H |
| aspirin ec adult low dose | 1 | H |
| aspirin ec low dose | 1 | H |
| aspirin ec low strength | 1 | H |
| aspirin low dose | 1 | H |
| aspirin oral tablet chewable | 1 | H |
| aspirin oral tablet delayed release 81 mg | 1 | H |
| aspirin regimen | 1 | H |
| celecoxib oral | 1 | |
| cvs aspirin adult low dose | 1 | H |
| cvs aspirin adult low strength | 1 | H |
| cvs aspirin ec | 1 | H |
| cvs aspirin low dose | 1 | H |
| cvs aspirin low strength | 1 | H |
| DAYPRO ORAL TABLET 600 MG | 3 | |
| diclofenac potassium oral tablet 50 mg | 1 | |
| diclofenac sodium er | 1 | |
| diclofenac sodium oral | 1 | |
| diclofenac-misoprostol | 1 | |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG | 3 | |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG | 3 | |
| ec-naproxen oral tablet delayed release 375 mg, 500 mg | 1 | |
| eq aspirin adult low dose | 1 | H |
| eq aspirin low dose | 1 | H |
| eql aspirin low dose | 1 | H |
| etodolac | 1 | |
| ft aspirin low dose | 1 | H |
| ft aspirin oral tablet chewable | 1 | H |
| gnp adult aspirin low strength | 1 | H |
| gnp aspirin low dose | 1 | H |
| gnp aspirin oral tablet delayed release 81 mg | 1 | H |
| goodsense aspirin low dose | 1 | H |
| goodsense aspirin oral tablet chewable | 1 | H |
| h-e-b aspirin | 1 | H |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| indomethacin er | 1 | |
| indomethacin oral capsule | 1 | |
| ketorolac tromethamine oral | 1 | |
| kls aspirin low dose | 1 | H |
| kp aspirin | 1 | H |
| meloxicam oral tablet | 1 | |
| mm aspirin | 1 | H |
| nabumetone oral | 1 | |
| 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 | |
| qc aspirin low dose | 1 | H |
| qc childrens aspirin | 1 | H |
| ra aspirin adult low dose oral tablet chewable 81 mg | 1 | H |
| ra aspirin adult low strength oral tablet chewable 81 mg | 1 | H |
| ra aspirin childrens oral tablet chewable 81 mg | 1 | H |
| ra aspirin ec adult low st oral tablet delayed release 81 mg | 1 | H |
| ra aspirin ec oral tablet delayed release 81 mg | 1 | H |
| sm aspirin low dose oral tablet chewable 81 mg | 1 | H |
| sm childrens aspirin oral tablet chewable 81 mg | 1 | H |
| sulindac oral | 1 | |
| **Anti-addiction / Substance abuse treatment agents** | | |
| acamprosate calcium | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| buprenorphine hcl sublingual | 1 | QL |
| buprenorphine hcl-naloxone hcl sublingual film | 1 | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 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 |
| ft naloxone hcl | 1 | QL |
| ft nicotine | 1 | H |
| ft nicotine mini | 1 | H |
| gnp naloxone hcl | 1 | QL |
| gnp nicotine mini | 1 | H |
| gnp nicotine polacrilex mouth/throat gum 2 mg | 1 | H |
| gnp nicotine polacrilex mouth/throat lozenge | 1 | H |
| gnp nicotine transdermal | 1 | H |
| goodsense nicotine | 1 | H |
| goodsense nicotine policrilex | 1 | H |
| habitrol | 1 | H |
| hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg | 1 | H |
| KLOXXADO | 1 | QL |
| kls quit2 | 1 | H |
| kls quit4 | 1 | H |
| naloxone hcl nasal | 1 | QL |
| naltrexone hcl oral | 1 | QL |
| NARCAN | 1 | QL (includes Narcan OTC) |
| NICODERM CQ | 3 | H |
| NICORETTE MINI | 2 | H |
| NICORETTE MOUTH/THROAT GUM | 3 | H |
| NICORETTE MOUTH/THROAT LOZENGE | 2 | H |
| NICORETTE STARTER KIT | 3 | H |
| nicotine mini | 1 | H |
| nicotine polacrilex mini | 1 | H |
| nicotine polacrilex mouth/throat | 1 | H |
| nicotine step 1 | 1 | H |
| nicotine step 2 | 1 | H |
| nicotine step 3 | 1 | H |
| nicotine transdermal patch 24 hour | 1 | H |
| OPVEE | 1 | QL |
| qc nicotine transdermal system | 1 | H |
| ra mini nicotine mouth/throat lozenge 2 mg, 4 mg | 1 | H |
| ra nicotine mouth/throat gum 4 mg | 1 | H |
| ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg | 1 | H |
| ra nicotine transdermal patch 24 hour 21 mg/24hr | 1 | H |
| REXTOVY | 1 | QL |
| REZENOPY | 3 | QL |
| sm nicotine mouth/throat gum | 1 | H |
| sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg | 1 | H |
| sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr | 1 | H |
| THRIVE | 3 | H |
| varenicline tartrate | 1 | H |
| ZUBSOLV | 1 | QL |
| **Antibacterials - Drugs for infections** | | |
| amoxicillin | 1 | |
| amoxicillin-potassium clavulanate | 1 | |
| ampicillin | 1 | |
| AVIDOXY | 3 | |
| azithromycin oral packet 1 gm | 1 | |
| BACTRIM | 3 | |
| BACTRIM DS | 3 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| BLUJEPA | 3 | QL |
| cefadroxil oral capsule | 1 | |
| cefadroxil oral suspension reconstituted | 1 | |
| cefdinir | 1 | |
| cefixime oral capsule | 1 | |
| cefpodoxime proxetil oral tablet | 1 | |
| cefprozil | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin | 1 | |
| CIPRO ORAL TABLET | 3 | |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin oral tablet | 1 | |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG | 3 | |
| CLEOCIN ORAL CAPSULE 75 MG | 2 | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED | 3 | |
| CLEOCIN VAGINAL CREAM | 3 | |
| clindamycin hcl oral | 1 | |
| clindamycin palmitate hcl | 1 | |
| clindamycin phosphate vaginal | 1 | |
| CLINDESSE | 2 | |
| dicloxacillin sodium | 1 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| doxycycline hyclate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 1 | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral suspension reconstituted | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| E.E.S. GRANULES | 3 | |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | 3 | |
| ERYPED 400 | 3 | |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| erythromycin base oral tablet | 1 | |
| erythromycin ethylsuccinate oral suspension reconstituted | 1 | |
| fidaxomicin | 1 | QL |
| fosfomycin tromethamine | 1 | |
| gentamicin sulfate external | 1 | QL |
| HIPREX | 3 | |
| levofloxacin oral tablet | 1 | |
| linezolid oral tablet | 1 | |
| MACROBID | 3 | |
| MACRODANTIN | 3 | |
| methenamine hippurate | 1 | |
| metronidazole oral tablet 250 mg, 500 mg | 1 | |
| metronidazole vaginal | 1 | |
| minocycline hcl oral capsule | 1 | |
| moxifloxacin hcl oral | 1 | |
| mupirocin cream | 1 | QL |
| mupirocin ointment | 1 | QL |
| neomycin sulfate oral | 1 | |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| NUZYRA ORAL | 3 | QL |
| ORLYNVAH | 3 | QL |
| penicillin v potassium | 1 | |
| PIVYA | 3 | QL |
| SILVADENE | 3 | |
| silver sulfadiazine external | 1 | |
| ssd | 1 | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| sulfatrim pediatric | 1 | |
| tetracycline hcl oral capsule | 1 | |
| tinidazole oral | 1 | |
| trimethoprim oral | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| VANCOCIN | 3 | |
| vancomycin hcl oral capsule | 1 | |
| VANDAZOLE | 3 | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML | 3 | |
| XACIATO | 2 | QL |
| XEPI | 3 | |
| XIFAXAN | 3 | PA, QL |
| ZITHROMAX | 3 | |
| **Anticoagulants - Drugs to treat or prevent blood clots** | | |
| dabigatran etexilate mesylate | 1 | QL |
| ELIQUIS TABLET | 2 | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 | QL |
| jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | 1 | |
| rivaroxaban oral tablet | 1 | QL |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| **Anticonvulsants - Drugs for seizures** | | |
| APTIOM | 3 | PA |
| brivaracetam oral tablet | 1 | PA |
| BRIVIACT ORAL SOLUTION | 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 | PA |
| clobazam oral tablet | 1 | PA |
| DEPAKOTE | 3 | PA |
| DEPAKOTE ER | 3 | PA |
| DEPAKOTE SPRINKLES | 3 | PA |
| diazepam rectal | 1 | QL |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| DILANTIN | 3 | |
| divalproex sodium er | 1 | |
| divalproex sodium oral | 1 | |
| EPIDIOLEX | 3 | PA, SP |
| epitol oral tablet 200 mg | 1 | |
| eslicarbazepine acetate | 1 | PA |
| ethosuximide oral | 1 | |
| FYCOMPA ORAL SUSPENSION | 3 | PA |
| FYCOMPA ORAL TABLET | 3 | PA |
| gabapentin oral capsule 100 mg, 300 mg, 400 mg | 1 | |
| gabapentin oral solution 250 mg/5ml | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| KEPPRA ORAL | 3 | PA |
| KEPPRA XR | 3 | PA |
| lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml | 1 | |
| lacosamide oral tablet | 1 | |
| LAMICTAL | 3 | PA |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE | 3 | PA |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA |
| lamotrigine er | 1 | |
| lamotrigine oral tablet | 1 | |
| lamotrigine oral tablet chewable | 1 | |
| lamotrigine oral tablet dispersible | 1 | PA |
| 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, QL |
| MOTPOLY XR | 3 | PA |
| MYSOLINE | 2 | |
| NAYZILAM | 3 | PA, QL |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| NEURONTIN | 3 | PA |
| ONFI | 3 | PA |
| oxcarbazepine | 1 | |
| perampanel oral tablet | 1 | PA |
| phenobarbital oral tablet | 1 | |
| phenytek | 1 | |
| phenytoin sodium extended | 1 | |
| primidone oral | 1 | |
| roweepra | 1 | |
| subvenite oral tablet | 1 | |
| SYMPAZAN | 3 | PA |
| TEGRETOL ORAL TABLET | 3 | |
| TEGRETOL-XR | 3 | |
| TOPAMAX | 3 | PA |
| TOPAMAX SPRINKLE | 3 | PA |
| topiramate oral capsule sprinkle | 1 | |
| topiramate oral tablet | 1 | |
| TRILEPTAL | 3 | PA |
| valproic acid oral capsule | 1 | |
| valproic acid oral solution 250 mg/5ml | 1 | |
| VALTOCO 10 MG DOSE | 3 | PA, QL |
| VALTOCO 15 MG DOSE | 3 | PA, QL |
| VALTOCO 20 MG DOSE | 3 | PA, QL |
| VALTOCO 5 MG DOSE | 3 | PA, QL |
| VIMPAT ORAL | 3 | PA |
| XCOPRI | 3 | PA |
| ZARONTIN | 3 | |
| ZONEGRAN | 3 | PA |
| zonisamide oral | 1 | |
| **Antidementia agents - Drugs for Alzheimer's disease and dementia** | | |
| donepezil hcl oral tablet | 1 | |
| memantine hcl er | 1 | |
| memantine hcl oral tablet | 1 | |
| rivastigmine | 1 | |
| rivastigmine tartrate | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| **Antidepressants - Drugs for depression** | | |
| amitriptyline hcl oral | 1 | |
| AUVELITY | 3 | ST, QL |
| bupropion hcl er (sr) | 1 | |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | |
| bupropion hcl oral | 1 | |
| citalopram hydrobromide oral tablet | 1 | |
| clomipramine hcl oral | 1 | |
| desipramine hcl oral | 1 | |
| desvenlafaxine succinate er | 1 | |
| doxepin hcl oral capsule | 1 | |
| doxepin hcl oral concentrate | 1 | |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | 1 | |
| escitalopram oxalate oral solution | 1 | |
| escitalopram oxalate oral tablet | 1 | |
| EXXUA | 3 | ST, QL |
| EXXUA TITRATION PACK | 3 | ST, QL |
| FETZIMA | 3 | ST, QL |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral solution | 1 | |
| fluoxetine hcl oral tablet | 1 | |
| fluvoxamine maleate | 1 | |
| fluvoxamine maleate er | 1 | |
| imipramine hcl oral | 1 | |
| mirtazapine oral | 1 | |
| NORPRAMIN | 3 | |
| nortriptyline hcl oral capsule | 1 | |
| paroxetine hcl er | 1 | |
| paroxetine hcl oral tablet | 1 | |
| RALDESY | 3 | PA |
| sertraline hcl oral concentrate | 1 | |
| sertraline hcl oral tablet | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| SPRAVATO | 3 | PA, QL, SP |
| trazodone hcl oral | 1 | |
| TRINTELLIX | 3 | ST, QL |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | |
| vilazodone hcl | 1 | |
| ZURZUVAE | 2 | PA, QL, SP |
| **Antiemetics - Drugs for nausea and vomiting** | | |
| aprepitant oral capsule | 1 | QL |
| dronabinol oral capsule | 1 | |
| metoclopramide hcl oral tablet | 1 | |
| ondansetron hcl oral solution 4 mg/5ml | 1 | |
| ondansetron hcl oral tablet | 1 | |
| ondansetron odt oral tablet dispersible 4 mg, 8 mg | 1 | |
| perphenazine oral | 1 | |
| prochlorperazine maleate oral | 1 | |
| promethazine hcl oral | 1 | |
| promethazine hcl rectal | 1 | |
| PROMETHEGAN | 3 | |
| REGLAN | 3 | |
| scopolamine | 1 | |
| **Antifungals - Drugs for fungal infections** | | |
| ciclodan | 1 | |
| ciclopirox external | 1 | |
| ciclopirox olamine external cream | 1 | |
| clotrimazole mouth/throat | 1 | |
| CRESEMBA ORAL | 3 | |
| econazole nitrate external cream | 1 | |
| fluconazole oral | 1 | |
| griseofulvin microsize oral suspension | 1 | |
| GYNAZOLE-1 | 3 | |
| itraconazole oral capsule | 1 | QL |
| JUBLIA | 3 | PA, ST, QL |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| ketoconazole external cream | 1 | QL |
| ketoconazole external shampoo | 1 | |
| ketoconazole oral | 1 | |
| klayesta | 1 | QL |
| nyamyc external powder 100000 unit/gm | 1 | QL |
| nystatin external | 1 | QL |
| nystatin mouth/throat suspension 100000 unit/ml | 1 | |
| nystatin oral | 1 | |
| nystatin-triamcinolone | 1 | |
| nystop | 1 | QL |
| posaconazole oral tablet delayed release | 1 | |
| SPORANOX | 3 | QL |
| terbinafine hcl oral | 1 | |
| terconazole | 1 | |
| VFEND ORAL TABLET 50 MG | 3 | QL |
| VIVJOA | 3 | PA, QL |
| voriconazole oral tablet | 1 | QL |
| **Antigout agents - Drugs for gout** | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| colchicine oral | 1 | |
| colchicine-probenecid | 1 | |
| febuxostat | 1 | |
| MITIGARE | 2 | |
| probenecid | 1 | |
| **Antimigraine agents - Drugs for migraines** | | |
| AIMOVIG | 2 | PA, ST, QL |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY | 2 | PA, ST, QL |
| frovatriptan succinate | 1 | QL |
| naratriptan hcl | 1 | QL |
| NURTEC | 2 | PA, ST, QL |
| QULIPTA | 2 | PA, ST, QL |
| REYVOW ORAL TABLET 100 MG, 50 MG | 3 | PA, QL |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| rizatriptan benzoate oral | 1 | QL |
| sumatriptan nasal | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| sumatriptan succinate subcutaneous solution auto-injector | 1 | QL |
| UBRELVY | 2 | PA, ST, QL |
| ZAVZPRET | 3 | PA, ST, QL |
| zolmitriptan oral | 1 | QL |
| ZOMIG NASAL SOLUTION 2.5 MG | 3 | QL |
| ZOMIG NASAL SOLUTION 5 MG | 1 | QL |
| **Antimyasthenic agents - Drugs to treat myasthenia gravis** | | |
| pyridostigmine bromide oral tablet 60 mg | 1 | |
| **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 oral tablet 250 mg | 1 | QL, SP |
| abirtega | 1 | QL, SP |
| ALECENSA | 2 | PA, QL, SP |
| ALUNBRIG | 2 | PA, QL, SP |
| anastrozole oral | 1 | H-PA |
| AUGTYRO | 2 | PA, QL, SP |
| BESREMI | 3 | PA, QL, SP |
| bicalutamide | 1 | |
| BRUKINSA ORAL CAPSULE | 3 | PA, ST, SP |
| CABOMETYX | 2 | PA, QL, SP |
| CALQUENCE | 2 | PA, QL, SP |
| capecitabine | 1 | SP |
| COTELLIC | 2 | PA, QL, SP |
| dasatinib | 1 | PA, QL, SP |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| ENSACOVE | 2 | PA, QL, SP |
| ERIVEDGE | 2 | PA, QL, SP |
| ERLEADA | 2 | PA, QL, SP |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 1 | PA, QL, SP |
| exemestane | 1 | H-PA |
| GAVRETO | 3 | PA, QL, SP |
| hydroxyurea oral | 1 | |
| HYRNUO | 2 | PA, QL, SP |
| IBRANCE ORAL TABLET | 3 | PA, ST, QL, SP |
| ICLUSIG | 3 | PA, QL, SP |
| IDHIFA | 2 | PA, QL, SP |
| imatinib mesylate oral | 1 | QL, SP |
| IMBRUVICA ORAL CAPSULE | 2 | PA, QL, SP |
| IMBRUVICA ORAL SUSPENSION | 2 | PA, QL, SP |
| IMBRUVICA ORAL TABLET 420 MG | 2 | PA, QL, SP |
| IMKELDI | 3 | PA, QL, SP |
| JAKAFI | 2 | PA, QL, SP |
| KISQALI (200 MG DOSE) | 2 | PA, QL, SP |
| KISQALI (400 MG DOSE) | 2 | PA, QL, SP |
| KISQALI (600 MG DOSE) | 2 | PA, QL, SP |
| KOSELUGO ORAL CAPSULE | 3 | PA, QL, SP |
| lederle leucovorin | 1 | |
| lenalidomide | 1 | PA, QL, SP |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | 2 | PA, QL, SP |
| letrozole oral | 1 | H-PA |
| leucovorin calcium oral | 1 | |
| leuprolide acetate injection | 1 | PA, SP |
| LUMAKRAS | 3 | PA, QL, SP |
| LYNPARZA | 2 | PA, QL, SP |
| mercaptopurine oral tablet | 1 | |
| nilotinib hcl | 1 | PA, ST, QL, SP |
| NUBEQA | 2 | PA, QL, SP |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| ODOMZO | 2 | PA, QL, SP |
| ORGOVYX | 3 | PA, QL, SP |
| PIQRAY | 2 | PA, QL, SP |
| pomalidomide | 1 | PA, QL, SP |
| RETEVMO | 3 | PA, QL, SP |
| ROZLYTREK | 2 | PA, QL, SP |
| RYDAPT | 2 | PA, QL, SP |
| SCEMBLIX | 3 | PA, QL, SP |
| STIVARGA | 2 | PA, QL, SP |
| TABRECTA | 3 | PA, QL, SP |
| TAGRISSO | 3 | PA, QL, SP |
| tamoxifen citrate oral tablet 10 mg | 1 | |
| tamoxifen citrate oral tablet 20 mg | 1 | H-PA |
| temozolomide | 1 | SP |
| TEPMETKO | 3 | PA, QL, SP |
| torpenz | 1 | PA, QL, SP |
| TRUQAP | 2 | PA, QL, SP |
| VENCLEXTA | 2 | PA, QL, SP |
| VERZENIO | 2 | PA, QL, SP |
| VITRAKVI | 2 | PA, QL, SP |
| XTANDI | 2 | PA, QL, SP |
| yulithira | 1 | PA, QL, SP |
| ZEJULA | 2 | PA, QL, SP |
| ZELBORAF | 2 | PA, QL, SP |
| **Antiparasitics - Drugs for parasitic infections** | | |
| ARAKODA | 3 | QL |
| atovaquone | 1 | |
| atovaquone-proguanil hcl | 1 | |
| ELIMITE EXTERNAL CREAM 5 % | 3 | |
| hydroxychloroquine sulfate oral | 1 | |
| ivermectin oral tablet 3 mg | 1 | PA, QL |
| ivermectin oral tablet 6 mg | 1 | PA |
| MALARONE | 3 | |
| mefloquine hcl | 1 | |
| permethrin external | 1 | |
| STROMECTOL | 3 | PA, QL |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| **Antiparkinson agents - Drugs for Parkinson's disease** | | |
| amantadine hcl oral capsule | 1 | |
| amantadine hcl oral tablet | 1 | |
| benztropine mesylate oral | 1 | |
| bromocriptine mesylate oral tablet | 1 | |
| carbidopa-levodopa er oral tablet extended release | 1 | |
| carbidopa-levodopa oral tablet | 1 | |
| CREXONT | 3 | ST |
| INBRIJA | 3 | PA, QL, SP |
| NEUPRO | 3 | |
| pramipexole dihydrochloride | 1 | |
| rasagiline mesylate oral | 1 | |
| ropinirole hcl | 1 | |
| SINEMET | 3 | |
| trihexyphenidyl hcl oral tablet | 1 | |
| **Antiplatelets - Drugs for heart attack and stroke prevention** | | |
| cilostazol | 1 | |
| clopidogrel bisulfate oral | 1 | |
| prasugrel hcl | 1 | |
| ticagrelor | 1 | QL |
| **Antipsychotics - Drugs for mood disorders** | | |
| aripiprazole oral solution | 1 | |
| aripiprazole oral tablet | 1 | |
| asenapine maleate | 1 | QL |
| CAPLYTA | 3 | PA, ST, QL |
| chlorpromazine hcl oral tablet | 1 | QL |
| clozapine oral tablet | 1 | |
| CLOZARIL | 3 | |
| haloperidol oral | 1 | |
| lurasidone hcl | 1 | QL |
| olanzapine oral | 1 | |
| paliperidone er | 1 | QL |
| quetiapine fumarate | 1 | |
| quetiapine fumarate er | 1 | |
| REXULTI | 3 | QL |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| risperidone | 1 | |
| VRAYLAR | 3 | QL |
| ziprasidone hcl | 1 | |
| **Antivirals - Drugs for viral infections** | | |
| acyclovir external ointment | 1 | |
| acyclovir oral capsule | 1 | |
| acyclovir oral suspension 200 mg/5ml | 1 | |
| acyclovir oral tablet | 1 | |
| BIKTARVY | 3 | QL |
| CIMDUO | 2 | QL |
| DELSTRIGO | 2 | QL |
| DESCOVY ORAL TABLET 120-15 MG | 3 | QL |
| DESCOVY ORAL TABLET 200-25 MG | 3 | QL, H |
| DOVATO | 2 | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 | QL |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 1 | QL, H |
| entecavir | 1 | |
| famciclovir oral | 1 | |
| GENVOYA | 3 | QL |
| ISENTRESS HD | 2 | |
| ISENTRESS ORAL TABLET | 2 | |
| JULUCA | 2 | QL |
| LAGEVRIO | 2 | QL |
| LEDIPASVIR-SOFOSBUVIR | 2 | PA, ST, QL, SP |
| MAVYRET | 2 | PA, QL, SP |
| ODEFSEY | 3 | QL |
| oseltamivir phosphate oral | 1 | |
| PAXLOVID (150/100) | 2 | QL |
| PAXLOVID (300/100 & 150/100) | 2 | QL |
| PAXLOVID (300/100) | 2 | QL |
| PREVYMIS ORAL TABLET | 2 | PA |
| PREZCOBIX | 2 | |
| SOFOSBUVIR-VELPATASVIR | 2 | PA, QL, SP |
| SYMFI | 2 | QL |
| SYMFI LO ORAL TABLET 400-300-300 MG | 2 | QL |
| tenofovir disoproxil fumarate | 1 | H-PA |
| TIVICAY | 3 | |
| TRIUMEQ | 2 | QL |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | 3 | QL |
| valacyclovir hcl oral tablet 1 gm | 1 | QL |
| valacyclovir hcl oral tablet 500 mg | 1 | |
| valganciclovir hcl oral tablet | 1 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| VOSEVI | 2 | PA, QL, SP |
| XOFLUZA (40 MG DOSE) | 3 | QL |
| XOFLUZA (80 MG DOSE) | 3 | QL |
| **Anxiolytics - Drugs for anxiety** | | |
| alprazolam er | 1 | |
| alprazolam oral | 1 | |
| alprazolam xr | 1 | |
| buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | 1 | |
| chlordiazepoxide hcl | 1 | |
| clonazepam oral | 1 | |
| clorazepate dipotassium | 1 | |
| diazepam oral solution | 1 | |
| diazepam oral tablet | 1 | |
| HALCION ORAL TABLET 0.25 MG | 3 | |
| hydroxyzine hcl oral syrup 10 mg/5ml | 1 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate oral | 1 | |
| lorazepam oral tablet | 1 | |
| triazolam | 1 | |
| **Bipolar agents - Drugs for mood disorders** | | |
| lithium carbonate er | 1 | |
| lithium carbonate oral | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| LITHOBID | 3 | PA |
| **Cardiovascular agents - Drugs for heart and circulation conditions** | | |
| acebutolol hcl oral | 1 | |
| acetazolamide er | 1 | |
| acetazolamide oral | 1 | |
| amiloride hcl oral | 1 | |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | |
| amlodipine besylate-benazepril hcl | 1 | |
| amlodipine besylate-valsartan | 1 | |
| amlodipine-olmesartan | 1 | |
| ARBLI | 3 | PA |
| atenolol oral | 1 | |
| atenolol-chlorthalidone | 1 | |
| ATORVALIQ | 3 | PA |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1 | H-PA |
| atorvastatin calcium oral tablet 40 mg, 80 mg | 1 | |
| benazepril hcl oral | 1 | |
| benazepril-hydrochlorothiazide | 1 | |
| bisoprolol fumarate oral | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| bumetanide oral | 1 | |
| BUMEX | 3 | |
| CAMZYOS | 3 | PA, QL, SP |
| candesartan cilexetil | 1 | |
| candesartan cilexetil-hctz | 1 | |
| captopril oral | 1 | |
| CARDURA | 3 | |
| cartia xt | 1 | |
| carvedilol | 1 | |
| chlorthalidone | 1 | |
| cholestyramine light | 1 | |
| cholestyramine oral | 1 | |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| clonidine patch weekly | 1 | |
| colesevelam hcl oral tablet | 1 | |
| COLESTID ORAL TABLET | 3 | |
| colestipol hcl oral tablet | 1 | |
| CORLANOR ORAL TABLET | 3 | PA, QL |
| 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 | |
| dofetilide | 1 | |
| doxazosin mesylate oral | 1 | |
| enalapril maleate oral solution | 1 | PA |
| enalapril maleate oral tablet | 1 | |
| enalapril-hydrochlorothiazide | 1 | |
| eplerenone | 1 | |
| ezetimibe | 1 | |
| ezetimibe-simvastatin | 1 | |
| felodipine er | 1 | |
| fenofibrate micronized | 1 | |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | 1 | |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | |
| fenofibric acid oral capsule delayed release | 1 | |
| flecainide acetate | 1 | |
| fosinopril sodium | 1 | |
| furosemide oral | 1 | |
| gemfibrozil oral | 1 | |
| guanfacine hcl | 1 | |
| HEMANGEOL | 3 | |
| hydralazine hcl oral | 1 | |
| hydrochlorothiazide oral | 1 | |
| indapamide | 1 | |
| INZIRQO | 3 | PA |
| irbesartan | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| irbesartan-hydrochlorothiazide | 1 | |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | 1 | |
| isosorbide mononitrate er | 1 | |
| ivabradine hcl | 1 | PA, QL |
| KAPSPARGO SPRINKLE | 3 | |
| KERENDIA | 3 | PA, QL |
| labetalol hcl oral | 1 | |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG | 3 | |
| LANOXIN ORAL TABLET 62.5 MCG | 3 | |
| LASIX | 3 | |
| lisinopril oral | 1 | |
| lisinopril-hydrochlorothiazide | 1 | |
| LODOCO | 3 | QL |
| LOPID | 3 | |
| LOPRESSOR ORAL SOLUTION | 3 | PA |
| losartan potassium oral | 1 | |
| losartan potassium-hctz | 1 | |
| LOTENSIN | 3 | |
| LOTENSIN HCT | 3 | |
| lovastatin oral | 1 | H |
| matzim la | 1 | |
| metolazone | 1 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 1 | |
| metoprolol-hydrochlorothiazide | 1 | |
| mexiletine hcl oral | 1 | |
| midodrine hcl | 1 | |
| minoxidil oral | 1 | |
| MULTAQ | 3 | PA |
| nadolol oral | 1 | |
| nebivolol hcl | 1 | |
| NEXLETOL | 2 | PA, ST, QL |
| NEXLIZET | 2 | PA, ST, QL |
| niacin er (antihyperlipidemic) | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nifedipine oral | 1 | |
| nitro-bid | 1 | |
| NITRO-DUR | 3 | |
| nitroglycerin rectal | 1 | QL |
| nitroglycerin sublingual | 1 | |
| nitroglycerin transdermal | 1 | |
| NITROSTAT | 3 | |
| NORLIQVA | 3 | PA |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil-hctz | 1 | |
| omega-3-acid ethyl esters | 1 | |
| PACERONE ORAL TABLET 100 MG, 400 MG | 3 | |
| PACERONE ORAL TABLET 200 MG | 3 | |
| pentoxifylline er | 1 | |
| pravastatin sodium | 1 | |
| prazosin hcl oral | 1 | |
| prevalite | 1 | |
| propafenone hcl | 1 | |
| propafenone hcl er | 1 | |
| propranolol hcl er | 1 | |
| propranolol hcl oral | 1 | |
| QUESTRAN | 3 | |
| QUESTRAN LIGHT | 3 | |
| ramipril | 1 | |
| ranolazine er | 1 | |
| RECTIV | 3 | QL |
| REPATHA | 2 | QL |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | 2 | QL |
| REPATHA SURECLICK | 2 | QL |
| rosuvastatin calcium oral | 1 | |
| sacubitril-valsartan | 1 | PA, QL |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | H-PA |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| simvastatin oral tablet 80 mg | 1 | |
| sotalol hcl oral | 1 | |
| spironolactone oral tablet | 1 | |
| spironolactone-hctz | 1 | |
| TEKTURNA | 3 | |
| telmisartan | 1 | |
| telmisartan-hctz | 1 | |
| tiadylt er | 1 | |
| TIAZAC | 3 | |
| TIKOSYN | 3 | |
| torsemide | 1 | |
| trandolapril | 1 | |
| triamterene-hctz | 1 | |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | 3 | PA, QL, SP |
| valsartan oral solution | 1 | PA |
| valsartan oral tablet | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| verapamil hcl er | 1 | |
| verapamil hcl oral | 1 | |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG | 3 | |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | 3 | |
| VERQUVO | 3 | PA, QL |
| VYNDAQEL ORAL CAPSULE 20 MG | 2 | PA, QL, SP |
| **Central nervous system agents - Drugs for attention deficit disorder** | | |
| amphetamine sulfate | 1 | |
| amphetamine-dextroamphetamine | 1 | |
| amphetamine-dextroamphetamine er | 1 | QL |
| amphet-dextroamphet 3-bead er | 1 | QL |
| atomoxetine hcl oral capsule | 1 | QL |
| AZSTARYS | 3 | ST, QL |
| clonidine hcl er | 1 | |
| dexmethylphenidate hcl | 1 | |
| dexmethylphenidate hcl er | 1 | QL |
| dextroamphetamine sulfate er | 1 | QL |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg | 1 | |
| FOCALIN | 3 | |
| guanfacine hcl er | 1 | |
| JORNAY PM | 3 | ST, QL |
| lisdexamfetamine dimesylate | 1 | QL |
| METHYLIN | 3 | |
| methylphenidate hcl er (cd) | 1 | QL |
| methylphenidate hcl er (la) | 1 | QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 1 | QL |
| methylphenidate hcl er oral tablet extended release | 1 | QL |
| methylphenidate hcl er(diffus) | 1 | QL |
| methylphenidate hcl oral | 1 | |
| ONYDA XR | 3 | QL |
| **Central nervous system agents - Drugs for multiple sclerosis** | | |
| AVONEX | 2 | PA, QL, SP |
| BAFIERTAM | 2 | PA, QL, SP |
| BETASERON | 2 | PA, QL, SP |
| dalfampridine er | 1 | PA, QL, SP |
| dimethyl fumarate oral | 1 | PA, QL, SP |
| fingolimod hcl | 1 | PA, QL, SP |
| GILENYA ORAL CAPSULE 0.25 MG | 3 | PA, QL, SP |
| glatiramer acetate | 1 | PA, QL, SP |
| glatopa | 1 | PA, QL, SP |
| KESIMPTA | 2 | PA, QL, SP |
| MAYZENT | 3 | PA, QL, SP |
| PLEGRIDY | 3 | PA, QL, SP |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| teriflunomide | 1 | PA, QL, SP |
| **Central nervous system agents - Miscellaneous** | | |
| AUSTEDO | 2 | PA, QL, SP |
| AUSTEDO XR | 2 | PA, QL, SP |
| INGREZZA | 2 | PA, QL, SP |
| INGREZZA SPRINKLE | 2 | PA, QL, SP |
| LYNKUET | 3 | PA, QL |
| LYRICA ORAL CAPSULE | 3 | PA |
| milnacipran hcl oral tablet | 1 | QL |
| NUEDEXTA | 2 | PA, QL |
| pregabalin oral capsule | 1 | |
| RADICAVA ORS | 3 | PA, QL, SP |
| RADICAVA ORS STARTER KIT | 3 | PA, QL, SP |
| TEGLUTIK | 3 | PA, SP |
| TIGLUTIK | 3 | PA, SP |
| VEOZAH | 3 | PA, QL |
| ZEPOSIA | 3 | PA, ST, QL, SP |
| **Dental and oral agents - Drugs for mouth and throat conditions** | | |
| cevimeline hcl | 1 | |
| chlorhexidine gluconate mouth/ throat | 1 | |
| CLINPRO 5000 | 3 | |
| DENTA 5000 PLUS | 3 | |
| DENTAGEL | 3 | |
| FLUORIDEX | 3 | |
| FLUORIDEX ENHANCED WHITENING | 3 | |
| FLUORIMAX 5000 | 3 | |
| FRAICHE 5000 DENTAL DENTAL GEL 1.1 % | 3 | |
| JUST RIGHT 5000 | 3 | |
| KOURZEQ | 2 | |
| lidocaine hcl mouth/throat | 1 | |
| lidocaine viscous hcl | 1 | |
| ORALONE | 2 | |
| PERIDEX | 3 | |
| periogard | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| 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 | |
| sodium fluoride 5000 ppm dental cream 1.1 % | 1 | |
| sodium fluoride dental | 1 | |
| triamcinolone acetonide mouth/ throat | 1 | |
| **Dermatological agents - Drugs for skin conditions** | | |
| accutane | 1 | |
| acitretin | 1 | |
| adapalene-benzoyl peroxide external gel 0.1-2.5 % | 1 | QL |
| ADBRY | 2 | PA, QL, SP |
| AKLIEF | 3 | PA, QL |
| alclometasone dipropionate | 1 | |
| amnesteem | 1 | |
| AMZEEQ | 3 | QL |
| ANZUPGO | 3 | PA, QL, SP |
| AVAR CLEANSER | 3 | |
| azelaic acid external | 1 | |
| AZELEX | 3 | QL |
| BENZAMYCIN | 2 | QL |
| benzoyl peroxide-erythromycin | 1 | QL |
| betamethasone dipropionate aug external cream | 1 | |
| betamethasone dipropionate aug external lotion | 1 | |

See page 5-7 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 | |
| calcipotriene external cream | 1 | QL |
| calcipotriene external ointment | 1 | |
| calcipotriene external solution | 1 | QL |
| CALCITRENE | 3 | |
| CIBINQO | 2 | PA, QL, SP |
| ciclopirox olamine external suspension | 1 | |
| claravis | 1 | |
| CLEOCIN-T | 3 | |
| clindacin etz | 1 | |
| clindacin-p | 1 | |
| clindamycin phos (twice-daily) gel 1 % external | 1 | (generic for Cleocin-T), QL |
| clindamycin phos (twice-daily) gel 1 % external | 1 | QL |
| clindamycin phos-benzoyl perox external gel 1.2-5 % | 1 | QL |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| clobetasol prop emollient base | 1 | QL |
| clobetasol propionate e | 1 | QL |
| clobetasol propionate external cream 0.05 % | 1 | QL |
| clobetasol propionate external gel | 1 | QL |
| clobetasol propionate external liquid | 1 | QL |
| clobetasol propionate external ointment | 1 | QL |
| clobetasol propionate external solution | 1 | QL |
| clotrimazole-betamethasone | 1 | |
| dapsone external | 1 | QL |
| DERMA-SMOOTHE/FS BODY | 3 | QL |
| DERMA-SMOOTHE/FS SCALP | 3 | |
| desonide external cream | 1 | QL |
| desonide external lotion | 1 | QL |
| desonide external ointment | 1 | QL |
| DESOWEN EXTERNAL CREAM 0.05 % | 3 | QL |
| desoximetasone external cream | 1 | QL |
| desoximetasone external ointment | 1 | QL |
| diclofenac sodium external gel 3 % | 1 | PA, QL |
| DIPROLENE | 3 | |
| DRYSOL | 3 | |
| DUPIXENT | 2 | PA, QL, SP |
| EBGLYSS | 2 | PA, QL, SP |
| EFUDEX EXTERNAL CREAM 5 % | 3 | |
| ENSTILAR | 3 | QL |
| ERYGEL EXTERNAL GEL 2 % | 3 | |
| erythromycin external | 1 | |
| EUCRISA | 3 | ST, QL |
| FINACEA EXTERNAL FOAM | 3 | |
| fluocinolone acetonide body | 1 | QL |
| fluocinolone acetonide external cream | 1 | QL |
| fluocinolone acetonide external ointment | 1 | QL |
| fluocinolone acetonide external solution | 1 | |
| fluocinolone acetonide scalp | 1 | |
| fluocinonide external cream 0.05 % | 1 | |
| fluocinonide external gel | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| fluocinonide external ointment | 1 | |
| fluocinonide external solution | 1 | |
| fluorouracil external cream 5 % | 1 | |
| fluticasone propionate external cream | 1 | |
| fluticasone propionate external ointment | 1 | |
| halobetasol propionate external cream | 1 | QL |
| halobetasol propionate external ointment | 1 | QL |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external lotion 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| hydrocortisone valerate external cream | 1 | QL |
| ICOTYDE | 2 | PA, QL, SP |
| imiquimod external cream 5 % | 1 | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1 | |
| KLARON | 3 | |
| KLISYRI | 3 | ST, QL |
| METROCREAM EXTERNAL CREAM 0.75 % | 3 | |
| METROLOTION EXTERNAL LOTION 0.75 % | 3 | |
| metronidazole external cream | 1 | |
| metronidazole external gel 0.75 % | 1 | |
| metronidazole external lotion | 1 | |
| MIRVASO | 2 | PA, QL |
| mometasone furoate external | 1 | |
| NEMLUVIO | 2 | PA, QL, SP |
| neuac | 1 | QL |
| OPZELURA | 3 | PA, QL, SP |
| OVACE PLUS WASH EXTERNAL LIQUID 10 % | 3 | |
| OVACE WASH EXTERNAL LIQUID 10 % | 3 | |
| PANRETIN | 3 | |
| PELLIX | 3 | QL |
| pimecrolimus | 1 | QL |
| podofilox external solution | 1 | |
| RHOFADE | 3 | PA, QL |
| SANTYL | 3 | QL |
| selenium sulfide external lotion | 1 | |
| sodium sulfacetamide wash | 1 | |
| SOOLANTRA | 1 | QL |
| STARJEMZA SUBCUTANEOUS | 2 | PA, QL, SP |
| STEQEYMA SUBCUTANEOUS SOLUTION | 2 | SP |
| STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA, QL, SP |
| sulfacetamide sodium (acne) | 1 | |
| sulfacetamide sodium external | 1 | |
| sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % | 1 | |
| sulfacetamide sod-sulfur wash external liquid 9-4 % | 1 | |
| tacrolimus external | 1 | QL |
| tazarotene external cream | 1 | PA, QL |
| TAZORAC EXTERNAL CREAM | 3 | PA, QL |
| TOPICORT | 3 | QL |
| TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % | 3 | QL |
| TREMFYA | 2 | PA, QL, SP |
| tretinoin external cream | 1 | QL |
| triamcinolone acetonide external cream 0.025 %, 0.1 % | 1 | |
| triamcinolone acetonide external cream 0.5 % | 1 | QL |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triderm | 1 | QL |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| urea external cream 20 %, 40 %, 45 % | 1 | |
| UREMEZ-40 EXTERNAL CREAM 40 % | 3 | |
| VTAMA | 3 | PA, QL |
| WEZLANA SUBCUTANEOUS | 2 | PA, QL, SP |
| ZELSUVMI | 3 | QL |
| zenatane | 1 | |
| ZILXI | 3 | PA, ST, QL |
| ZORYVE | 3 | PA, QL |
| **Diabetes - Glucose monitoring and supplies** | | |
| ACCU-CHEK FASTCLIX LANCET DEVICE KIT | 1 | |
| ACCU-CHEK GUIDE | 2 | QL |
| ACCU-CHEK GUIDE KIT W/ DEVICE | 2 | QL |
| ACCU-CHEK GUIDE ME KIT W/ DEVICE | 2 | QL |
| ACCU-CHEK GUIDE TEST STRIPS | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 1 | |
| AQ INSULIN SYRINGE | 2 | QL |
| AQINJECT PEN NEEDLE | 2 | QL |
| BD AUTOSHIELD DUO PEN NEEDLES | 2 | |
| BD ULTRA-FINE INSULIN SYRINGES | 2 | QL |
| BD ULTRA-FINE PEN NEEDLES | 2 | QL |
| BIGFOOT UNITY PROGRAM | 3 | QL |
| CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" | 2 | |
| CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" | 2 | |
| CAREPOINT PRECISION POLY HUB | 2 | |
| CAREPOINT SAFETY 1ST NEEDLE | 2 | |
| CEQUR SIMPLICITY 2U 10PK | 3 | ST |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| CONTOUR NEXT EZ KIT W/ DEVICE | 1 | QL |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE | 1 | QL |
| CONTOUR NEXT GEN TEST STRIPS | 1 | QL |
| CONTOUR NEXT MONITOR KIT W/DEVICE | 1 | QL |
| CONTOUR NEXT ONE KIT | 1 | QL |
| CONTOUR PLUS BLUE KIT W/ DEVICE | 1 | QL |
| CONTOUR PLUS TEST STRIP | 1 | QL |
| DEXCOM G6 RECEIVER | 3 | PA, QL |
| DEXCOM G6 SENSOR | 3 | PA, QL |
| DEXCOM G6 TRANSMITTER | 3 | PA, QL |
| DEXCOM G7 15 DAY SENSOR | 3 | PA, QL |
| DEXCOM G7 RECEIVER | 3 | PA, QL |
| DEXCOM G7 SENSOR | 3 | PA, QL |
| DROPSAFE SAFETY SYRINGE/ NEEDLE | 2 | QL |
| DROPSAFE SICURA | 2 | |
| EMBECTA AUTOSHIELD 30GX5MM | 2 | QL |
| EMBECTA INSULIN SYRINGE | 2 | QL |
| EMBECTA INSULIN SYRINGE U-500 | 2 | QL |
| EMBECTA PEN NEEDLE/ NANO/32G X 4MM | 2 | QL |
| ENLITE GLUCOSE SENSOR | 3 | PA |
| FREESTYLE LIBRE 14 DAY READER | 3 | PA, QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 3 | PA, QL |
| FREESTYLE LIBRE 2 PLUS SENSOR | 3 | PA, QL |
| FREESTYLE LIBRE 2 READER | 3 | PA, QL |
| FREESTYLE LIBRE 2 SENSOR | 3 | PA, QL |
| FREESTYLE LIBRE 3 PLUS SENSOR | 3 | PA, QL |
| FREESTYLE LIBRE 3 READER | 3 | PA, QL |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| FREESTYLE LIBRE 3 SENSOR | 3 | PA, QL |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | PA, QL |
| GUARDIAN 4 TRANSMITTER | 3 | PA, QL |
| GUARDIAN CONNECT TRANSMITTER | 3 | PA, QL |
| GUARDIAN LINK 3 TRANSMITTER | 3 | PA, QL |
| GUARDIAN SENSOR 3 | 3 | PA, QL |
| INPEN 100-BLUE-LILLY-HUMALOG | 3 | ST |
| INPEN 100-BLUE-NOVOLOG-FIASP | 3 | ST |
| INPEN 100-GREY-LILLY-HUMALOG | 3 | ST |
| INPEN 100-GREY-NOVOLOG-FIASP | 3 | ST |
| INPEN 100-PINK-LILLY-HUMALOG | 3 | ST |
| INPEN 100-PINK-NOVOLOG-FIASP | 3 | ST |
| INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL |
| INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL |
| LANCETS | 1 | |
| MINIMED 630G GUARDIAN PRESS | 3 | PA |
| MINIMED INSTINCT GLUC SENSOR | 3 | PA, QL |
| MONOJECT HYPODERMIC NEEDLE 18G X 1" | 2 | |
| NOVOFINE PEN NEEDLE | 2 | QL |
| NOVOFINE PLUS PEN NEEDLE | 2 | QL |
| OMNIPOD 5 DEXCOM INTRO KIT | 2 | PA, QL |
| OMNIPOD 5 DEXCOM PODS | 2 | PA, QL |
| OMNIPOD 5 LIBRE INTRO | 2 | PA, QL |
| OMNIPOD 5 LIBRE PODS | 2 | PA, QL |
| RELION GLUCOSE TEST STRIPS | 3 | QL |
| SIMPLERA SYNC SENSOR | 3 | PA |
| TECHLITE INSULIN SYRINGES (Arkray) | 2 | QL |
| TECHLITE PEN NEEDLES (Arkay) | 2 | QL |
| TWIIST REFILL KIT | 2 | PA, QL |
| TWIIST REFILL KIT/INFUSION SET | 2 | PA, QL |
| TWIIST STARTER KIT | 2 | PA, QL |
| VERISAFE SAFETY STERILE NEEDLE | 2 | |
| **Diabetes - Insulin** | | |
| HUMALOG KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML | 1 | QL |
| HUMALOG MIX 75/25 KWIKPEN | 2 | QL |
| HUMALOG MIX 75/25 VIAL | 1 | QL |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | QL |
| HUMULIN 70/30 KWIKPEN | 2 | QL |
| HUMULIN 70/30 VIAL | 1 | QL |
| HUMULIN N KWIKPEN | 2 | QL |
| HUMULIN N VIAL | 1 | QL |
| HUMULIN R U-500 KWIKPEN | 2 | QL |
| HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML | 1 | QL |
| HUMULIN R VIAL | 1 | QL |
| INSULIN LISPRO (1 UNIT DIAL) | 2 | (Insulin Lispro Kwikpen), QL |
| INSULIN LISPRO JUNIOR KWIKPEN | 2 | QL |
| INSULIN LISPRO PROT & LISPRO | 2 | QL |
| INSULIN LISPRO VIAL | 1 | QL |
| LANTUS SOLOSTAR | 1 | QL |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| LANTUS U-100 VIAL | 1 | QL |
| LYUMJEV KWIKPEN | 2 | QL |
| LYUMJEV VIAL | 1 | QL |
| TOUJEO MAX SOLOSTAR | 2 | QL |
| TOUJEO SOLOSTAR | 2 | QL |
| **Diabetes - Non-insulin agents** | | |
| acarbose oral | 1 | |
| ACTOPLUS MET | 3 | QL |
| ALOGLIPTIN BENZOATE | 2 | QL |
| BAQSIMI ONE PACK | 2 | QL |
| BAQSIMI TWO PACK | 2 | QL |
| BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML | 2 | |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML | 2 | |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML | 2 | |
| CYCLOSET | 3 | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 | |
| glipizide er | 1 | |
| glipizide oral tablet 10 mg, 5 mg | 1 | |
| glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg | 1 | |
| glipizide-metformin hcl | 1 | |
| GLUCAGON EMERGENCY KIT | 2 | (manufactured by Fresenius) |
| glucagon emergency kit injection solution reconstituted 1 mg | 1 | |
| GLUCOTROL XL | 3 | |
| glyburide | 1 | |
| glyburide-metformin | 1 | |
| GLYXAMBI | 2 | QL |
| GVOKE HYPOPEN 1-PACK | 2 | QL |
| GVOKE HYPOPEN 2-PACK | 2 | QL |
| GVOKE KIT | 2 | QL |
| GVOKE PFS | 2 | QL |
| JARDIANCE | 2 | QL |
| JENTADUETO | 2 | QL |
| JENTADUETO XR | 2 | QL |
| liraglutide subcutaneous solution pen-injector 18 mg/3ml | 1 | PA, QL |
| metformin hcl er | 1 | |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | |
| MOUNJARO | 2 | PA, QL |
| nateglinide | 1 | |
| OZEMPIC | 2 | PA, QL |
| pioglitazone hcl | 1 | QL |
| pioglitazone hcl-metformin hcl | 1 | QL |
| repaglinide | 1 | QL |
| RYBELSUS | 2 | PA, QL |
| saxagliptin hcl | 1 | QL |
| saxagliptin-metformin er | 1 | QL |
| SOLIQUA | 2 | QL |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | 3 | QL |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | 3 | QL |
| SYNJARDY | 2 | QL |
| SYNJARDY XR | 2 | QL |
| TRADJENTA | 2 | QL |
| TRIJARDY XR | 2 | QL |
| TRULICITY | 2 | PA, QL |
| **Drugs for blood disorders** | | |
| ADVATE | 2 | SP |
| ADYNOVATE | 2 | SP |
| AFSTYLA | 2 | SP |
| ALPROLIX | 3 | SP |
| ALTUVIIIO | 2 | SP |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| ALVAIZ | 3 | PA, SP |
| ARANESP (ALBUMIN FREE) | 2 | QL, SP |
| BENEFIX | 2 | SP |
| DOPTELET | 3 | PA, QL, SP |
| ELOCTATE | 2 | SP |
| eltrombopag olamine oral tablet | 1 | PA, SP |
| FABHALTA | 2 | PA, QL, SP |
| HEMLIBRA | 2 | PA, SP |
| HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 2 | PA, QL, SP |
| IDELVION | 3 | SP |
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | 2 | SP |
| KOVALTRY | 2 | SP |
| NEULASTA | 2 | SP |
| NIVESTYM | 2 | SP |
| NOVOEIGHT | 2 | SP |
| NUWIQ | 2 | SP |
| RECOMBINATE | 2 | SP |
| RETACRIT | 2 | QL, SP |
| tranexamic acid oral | 1 | QL |
| UDENYCA | 2 | SP |
| VOYDEYA | 2 | PA, QL, SP |
| WILATE | 2 | SP |
| ZARXIO | 2 | SP |
| **Drugs for sexual dysfunction** | | |
| ADDYI | 3 | PA, QL |
| IMVEXXY MAINTENANCE PACK | 2 | QL |
| IMVEXXY STARTER PACK | 2 | QL |
| INTRAROSA | 3 | PA, QL |
| OSPHENA | 3 | PA, QL |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 | QL |
| tadalafil oral | 1 | QL |
| vardenafil hcl oral tablet | 1 | QL |
| VYLEESI | 3 | PA, QL |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| **Electrolytes / Vitamins** | | |
| CARNITOR ORAL SOLUTION | 3 | |
| CARNITOR SF | 3 | |
| CO-NATAL FA | 2 | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML | 3 | |
| cyanocobalamin nasal | 1 | |
| DENTA 5000 PLUS SENSITIVE | 3 | |
| DODEX INJECTION SOLUTION 1000 MCG/ML | 3 | |
| DRISDOL | 3 | |
| ergocalciferol oral capsule | 1 | |
| FLOTREX ORAL TABLET CHEWABLE 1 MG | 3 | |
| FLUORIMAX 5000 SENSITIVE | 3 | |
| folic acid oral tablet 1 mg | 1 | |
| klor-con | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| K-PHOS-NEUTRAL | 2 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 3 | |
| levocarnitine oral solution | 1 | |
| levocarnitine sf | 1 | |
| LOKELMA | 3 | PA, QL |
| M-NATAL PLUS | 3 | |
| multivitamin w/fluoride tablet chewable 0.25 mg oral | 1 | |
| multivitamin w/fluoride tablet chewable 0.5 mg oral | 1 | |
| multivitamin w/fluoride tablet chewable 1 mg oral | 1 | |
| multivitamin/fluoride oral tablet chewable | 1 | |
| NASCOBAL | 3 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| NEONATAL COMPLETE | 3 | |
| NEONATAL PLUS | 3 | |
| NIVA-PLUS | 3 | |
| ONE VITE WOMENS PLUS | 3 | |
| ORACIT | 2 | |
| ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML | 2 | |
| PHOSPHA 250 NEUTRAL | 2 | |
| phosphorous | 1 | |
| phospho-trin 250 neutral | 1 | |
| pnv 27-ca/fe/fa | 1 | |
| potassium chloride crys er | 1 | |
| potassium chloride er | 1 | |
| potassium chloride oral packet 20 meq | 1 | |
| potassium chloride oral solution | 1 | |
| potassium citrate er | 1 | |
| prenatal oral tablet 27-1 mg | 1 | |
| prenatal plus | 1 | |
| prenatal plus vitamin/mineral | 1 | |
| PREVIDENT 5000 ENAMEL PROTECT | 3 | |
| PREVIDENT 5000 SENSITIVE | 3 | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG | 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 1.1 (0.5 f) mg/ml | 1 | H |
| sodium fluoride oral tablet chewable | 1 | H |
| tolvaptan oral tablet therapy pack | 1 | PA, QL, SP |
| TRICARE ORAL TABLET | 3 | |
| TRINATAL RX 1 | 3 | |
| TRINATE | 3 | |
| tri-vite/fluoride | 1 | |
| UROCIT-K 10 | 3 | |
| UROCIT-K 15 | 3 | |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) | 3 | |
| VELTASSA | 3 | PA, QL |
| VITAFOL FE+ | 3 | |
| VITAFOL ULTRA | 3 | |
| VITAFOL-OB | 3 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | |
| VITATHELY WITH GINGER | 3 | |
| **Gastrointestinal agents - Drugs for acid reflux and ulcer** | | |
| cimetidine oral | 1 | |
| CYTOTEC | 3 | |
| esomeprazole magnesium oral packet | 1 | PA, ST, QL |
| famotidine oral suspension reconstituted | 1 | |
| lansoprazole oral tablet delayed release dispersible | 1 | PA, ST, QL |
| misoprostol oral | 1 | |
| omeprazole oral capsule delayed release | 1 | |
| pantoprazole sodium oral tablet delayed release | 1 | |
| PYLERA | 3 | QL |
| rabeprazole sodium oral tablet delayed release | 1 | QL |
| sucralfate oral | 1 | |
| VOQUEZNA | 3 | PA, QL |
| VOQUEZNA DUAL PAK | 3 | ST, QL |
| VOQUEZNA TRIPLE PAK | 3 | ST, QL |
| **Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions** | | |
| ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG | 2 | |
| BYLVAY | 3 | PA, QL, SP |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| BYLVAY (PELLETS) | 3 | PA, QL, SP |
| chlordiazepoxide-clidinium | 1 | |
| 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 | |
| gavilyte-c | 1 | H |
| gavilyte-g | 1 | QL, H |
| gavilyte-n with flavor pack | 1 | QL, H |
| generlac | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| GOLYTELY | 1 | QL, H |
| hyoscyamine sulfate er | 1 | |
| hyoscyamine sulfate oral tablet | 1 | |
| hyoscyamine sulfate oral tablet dispersible | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| IQIRVO | 3 | PA, ST, QL, SP |
| lactulose encephalopathy | 1 | |
| lactulose oral solution | 1 | |
| LEVBID | 3 | |
| LEVSIN | 3 | |
| LEVSIN/SL | 3 | |
| LINZESS | 2 | PA, QL |
| LIVDELZI | 3 | PA, ST, QL, SP |
| LOMOTIL | 3 | |
| lubiprostone | 1 | PA, QL |
| MOVIPREP | 3 | QL |
| na sulfate-k sulfate-mg sulf | 1 | QL |
| NULEV | 3 | |
| OSCIMIN | 3 | |
| peg 3350-kcl-na bicarb-nacl | 1 | QL, H |
| peg-3350/electrolytes | 1 | QL, H |
| peg-3350/electrolytes/ascorbat | 1 | QL |
| peg-kcl-nacl-nasulf-na asc-c | 1 | QL |
| prucalopride succinate | 1 | PA, QL |
| REZDIFFRA | 3 | PA, QL |
| SUFLAVE | 3 | QL |
| SUPREP BOWEL PREP KIT | 3 | QL |
| SUTAB | 3 | QL |
| SYMPROIC | 2 | PA, QL |
| ursodiol oral capsule 300 mg | 1 | |
| ursodiol oral tablet | 1 | |
| VIBERZI | 3 | PA, QL |
| **Genetic or enzyme disorder - Drugs for replacement, modification, treatment** | | |
| ATTRUBY | 2 | PA, QL, SP |
| CARNITOR ORAL TABLET | 3 | |
| CREON | 2 | |
| DEPEN TITRATABS | 2 | SP |
| EVRYSDI | 2 | PA, QL, SP |
| levocarnitine oral tablet | 1 | |
| ORFADIN ORAL CAPSULE | 1 | PA, SP |
| ORFADIN ORAL SUSPENSION | 2 | PA, SP |
| PANCREAZE | 3 | ST |
| PERTZYE | 3 | ST |
| STRENSIQ | 2 | PA, QL, SP |
| SUCRAID | 2 | PA, SP |
| VYNDAMAX | 2 | PA, QL, SP |
| YUVIWEL | 3 | PA, QL, SP |
| ZENPEP | 2 | |
| **Genitourinary agents - Drugs for bladder, genital and kidney conditions** | | |
| bethanechol chloride oral | 1 | |
| calcium acetate (phos binder) oral capsule | 1 | |
| ELMIRON | 3 | ST |
| FILSPARI | 3 | PA, QL, SP |
| mirabegron er oral tablet extended release 24 hour | 1 | ST |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| 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 | |
| sevelamer carbonate oral tablet | 1 | |
| solifenacin succinate | 1 | |
| tolterodine tartrate | 1 | |
| trospium chloride | 1 | |
| VANRAFIA | 3 | PA, QL, SP |
| VELPHORO | 3 | ST |
| VOYXACT | 3 | PA, QL, SP |
| **Genitourinary agents - Drugs for prostate conditions** | | |
| alfuzosin hcl er | 1 | |
| dutasteride oral | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| silodosin | 1 | |
| tamsulosin hcl | 1 | |
| terazosin hcl | 1 | |
| TEZRULY | 3 | PA |
| **Hormonal agents - Hormone replacement and birth control** | | |
| abigale | 1 | |
| abigale lo | 1 | |
| ACTIVELLA | 3 | |
| afirmelle | 1 | H |
| ALORA | 3 | QL |
| altavera | 1 | H |
| alyacen 1/35 | 1 | H |
| alyacen 7/7/7 | 1 | H |
| ANNOVERA | 3 | QL |
| 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 |
| ayuna | 1 | H |
| azurette | 1 | H |
| balziva | 1 | H |
| BIJUVA | 3 | |
| blisovi 24 fe | 1 | H |
| blisovi fe 1.5/30 | 1 | H |
| blisovi fe 1/20 | 1 | H |
| briellyn | 1 | H |
| camila | 1 | H |
| camrese | 1 | H |
| camrese lo | 1 | H |
| charlotte 24 fe | 1 | H |
| chateal eq | 1 | H |
| CLIMARA PRO | 3 | QL |
| COMBIPATCH | 3 | QL |
| COVARYX | 2 | |
| COVARYX HS | 3 | |
| cryselle | 1 | H |
| cryselle-28 | 1 | H |
| cyred eq | 1 | H |
| dasetta 1/35 (28) | 1 | H |
| dasetta 7/7/7 | 1 | H |
| daysee | 1 | H |
| deblitane | 1 | H |
| DELESTROGEN | 3 | |
| delyla | 1 | H |
| DEPO-PROVERA | 3 | QL |
| DEPO-SUBQ PROVERA 104 | 1 | QL, H |
| desogestrel-ethinyl estradiol | 1 | H |
| DIVIGEL | 3 | |
| dotti | 1 | QL |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg | 1 | H |
| drospirenone-ethinyl estradiol | 1 | H |
| DUAVEE | 3 | QL |
| EEMT | 2 | |
| EEMT HS | 3 | |
| ELESTRIN | 3 | |
| elinest | 1 | H |
| ELLA | 1 | QL, H |
| eluryng | 1 | H |
| emzahh | 1 | H |
| enilloring | 1 | H |
| enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg | 1 | H |
| enskyce | 1 | H |
| errin | 1 | H |
| est estrogens-methyltest | 1 | |
| est estrogens-methyltest ds | 1 | |
| est estrogens-methyltest hs | 1 | |
| estarylla | 1 | H |
| estradiol oral | 1 | |
| estradiol patch twice weekly | 1 | QL |
| estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm | 1 | |
| estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) | 1 | QL |
| estradiol transdermal patch weekly | 1 | (generic for Climara), QL |
| estradiol vaginal | 1 | |
| estradiol valerate intramuscular | 1 | |
| estradiol-norethindrone acet | 1 | |
| estratest f.s. oral tablet 1.25-2.5 mg | 1 | |
| ESTRATEST H.S. | 3 | |
| ESTRING | 2 | QL |
| estrogens conjugated | 1 | |
| ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg | 1 | H |
| etonogestrel-ethinyl estradiol | 1 | H |
| EVAMIST | 2 | |
| falmina | 1 | H |
| feirza 1.5/30 | 1 | H |
| feirza 1/20 | 1 | H |
| FEMRING | 3 | QL |
| finzala | 1 | H |
| fyavolv | 1 | |
| gallifrey | 1 | |
| hailey 1.5/30 | 1 | H |
| hailey 24 fe | 1 | H |
| hailey fe 1.5/30 | 1 | H |
| hailey fe 1/20 | 1 | H |
| haloette vaginal ring 0.12-0.015 mg/24hr | 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 oral tablet 1-50 mg-mcg | 1 | H |
| kurvelo | 1 | H |
| larin 1.5/30 | 1 | H |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| larin 1/20 | 1 | H |
| larin 24 fe | 1 | H |
| larin fe 1.5/30 | 1 | H |
| larin fe 1/20 | 1 | H |
| leena oral tablet 0.5/1/ 0.5-35 mg-mcg | 1 | H |
| lessina | 1 | H |
| levonest | 1 | H |
| levonorgest-eth est & eth est oral tablet 42-21-21-7 days | 1 | H |
| levonorgest-eth estrad 91-day | 1 | H |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 | H |
| levonorg-eth estrad triphasic | 1 | H |
| levora 0.15/30 (28) | 1 | H |
| LO LOESTRIN FE | 1 | H |
| lojaimiess | 1 | H |
| loryna | 1 | H |
| low-ogestrel | 1 | H |
| lo-zumandimine | 1 | H |
| luizza 1.5/30 | 1 | H |
| luizza 1/20 | 1 | H |
| lutera | 1 | H |
| lyleq | 1 | H |
| lyllana | 1 | QL |
| lyza | 1 | H |
| marlissa | 1 | H |
| medroxyprogesterone acetate intramuscular | 1 | QL, H |
| medroxyprogesterone acetate oral | 1 | |
| megestrol acetate oral tablet | 1 | |
| meleya | 1 | H |
| MENOSTAR | 3 | QL |
| mibelas 24 fe | 1 | H |
| microgestin 1.5/30 | 1 | H |
| microgestin 1/20 | 1 | H |
| microgestin fe 1.5/30 | 1 | H |
| microgestin fe 1/20 | 1 | H |
| mili | 1 | H |
| mimvey | 1 | |
| mono-linyah | 1 | H |
| MYFEMBREE | 2 | PA, QL |
| NATAZIA | 1 | |
| necon 0.5/35 (28) | 1 | H |
| nikki | 1 | H |
| nora-be | 1 | H |
| norelgestromin-eth estradiol | 1 | H |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | 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 |
| nylia 1/35 | 1 | H |
| nylia 7/7/7 | 1 | H |
| ocella oral tablet 3-0.03 mg | 1 | H |
| orquidea | 1 | H |
| philith | 1 | H |
| pimtrea | 1 | H |
| portia-28 | 1 | H |
| PREMARIN ORAL | 3 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| PREMARIN VAGINAL | 3 | |
| PREMPHASE | 3 | |
| PREMPRO | 3 | |
| progesterone intramuscular | 1 | |
| progesterone oral | 1 | |
| PROVERA | 3 | |
| reclipsen | 1 | H |
| rivelsa | 1 | H |
| rosyrah | 1 | H |
| setlakin | 1 | H |
| sharobel | 1 | H |
| simliya | 1 | H |
| simpesse | 1 | H |
| SLYND | 3 | PA, ST |
| sprintec 28 | 1 | H |
| sronyx | 1 | H |
| syeda | 1 | H |
| tarina 24 fe | 1 | H |
| tarina fe 1/20 eq | 1 | H |
| tilia fe | 1 | H |
| tri-estarylla | 1 | H |
| tri-legest fe | 1 | H |
| tri-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-sprintec | 1 | H |
| trivora (28) | 1 | H |
| tri-vylibra | 1 | H |
| tri-vylibra lo | 1 | H |
| turqoz | 1 | H |
| TYBLUME | 1 | H |
| tydemy | 1 | H |
| valtya 1/35 | 1 | H |
| valtya 1/50 | 1 | H |
| velivet | 1 | H |
| vestura | 1 | H |
| vienva | 1 | H |
| viorele | 1 | H |
| volnea | 1 | H |
| vyfemla | 1 | H |
| vylibra | 1 | H |
| wera | 1 | H |
| xarah fe | 1 | H |
| xulane | 1 | H |
| YASMIN 28 | 3 | |
| YAZ | 3 | |
| yuvafem | 1 | |
| zafemy | 1 | H |
| zovia 1/35 (28) | 1 | H |
| zumandimine | 1 | H |
| **Hormonal agents - Oral steroids** | | |
| CORTEF | 3 | |
| dexamethasone intensol | 1 | |
| dexamethasone oral elixir | 1 | |
| dexamethasone oral solution | 1 | |
| dexamethasone oral tablet | 1 | |
| fludrocortisone acetate oral | 1 | |
| 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 ORAL SOLUTION 5 MG/5ML | 2 | |
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral solution 15 mg/5ml | 1 | |
| prednisone oral solution | 1 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| **Hormonal agents - Other** | | |
| cabergoline | 1 | |
| desmopressin acetate oral | 1 | |
| desmopressin acetate spray | 1 | |
| megestrol acetate oral suspension 40 mg/ml | 1 | |
| NGENLA | 3 | PA, QL, SP |
| NORDITROPIN FLEXPRO | 2 | PA, QL, SP |
| OMNITROPE | 2 | PA, QL, SP |
| ORIAHNN | 2 | PA, QL |
| ORILISSA | 2 | PA, QL |
| SKYTROFA | 3 | PA, QL, SP |
| SOGROYA | 3 | PA, QL, SP |
| **Hormonal agents - Testosterone replacement** | | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML | 3 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML | 3 | |
| KYZATREX | 3 | PA, QL |
| TESTIM | 1 | PA, QL |
| testosterone cypionate intramuscular | 1 | |
| testosterone enanthate intramuscular | 1 | |
| testosterone gel 20.25 mg/act (1.62%) transdermal | 1 | PA, QL |
| testosterone transdermal gel 1.62 % | 1 | PA, QL (generic Androgel Pump) |
| **Hormonal agents - Thyroid** | | |
| ARMOUR THYROID | 3 | |
| ERMEZA ORAL SOLUTION 150 MCG/5ML | 2 | PA |
| euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | 1 | |
| EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG | 3 | |
| levo-t | 1 | |
| levothyroxine sodium oral tablet | 1 | |
| levoxyl | 1 | |
| liomny | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| NIVA THYROID | 3 | |
| np thyroid | 1 | |
| propylthiouracil oral | 1 | |
| RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | 3 | |
| thyroid oral | 1 | |
| TIROSINT-SOL | 2 | PA |
| unithroid | 1 | |
| **Immunological agents - Drugs for immune system stimulation or suppression** | | |
| ACTEMRA ACTPEN | 3 | PA, ST, QL, SP |
| ACTEMRA SUBCUTANEOUS | 3 | PA, ST, QL, SP |
| ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | 2 | PA, (Manufactured by Celltrion), QL, SP |
| ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 2 | PA, (Manufactured by Celltrion), SP |
| ADALIMUMAB-AATY (2 PEN) | 2 | PA, (Manufactured by Celltrion), QL, SP |
| ADALIMUMAB-AATY (2 SYRINGE) | 2 | PA, (Manufactured by Celltrion), QL, SP |
| ADALIMUMAB-AATY CD/UC/HS START | 2 | PA, (Manufactured by Celltrion), SP |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| ADALIMUMAB-ADAZ | 2 | PA, (manufactured by Sandoz), QL, SP |
| AMJEVITA | 2 | PA, QL, SP |
| ANDEMBRY | 2 | PA, QL, SP |
| AVTOZMA SUBCUTANEOUS | 3 | PA, ST, QL, SP |
| AZASAN | 3 | |
| azathioprine oral | 1 | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA, QL, SP |
| BIMZELX | 3 | PA, ST, QL, SP |
| CIMZIA | 2 | PA, QL, SP |
| COSENTYX | 2 | PA, QL, SP |
| cyclosporine modified oral capsule | 1 | |
| EMPAVELI | 2 | PA, QL, SP |
| ENBREL | 2 | PA, QL, SP |
| ENBREL MINI | 2 | PA, QL, SP |
| ENBREL SURECLICK | 2 | PA, QL, SP |
| ENTYVIO PEN | 2 | PA, (SUBCUTANEOUS), QL, SP |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 | SP |
| gengraf | 1 | |
| HAEGARDA | 2 | PA, QL, SP |
| HYFTOR | 3 | PA, QL |
| JYLAMVO | 3 | PA |
| KEVZARA | 3 | PA, ST, QL, SP |
| leflunomide oral | 1 | |
| LITFULO | 3 | PA, QL, SP |
| LUPKYNIS | 3 | PA, QL, SP |
| methotrexate sodium (pf) | 1 | |
| methotrexate sodium injection solution | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral capsule | 1 | |
| mycophenolate mofetil oral tablet | 1 | |
| mycophenolate sodium | 1 | |
| mycophenolic acid | 1 | |
| MYHIBBIN | 1 | |
| OLUMIANT | 3 | PA, ST, QL, SP |
| OMVOH SUBCUTANEOUS | 2 | PA, QL, SP |
| ORENCIA CLICKJECT | 3 | PA, ST, QL, SP |
| ORENCIA SUBCUTANEOUS | 3 | PA, ST, QL, SP |
| OTEZLA | 2 | PA, QL, SP |
| OTEZLA XR | 2 | PA, QL, SP |
| PROGRAF ORAL CAPSULE | 3 | |
| RASUVO | 2 | QL |
| RINVOQ | 2 | PA, QL, SP |
| RINVOQ LQ | 2 | PA, QL, SP |
| RUCONEST | 3 | PA, QL, SP |
| SIMPONI | 2 | PA, QL, SP |
| sirolimus oral tablet | 1 | |
| SKYRIZI | 2 | PA, QL, SP |
| tacrolimus oral | 1 | |
| TAKHZYRO | 2 | PA, QL, SP |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML | 2 | PA, QL, SP |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | 3 | H |
| TENIVAC | 3 | H |
| tofacitinib citrate er | 1 | PA, QL, SP |
| tofacitinib citrate oral tablet | 1 | PA, QL, SP |
| TREXALL | 2 | |
| VAQTA INTRAMUSCULAR SUSPENSION | 2 | H |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA, QL, SP |
| XOLAIR | 2 | PA, QL, SP |
| YESINTEK | 2 | PA, QL, SP |
| **Immunological agents - Drugs for vaccination** | | |
| ABRYSVO | 3 | H |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| 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 |
| COMIRNATY 5-11 YEARS | 3 | H |
| ENGERIX-B | 2 | H |
| FLUAD | 3 | H |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | H |
| FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | H |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | H |
| FLUZONE | 3 | H |
| FLUZONE HIGH-DOSE | 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 |
| MNEXSPIKE | 3 | H |
| PREVNAR 20 | 3 | H |
| PRIORIX | 3 | H |
| RECOMBIVAX HB | 2 | H |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | H |
| SPIKEVAX | 3 | H |
| SPIKEVAX 6M-11Y | 3 | H |
| TWINRIX | 3 | H |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | H |
| VARIVAX | 3 | H |
| **Infertility agents** | | |
| CETROTIDE | 3 | PA, ST, QL, SP |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | 3 | SP |
| clomid | 1 | |
| clomiphene citrate oral | 1 | |
| ENDOMETRIN | 2 | |
| FOLLISTIM AQ | 2 | QL, SP |
| FYREMADEL | 3 | QL, SP |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 1 | (manufactured by Merck/ Organon), QL, SP |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 1 | QL, SP |
| GONAL-F | 3 | ST, SP |
| GONAL-F RFF REDIJECT | 3 | ST, SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT | 3 | ST, SP |
| MENOPUR | 3 | QL, SP |
| milophene | 1 | |
| NOVAREL | 3 | SP |
| OVIDREL | 3 | SP |
| PREGNYL | 3 | SP |
| progesterone vaginal | 1 | |
| **Inflammatory bowel disease agents** | | |
| ANALPRAM HC EXTERNAL CREAM | 3 | |
| ANALPRAM-HC EXTERNAL CREAM 1-1 % | 3 | |
| ANUCORT-HC | 2 | |
| ANUSOL-HC EXTERNAL | 3 | |
| APRISO | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| AZULFIDINE | 3 | |
| AZULFIDINE EN-TABS | 3 | |
| balsalazide disodium | 1 | |
| budesonide oral | 1 | |
| CORTIFOAM | 2 | |
| DIPENTUM | 3 | |
| EOHILIA | 3 | PA, QL |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG | 3 | |
| hydrocortisone (perianal) external cream 2.5 % | 1 | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1 | |
| hydrocortisone acetate rectal | 1 | |
| hydrocort-pramoxine (perianal) | 1 | |
| mesalamine oral capsule delayed release 400 mg | 1 | |
| mesalamine oral tablet delayed release 1.2 gm | 1 | |
| mesalamine rectal | 1 | QL |
| PROCTOFOAM HC | 2 | |
| procto-med hc | 1 | |
| PROCTOSOL HC | 3 | |
| PROCTOZONE-HC | 3 | |
| SFROWASA RECTAL ENEMA 4 GM/60ML | 3 | |
| sulfasalazine oral | 1 | |
| UCERIS ORAL | 1 | |
| **Metabolic bone disease agents - Drugs for osteoporosis** | | |
| alendronate sodium oral tablet | 1 | |
| BONSITY | 3 | 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 | 3 | PA, SP |
| TYMLOS | 3 | PA, SP |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| **Metabolic bone disease agents - Other** | | |
| calcitriol oral capsule | 1 | |
| cinacalcet hcl | 1 | |
| ROCALTROL ORAL CAPSULE | 3 | |
| YORVIPATH | 3 | PA, QL, SP |
| **Ophthalmic agents - Drugs for eye allergy, infection and inflammation** | | |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| ALREX | 3 | QL |
| AZASITE | 3 | |
| azelastine hcl ophthalmic | 1 | |
| bacitracin-polymyxin b | 1 | |
| BESIVANCE | 3 | |
| bromfenac sodium (once-daily) | 1 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| dexamethasone sodium phosphate ophthalmic | 1 | |
| diclofenac sodium ophthalmic | 1 | |
| epinastine hcl | 1 | QL |
| erythromycin ophthalmic | 1 | H-PA |
| EYSUVIS | 3 | QL |
| FLAREX | 2 | |
| fluorometholone | 1 | |
| FML FORTE | 3 | |
| FML LIQUIFILM | 3 | |
| gatifloxacin ophthalmic | 1 | |
| gentamicin sulfate ophthalmic | 1 | QL |
| INVELTYS | 3 | |
| ketorolac tromethamine ophthalmic | 1 | |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | |
| LOTEMAX SM | 3 | QL |
| loteprednol etabonate ophthalmic suspension | 1 | QL |
| MAXITROL | 3 | |
| moxifloxacin hcl (2x day) | 1 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| moxifloxacin hcl ophthalmic | 1 | |
| neomycin-polymyxin-dexameth | 1 | |
| NEVANAC | 3 | |
| OCUFLOX | 3 | |
| ofloxacin ophthalmic | 1 | |
| POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM | 3 | |
| polymyxin b-trimethoprim | 1 | |
| PRED MILD | 3 | |
| prednisolone acetate ophthalmic | 1 | |
| sulfacetamide sodium ophthalmic | 1 | |
| TOBRADEX | 3 | |
| tobramycin ophthalmic | 1 | QL |
| tobramycin-dexamethasone | 1 | |
| XDEMVY | 3 | PA, QL |
| ZYLET | 3 | |
| **Ophthalmic agents - Drugs for glaucoma** | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 1 | QL |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % | 3 | QL |
| BETIMOL OPHTHALMIC SOLUTION 0.25 % | 2 | QL |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % | 3 | QL |
| bimatoprost ophthalmic solution 0.03 % | 1 | QL |
| bimatoprost solution 0.01 % ophthalmic | 1 | QL |
| brimonidine tartrate ophthalmic solution 0.15 % | 1 | QL |
| brimonidine tartrate ophthalmic solution 0.2 % | 1 | |
| brinzolamide | 1 | QL |
| COMBIGAN | 1 | QL |
| COSOPT | 3 | |
| dorzolamide hcl solution 2 % ophthalmic | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC | 3 | |
| dorzolamide hcl-timolol mal | 1 | |
| ISTALOL | 3 | |
| latanoprost ophthalmic | 1 | |
| RHOPRESSA | 3 | QL |
| ROCKLATAN | 3 | QL |
| tafluprost (pf) | 1 | ST, QL |
| timolol maleate (once-daily) | 1 | |
| timolol maleate ocudose | 1 | |
| timolol maleate ophthalmic | 1 | |
| timolol maleate pf | 1 | |
| TIMOPTIC OCUDOSE | 3 | |
| travoprost (bak free) | 1 | QL |
| ZIOPTAN | 3 | ST, QL |
| **Ophthalmic agents - Drugs for miscellaneous eye conditions** | | |
| atropine sulfate ophthalmic solution 1 % | 1 | |
| cromolyn sodium ophthalmic | 1 | |
| CYCLOGYL | 3 | |
| cyclopentolate hcl ophthalmic | 1 | |
| difluprednate | 1 | |
| MIEBO | 3 | PA, QL |
| RESTASIS | 1 | PA, QL |
| TRYPTYR | 3 | PA, QL |
| TYRVAYA | 3 | PA, QL |
| VERKAZIA | 3 | PA, QL |
| XIIDRA | 3 | PA, QL |
| **Otic agents - Drugs for ear conditions** | | |
| acetic acid otic | 1 | |
| ciprofloxacin-dexamethasone | 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 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| **Respiratory - Drugs for anaphylaxis** | | |
| AUVI-Q | 2 | QL |
| epinephrine solution auto-injector | 1 | QL |
| NEFFY | 3 | QL |
| **Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold** | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 | |
| benzonatate oral capsule 100 mg, 200 mg | 1 | |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5ML | 3 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| cyproheptadine hcl oral syrup 2 mg/5ml | 1 | |
| cyproheptadine hcl oral tablet | 1 | |
| flunisolide nasal | 1 | |
| fluticasone propionate nasal | 1 | |
| g tussin ac | 1 | |
| guaifenesin-codeine | 1 | |
| hydrocod poli-chlorphe poli er | 1 | PA, QL |
| hydrocodone bit-homatrop mbr oral solution | 1 | PA, QL |
| hydromet oral solution 5-1.5 mg/5ml | 1 | PA, QL |
| HYPERSAL | 2 | |
| ipratropium bromide nasal | 1 | |
| levocetirizine dihydrochloride oral | 1 | |
| maxi-tuss ac | 1 | |
| mometasone furoate nasal | 1 | QL |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 3 | |
| ODACTRA | 3 | PA, QL |
| olopatadine hcl nasal | 1 | |
| promethazine-codeine | 1 | PA, QL |
| promethazine-dm | 1 | |
| pseudoephedrine-bromphen-dm | 1 | |

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| PULMOSAL | 2 | |
| RHAPSIDO | 2 | PA, QL, SP |
| sodium chloride inhalation | 1 | |
| **Respiratory tract / Pulmonary agents - Drugs for asthma and COPD** | | |
| ACCOLATE ORAL TABLET 10 MG, 20 MG | 3 | |
| ADVAIR HFA | 3 | QL, RS |
| AEROCHAMBER HOLDING CHAMBER | 2 | |
| AEROCHAMBER PLS FLOVU MTHPIECE | 2 | |
| AEROCHAMBER PLUS FLO-VU INTERM | 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE | 2 | |
| AEROCHAMBER2GO ANTI-STATIC | 2 | |
| AIRSUPRA | 3 | QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 | |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation | 1 | |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION | 3 | |
| albuterol sulfate oral syrup 2 mg/5ml | 1 | |
| ANORO ELLIPTA | 3 | QL |
| ARNUITY ELLIPTA | 1 | QL |
| BEVESPI AEROSPHERE | 2 | QL |
| BREATHE COMFORT CHAMBER/ ADULT | 2 | |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| BREATHE COMFORT CHAMBER/ CHILD | 2 | |
| BREO ELLIPTA | 3 | QL, RS |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT | 3 | RS |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 3 | QL, RS |
| budesonide inhalation | 1 | QL |
| COMBIVENT RESPIMAT | 3 | QL |
| EASIVENT | 2 | |
| EASIVENT MASK LARGE | 2 | |
| EASIVENT MASK MEDIUM | 2 | |
| EASIVENT MASK SMALL | 2 | |
| FASENRA PEN | 3 | PA, QL, SP |
| FLEXICHAMBER | 2 | |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 | QL |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 3 | QL |
| INSPIREASE | 2 | |
| ipratropium bromide hfa | 1 | QL |
| ipratropium bromide inhalation | 1 | |
| ipratropium-albuterol | 1 | |
| levalbuterol hcl inhalation | 1 | QL |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | 3 | QL |
| MICROCHAMBER | 2 | |
| montelukast sodium oral | 1 | |
| NUCALA | 3 | PA, QL, SP |
| PERFOROMIST | 3 | QL |
| PROCHAMBER VHC | 2 | |
| QVAR REDIHALER | 1 | QL |
| roflumilast | 1 | QL |
| SEREVENT DISKUS | 2 | QL |
| SINGULAIR ORAL PACKET | 3 | |
| SPIRIVA HANDIHALER | 1 | QL |
| SPIRIVA RESPIMAT | 2 | QL |
| STIOLTO RESPIMAT | 2 | QL |
| STRIVERDI RESPIMAT | 2 | QL |
| SYMBICORT | 1 | QL, RS |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA, QL, SP |
| TRELEGY ELLIPTA | 3 | QL, RS |
| VORTEX HOLD CHMBR/MASK/ CHILD DEVICE | 2 | |
| VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE | 2 | |
| VORTEX VALVE CHAMBER-PEDI MASK | 2 | |
| VORTEX VALVED HOLDING CHAMBER | 2 | |
| wixela inhub | 1 | QL |
| XOPENEX HFA | 3 | QL |
| YUPELRI | 3 | PA, QL |
| zafirlukast | 1 | |
| **Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis** | | |
| PULMOZYME | 2 | PA, QL, SP |
| TOBI PODHALER | 3 | PA, QL, SP |
| TRIKAFTA ORAL TABLET THERAPY PACK | 2 | PA, QL, SP |
| **Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis** | | |
| nintedanib esylate | 1 | PA, QL, SP |
| **Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension** | | |
| ADEMPAS | 2 | PA, QL, SP |
| alyq | 1 | PA, QL, SP |
| macitentan | 1 | PA, QL, SP |
| sildenafil citrate oral tablet 20 mg | 1 | QL, SP |
| tadalafil (pah) | 1 | PA, QL, SP |
| TADLIQ | 3 | PA, QL, SP |
| TYVASO | 2 | PA, QL, SP |
| YUTREPIA | 2 | PA, QL, SP |

See page 5-7 for coverage details.

| Drug name | Drug tier | Requirements & limits |
|---|---|---|
| **Skeletal muscle relaxants - Drugs for muscle pain and spasm** | | |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | 1 | |
| carisoprodol oral tablet 350 mg | 1 | |
| chlorzoxazone oral tablet 500 mg | 1 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 | |
| metaxalone oral tablet 400 mg, 800 mg | 1 | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| orphenadrine citrate er | 1 | |
| TANLOR | 3 | |
| tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg | 1 | |
| tizanidine hcl oral tablet | 1 | |
| **Sleep disorder agents** | | |
| armodafinil | 1 | QL |
| BELSOMRA | 3 | QL |
| eszopiclone | 1 | |
| LUMRYZ | 3 | PA, QL, SP |
| LUMRYZ STARTER PACK | 3 | PA, QL, SP |
| modafinil oral | 1 | QL |
| ramelteon | 1 | QL |
| RESTORIL | 3 | |
| sodium oxybate solution 500 mg/ml oral | 3 | PA, (Manufactured by Hikma), QL, SP |
| SUNOSI | 2 | PA, QL |
| temazepam | 1 | |
| WAKIX | 3 | PA, QL, SP |
| XYWAV | 3 | PA, QL, SP |
| zaleplon | 1 | |
| zolpidem tartrate er | 1 | |
| zolpidem tartrate oral tablet | 1 | |

See page 5-7 for coverage details.

# Index

## A


abigale ..... 30
abigale lo ..... 30
abiraterone acetate oral tablet 250 mg ..... 15
abirtega ..... 15
ABRYSVO ..... 35
acamprosate calcium ..... 9
acarbose oral ..... 26
ACCOLATE ORAL TABLET 10 MG, 20 MG ..... 39
ACCU-CHEK FASTCLIX LANCET DEVICE KIT ..... 24
ACCU-CHEK GUIDE ..... 24
ACCU-CHEK GUIDE KIT W/ DEVICE ..... 24
ACCU-CHEK GUIDE ME KIT W/ DEVICE ..... 24
ACCU-CHEK GUIDE TEST STRIPS ..... 24
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT ..... 24
accutane ..... 21
acebutolol hcl oral ..... 18
acetaminophen-codeine oral tablet ..... 8
acetazolamide er ..... 18
acetazolamide oral ..... 18
acetic acid otic ..... 38
acitretin ..... 21
ACTEMRA ACTPEN ..... 34
ACTEMRA SUBCUTANEOUS ..... 34
ACTIVELLA ..... 30
ACTOPLUS MET ..... 26
ACULAR ..... 37
ACULAR LS ..... 37
acyclovir external ointment ..... 17
acyclovir oral capsule ..... 17
acyclovir oral suspension 200 mg/5ml ..... 17
acyclovir oral tablet ..... 17
ADACEL ..... 36
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ..... 34
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ..... 34
ADALIMUMAB-AATY (2 PEN) ..... 34
ADALIMUMAB-AATY (2 SYRINGE) ..... 34
ADALIMUMAB-AATY CD/UC/HS START ..... 34
ADALIMUMAB-ADAZ ..... 35
adapalene-benzoyl peroxide external gel 0.1-2.5 % ..... 21
ADBRY ..... 21
ADDYI ..... 27
ADEMPAS ..... 40
ADVAIR HFA ..... 39
ADVATE ..... 26
ADYNOVATE ..... 26
AEROCHAMBER HOLDING CHAMBER ..... 39
AEROCHAMBER PLS FLOVU MTHPIECE ..... 39
AEROCHAMBER PLUS FLO-VU INTERM ..... 39
AEROCHAMBER PLUS FLO-VU LARGE DEVICE ..... 39
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE ..... 39
AEROCHAMBER PLUS FLO-VU SMALL DEVICE ..... 39
AEROCHAMBER2GO ANTI-STATIC ..... 39
afirmelle ..... 30
AFLURIA PRESERVATIVE FREE ..... 36
AFSTYLA ..... 26
AIMOVIG ..... 14
AIRSUPRA ..... 39
AKLIEF ..... 21
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation ..... 39
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml ..... 39
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation ..... 39
albuterol sulfate oral syrup 2 mg/5ml ..... 39
alclometasone dipropionate ..... 21
ALECENSA ..... 15
alendronate sodium oral tablet ..... 37
alfuzosin hcl er ..... 30
allopurinol oral tablet 100 mg, 300 mg ..... 14
ALOGLIPTIN BENZOATE ..... 26
ALORA ..... 30
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ..... 38
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % ..... 38
alprazolam er ..... 17
alprazolam oral ..... 17
alprazolam xr ..... 17
ALPROLIX ..... 26
ALREX ..... 37
altavera ..... 30
ALTUVIIIO ..... 26
ALUNBRIG ..... 15
ALVAIZ ..... 27
alyacen 1/35 ..... 30
alyacen 7/7/7 ..... 30
alyq ..... 40
amantadine hcl oral capsule ..... 16
amantadine hcl oral tablet ..... 16
amiloride hcl oral ..... 18
amiodarone hcl oral ..... 18
amitriptyline hcl oral ..... 13

AMJEVITA....35
amlodipine besylate oral....18
amlodipine besylate-benazepril hcl....18
amlodipine besylate-valsartan....18
amlodipine-olmesartan....18
amnesteem....21
amoxicillin....10
amoxicillin-potassium clavulanate....10
amphet-dextroamphet 3-bead er....20
amphetamine sulfate....20
amphetamine-dextroamphetamine....20
amphetamine-dextroamphetamine er....20
ampicillin....10
AMZEEQ....21
ANALPRAM HC EXTERNAL CREAM....36
ANALPRAM-HC EXTERNAL CREAM 1-1 %....36
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG....28
anastrozole oral....15
ANDEMBRY....35
ANNOVERA....30
ANORO ELLIPTA....39
ANUCORT-HC....36
ANUSOL-HC EXTERNAL....36
ANZUPGO....21
apap-caff-dihydrocodeine....8
aprepitant oral capsule....14
apri....30
APRISO....36
APTIOM....12
AQ INSULIN SYRINGE....24
AQINJECT PEN NEEDLE....24
ARAKODA....16
aranelle....30
ARANESP (ALBUMIN FREE)....27
ARBLI....18
AREXVY....36
aripiprazole oral solution....16
aripiprazole oral tablet....16
armodafinil....41
ARMOUR THYROID....34
ARNUITY ELLIPTA....39
ascomp-codeine....8
asenapine maleate....16
ashlyna....30
aspirin 81 oral tablet delayed release....8
aspirin adult low dose....8, 9
aspirin adult low strength....8, 9
aspirin childrens....9
aspirin ec adult low dose....9
aspirin ec low dose....9
aspirin ec low strength....9
aspirin low dose....9
aspirin oral tablet chewable....9
aspirin oral tablet delayed release 81 mg....9
aspirin regimen....9
atenolol oral....18
atenolol-chlorthalidone....18
atomoxetine hcl oral capsule....20
ATORVALIQ....18
atorvastatin calcium oral tablet 10 mg, 20 mg....18
atorvastatin calcium oral tablet 40 mg, 80 mg....18
atovaquone....16
atovaquone-proguanil hcl....16
atropine sulfate ophthalmic solution 1 %....38
ATTRUBY....29
aubra eq....30
AUGTYRO....15
aurovela 1/20....30
aurovela 1.5/30....30
aurovela 24 fe....30
aurovela fe 1/20....30
aurovela fe 1.5/30....30
AUSTEDO....21
AUSTEDO XR....21
AUVELITY....13
AUVI-Q....39
AVAR CLEANSER....21
aviane....30
AVIDOXY....10
AVONEX....20
AVTOZMA SUBCUTANEOUS....35
ayuna....30
AZASAN....35
AZASITE....37
azathioprine oral....35
azelaic acid external....21
azelastine hcl nasal solution 0.1 %, 137 mcg/spray....39
azelastine hcl ophthalmic....37
AZELEX....21
azithromycin oral packet 1 gm....10
AZSTARYS....20
AZULFIDINE....37
AZULFIDINE EN-TABS....37
azurette....30

## B

bac (butalbital-acetamin-caff)....8
bacitracin-polymyxin b....37
baclofen oral tablet 10 mg, 20 mg, 5 mg....41
BACTRIM....10
BACTRIM DS....10
BAFIERTAM....20
balsalazide disodium....37
balziva....30
BAQSIMI ONE PACK....26
BAQSIMI TWO PACK....26
BD AUTOSHIELD DUO PEN NEEDLES....24

BD ULTRA-FINE INSULIN SYRINGES ....24
BD ULTRA-FINE PEN NEEDLES....24
BELBUCA ....8
BELSOMRA ....41
benazepril hcl oral....18
benazepril-hydrochlorothiazide...18
BENEFIX....27
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR....35
BENZAMYCIN ....21
benzonatate oral capsule 100 mg, 200 mg.... 39
benzoyl peroxide-erythromycin...21
benztropine mesylate oral....16
BESIVANCE....37
BESREMI....15
betamethasone dipropionate aug external cream ....21
betamethasone dipropionate aug external lotion ....21
betamethasone dipropionate aug external ointment ....22
betamethasone dipropionate external....22
betamethasone valerate external cream ....22
betamethasone valerate external lotion....22
betamethasone valerate external ointment....22
BETASERON .... 20
bethanechol chloride oral ....29
BETIMOL OPHTHALMIC SOLUTION 0.25 %....38
BETIMOL OPHTHALMIC SOLUTION 0.5 % ....38
BEVESPI AEROSPHERE .... 39
bicalutamide ....15
BIGFOOT UNITY PROGRAM....24
BIJUVA .... 30
BIKTARVY....17
bimatoprost ophthalmic solution 0.03 % ....38
bimatoprost solution 0.01 % ophthalmic ....38
BIMZELX....35
bisoprolol fumarate oral ....18
bisoprolol-hydrochlorothiazide ...18
blisovi 24 fe .... 30
blisovi fe 1/20.... 30
blisovi fe 1.5/30.... 30
BLUJEPA....11
BONSITY ....37
BOOSTRIX.... 36
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5.... 36
BREATHE COMFORT CHAMBER/ ADULT .... 39
BREATHE COMFORT CHAMBER/ CHILD.... 40
BREO ELLIPTA.... 40
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT.... 40
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT.... 40
briellyn.... 30
brimonidine tartrate ophthalmic solution 0.15 %....38
brimonidine tartrate ophthalmic solution 0.2 %....38
brinzolamide ....38
brivaracetam oral tablet....12
BRIVIACT ORAL SOLUTION....12
BRIVIACT ORAL TABLET ....12
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML.... 39
bromfenac sodium (once-daily)...37
bromocriptine mesylate oral tablet ....16
BRUKINSA ORAL CAPSULE....15
budesonide inhalation .... 40
budesonide oral....37
bumetanide oral....18
BUMEX....18
buprenorphine .... 8, 10
buprenorphine hcl sublingual ....10
buprenorphine hcl-naloxone hcl sublingual film....10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual ....10
bupropion hcl er (smoking det)....10
bupropion hcl er (sr) ....13
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg....13
bupropion hcl oral....13
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg ....17
butalbital-acetaminophen oral tablet 50-325 mg.... 8
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg.... 8
butalbital-apap-caffeine oral capsule .... 8
butalbital-apap-caffeine oral tablet .... 8
butalbital-asa-caff-codeine .... 8
butalbital-aspirin-caffeine .... 8
butorphanol tartrate nasal .... 8
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML ....26
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML..26
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML...26
BYLVAY....28, 29
BYLVAY (PELLETS) ....29

## C

cabergoline.... 34
CABOMETYX ....15
calcipotriene external cream....22
calcipotriene external ointment...22
calcipotriene external solution....22

CALCITRENE ..... 22
calcitriol oral capsule ..... 37
calcium acetate (phos binder) oral capsule ..... 29
CALQUENCE ..... 15
camila ..... 30
camrese ..... 30
camrese lo ..... 30
CAMZYOS ..... 18
candesartan cilexetil ..... 18
candesartan cilexetil-hctz ..... 18
capecitabine ..... 15
CAPLYTA ..... 16
captopril oral ..... 18
CAPVAXIVE ..... 36
carbamazepine er ..... 12
carbamazepine oral tablet ..... 12
carbamazepine oral tablet chewable ..... 12
CARBATROL ..... 12
carbidopa-levodopa er oral tablet extended release ..... 16
carbidopa-levodopa oral tablet ... 16
carbinoxamine maleate oral tablet 4 mg ..... 39
CARDURA ..... 18
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" ..... 24
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" ..... 24
CAREPOINT PRECISION POLY HUB ..... 24
CAREPOINT SAFETY 1ST NEEDLE ..... 24
carisoprodol oral tablet 350 mg ... 41
CARNITOR ORAL SOLUTION ..... 27
CARNITOR ORAL TABLET ..... 29
CARNITOR SF ..... 27
cartia xt ..... 18
carvedilol ..... 18
cefadroxil oral capsule ..... 11
cefadroxil oral suspension reconstituted ..... 11
cefdinir ..... 11
cefixime oral capsule ..... 11
cefpodoxime proxetil oral tablet .. 11
cefprozil ..... 11
cefuroxime axetil ..... 11
celecoxib oral ..... 9
cephalexin ..... 11
CEQUR SIMPLICITY 2U 10PK ..... 24
CETROTIDE ..... 36
cevimeline hcl ..... 21
charlotte 24 fe ..... 30
chateal eq ..... 30
chlordiazepoxide hcl ..... 17
chlordiazepoxide-clidinium ..... 29
chlorhexidine gluconate mouth/ throat ..... 21
chlorpromazine hcl oral tablet .... 16
chlorthalidone ..... 18
chlorzoxazone oral tablet 500 mg ..... 41
cholestyramine light ..... 18
cholestyramine oral ..... 18
CHORIONIC GONADOTROPIN INTRAMUSCULAR ..... 36
CIBINQO ..... 22
ciclodan ..... 14
ciclopirox external ..... 14
ciclopirox olamine external cream ..... 14
ciclopirox olamine external suspension ..... 22
cilostazol ..... 16
CIMDUO ..... 17
cimetidine oral ..... 28
CIMZIA ..... 35
cinacalcet hcl ..... 37
CIPRO ORAL TABLET ..... 11
ciprofloxacin hcl ophthalmic ..... 37
ciprofloxacin hcl oral ..... 11
ciprofloxacin-dexamethasone .... 38
citalopram hydrobromide oral tablet ..... 13
claravis ..... 22
clarithromycin oral tablet ..... 11
CLEOCIN ORAL CAPSULE 150 MG, 300 MG ..... 11
CLEOCIN ORAL CAPSULE 75 MG . 11
CLEOCIN ORAL SOLUTION RECONSTITUTED ..... 11
CLEOCIN VAGINAL CREAM ..... 11
CLEOCIN-T ..... 22
CLIMARA PRO ..... 30
clindacin etz ..... 22
clindacin-p ..... 22
clindamycin hcl oral ..... 11
clindamycin palmitate hcl ..... 11
clindamycin phos (twice-daily) gel 1 % external ..... 22
clindamycin phos-benzoyl perox external gel 1.2-5 % ..... 22
clindamycin phosphate external lotion ..... 22
clindamycin phosphate external solution ..... 22
clindamycin phosphate external swab ..... 22
clindamycin phosphate vaginal .... 11
CLINDESSE ..... 11
CLINPRO 5000 ..... 21
clobazam oral suspension 2.5 mg/ml ..... 12
clobazam oral tablet ..... 12
clobetasol prop emollient base ... 22
clobetasol propionate e ..... 22
clobetasol propionate external cream 0.05 % ..... 22
clobetasol propionate external gel ..... 22
clobetasol propionate external liquid ..... 22
clobetasol propionate external ointment ..... 22
clobetasol propionate external solution ..... 22

clomid ..... 36
clomiphene citrate oral ..... 36
clomipramine hcl oral ..... 13
clonazepam oral ..... 17
clonidine hcl er ..... 20
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg ..... 18
clonidine patch weekly ..... 18
clopidogrel bisulfate oral ..... 16
clorazepate dipotassium ..... 17
clotrimazole mouth/throat ..... 14
clotrimazole-betamethasone ..... 22
clozapine oral tablet ..... 16
CLOZARIL ..... 16
CO-NATAL FA ..... 27
colchicine oral ..... 14
colchicine-probenecid ..... 14
colesevelam hcl oral tablet ..... 18
COLESTID ORAL TABLET ..... 18
colestipol hcl oral tablet ..... 18
COMBIGAN ..... 38
COMBIPATCH ..... 30
COMBIVENT RESPIMAT ..... 40
COMIRNATY ..... 36
COMIRNATY 5-11 YEARS ..... 36
constulose ..... 29
CONTOUR NEXT EZ KIT W/ DEVICE ..... 24
CONTOUR NEXT GEN MONITOR KIT W/DEVICE ..... 24
CONTOUR NEXT GEN TEST STRIPS ..... 24
CONTOUR NEXT MONITOR KIT W/DEVICE ..... 24
CONTOUR NEXT ONE KIT ..... 24
CONTOUR PLUS BLUE KIT W/ DEVICE ..... 24
CONTOUR PLUS TEST STRIP ..... 24
CORLANOR ORAL TABLET ..... 18
CORTEF ..... 33
CORTIFOAM ..... 37
COSENTYX ..... 35
COSOPT ..... 38
COTELLIC ..... 15
COVARYX ..... 30
COVARYX HS ..... 30
CREON ..... 29
CRESEMBA ORAL ..... 14
CREXONT ..... 16
cromolyn sodium ophthalmic ..... 38
cromolyn sodium oral ..... 29
cryselle ..... 30
cryselle-28 ..... 30
cvs aspirin adult low dose ..... 9
cvs aspirin adult low strength ..... 9
cvs aspirin ec ..... 9
cvs aspirin low dose ..... 9
cvs aspirin low strength ..... 9
cvs nicotine ..... 10
cvs nicotine polacrilex ..... 10
cyanocobalamin injection solution 1000 mcg/ml ..... 27
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML ..... 27
cyanocobalamin nasal ..... 27
cyclobenzaprine hcl oral tablet 10 mg, 5 mg ..... 41
CYCLOGYL ..... 38
cyclopentolate hcl ophthalmic ..... 38
CYCLOSET ..... 26
cyclosporine modified oral capsule ..... 35
cyproheptadine hcl oral syrup 2 mg/5ml ..... 39
cyproheptadine hcl oral tablet ..... 39
cyred eq ..... 30
CYTOTEC ..... 28

## D

dabigatran etexilate mesylate ..... 12
dalfampridine er ..... 20
dapsone external ..... 22
dapsone oral ..... 15
dasatinib ..... 15
dasetta 1/35 (28) ..... 30
dasetta 7/7/7 ..... 30
DAYPRO ORAL TABLET 600 MG ..... 9
daysee ..... 30
deblitane ..... 30
DELESTROGEN ..... 30
DELSTRIGO ..... 17
delyla ..... 30
DENTA 5000 PLUS ..... 21, 27
DENTA 5000 PLUS SENSITIVE ..... 27
DENTAGEL ..... 21
DEPAKOTE ..... 12
DEPAKOTE ER ..... 12
DEPAKOTE SPRINKLES ..... 12
DEPEN TITRATABS ..... 29
DEPO-PROVERA ..... 30
DEPO-SUBQ PROVERA 104 ..... 30
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML ..... 34
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML ..... 34
DERMA-SMOOTHE/FS BODY ..... 22
DERMA-SMOOTHE/FS SCALP ..... 22
DERMOTIC ..... 38
DESCOVY ORAL TABLET 120-15 MG ..... 17
DESCOVY ORAL TABLET 200-25 MG ..... 17
desipramine hcl oral ..... 13
desmopressin acetate oral ..... 34
desmopressin acetate spray ..... 34
desogestrel-ethinyl estradiol ..... 30
desonide external cream ..... 22
desonide external lotion ..... 22
desonide external ointment ..... 22
DESOWEN EXTERNAL CREAM 0.05 % ..... 22
desoximetasone external cream ..... 22

desoximetasone external ointment....22
desvenlafaxine succinate er....13
dexamethasone intensol....33
dexamethasone oral elixir....33
dexamethasone oral solution....33
dexamethasone oral tablet....33
dexamethasone sodium phosphate ophthalmic....37
DEXCOM G6 RECEIVER....24
DEXCOM G6 SENSOR....24
DEXCOM G6 TRANSMITTER....24
DEXCOM G7 15 DAY SENSOR....24
DEXCOM G7 RECEIVER....24
DEXCOM G7 SENSOR....24
dexmethylphenidate hcl....20
dexmethylphenidate hcl er....20
dextroamphetamine sulfate er....20
dextroamphetamine sulfate oral tablet 10 mg, 5 mg....20
diazepam oral solution....17
diazepam oral tablet....17
diazepam rectal....12
diclofenac potassium oral tablet 50 mg....9
diclofenac sodium er....9
diclofenac sodium external gel 3 %....22
diclofenac sodium ophthalmic....37
diclofenac sodium oral....9
diclofenac-misoprostol....9
dicloxacillin sodium....11
dicyclomine hcl oral capsule....29
dicyclomine hcl oral tablet 20 mg 29
DIFICID ORAL SUSPENSION RECONSTITUTED....11
difluprednate....38
digoxin oral tablet....18
DILANTIN....12
dilt-xr....18
diltiazem hcl er....18
diltiazem hcl er beads....18
diltiazem hcl er coated beads....18
diltiazem hcl oral....18
dimethyl fumarate oral....20
DIPENTUM....37
diphenoxylate-atropine oral tablet....29
DIPROLENE....22
disulfiram oral....10
divalproex sodium er....12
divalproex sodium oral....12
DIVIGEL....30
DODEX INJECTION SOLUTION 1000 MCG/ML....27
dofetilide....18
donepezil hcl oral tablet....13
DOPTELET....27
dorzolamide hcl solution 2 % ophthalmic....38
dorzolamide hcl-timolol mal....38
dotti....30
DOVATO....17
doxazosin mesylate oral....18
doxepin hcl oral capsule....13
doxepin hcl oral concentrate....13
doxycycline hyclate oral capsule 100 mg, 50 mg....11
doxycycline hyclate oral tablet 100 mg, 20 mg....11
doxycycline monohydrate oral capsule 100 mg, 50 mg....11
doxycycline monohydrate oral suspension reconstituted....11
doxycycline monohydrate oral tablet....11
DRISDOL....27
dronabinol oral capsule....14
DROPSAFE SAFETY SYRINGE/NEEDLE....24
DROPSAFE SICURA....24
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg....31
drospirenone-ethinyl estradiol....31
DRYSOL....22
DUAVEE....31
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg....13
DUPIXENT....22
dutasteride oral....30

## E

E.E.S. GRANULES....11
EASIVENT....40
EASIVENT MASK LARGE....40
EASIVENT MASK MEDIUM....40
EASIVENT MASK SMALL....40
EBGLYSS....22
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG....9
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG....9
ec-naproxen oral tablet delayed release 375 mg, 500 mg....9
econazole nitrate external cream .14
EEMT....31
EEMT HS....31
EFUDEX EXTERNAL CREAM 5 %...22
ELESTRIN....31
eletriptan hydrobromide....14
ELIMITE EXTERNAL CREAM 5 %..16
elinest....31
ELIQUIS TABLET....12
ELLA....31
ELMIRON....29
ELOCTATE....27
eltrombopag olamine oral tablet..27
eluryng....31
EMBECTA AUTOSHIELD 30GX5MM....24
EMBECTA INSULIN SYRINGE....24
EMBECTA INSULIN SYRINGE U-500....24
EMBECTA PEN NEEDLE/NANO/32G X 4MM....24
EMGALITY....14

EMPAVELI ..... 35
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg ..... 17
emtricitabine-tenofovir df oral tablet 200-300 mg ..... 17
emzahh ..... 31
enalapril maleate oral solution ..... 18
enalapril maleate oral tablet ..... 18
enalapril-hydrochlorothiazide ..... 18
ENBREL ..... 35
ENBREL MINI ..... 35
ENBREL SURECLICK ..... 35
endocet ..... 8
ENDOMETRIN ..... 36
ENGERIX-B ..... 36
enilloring ..... 31
ENLITE GLUCOSE SENSOR ..... 24
enoxaparin sodium injection solution prefilled syringe ..... 12
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg ..... 31
ENSACOVE ..... 15
enskyce ..... 31
ENSTILAR ..... 22
entecavir ..... 17
ENTYVIO PEN ..... 35
enulose ..... 29
EOHILIA ..... 37
EPIDIOLEX ..... 12
epinastine hcl ..... 37
epinephrine solution auto-injector ..... 39
epitol oral tablet 200 mg ..... 12
eplerenone ..... 18
eq aspirin adult low dose ..... 9
eq aspirin low dose ..... 9
eq nicotine ..... 10
eq nicotine mouth/throat gum 4 mg ..... 10
eq nicotine polacrilex ..... 10
eq nicotine step 3 ..... 10
eql aspirin low dose ..... 9
ergocalciferol oral capsule ..... 27, 28
ERIVEDGE ..... 15
ERLEADA ..... 15
ERMEZA ORAL SOLUTION 150 MCG/5ML ..... 34
errin ..... 31
ERYGEL EXTERNAL GEL 2 % ..... 22
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ..... 11
ERYPED 400 ..... 11
erythromycin base oral tablet ..... 11
erythromycin ethylsuccinate oral suspension reconstituted ..... 11
erythromycin external ..... 22
erythromycin ophthalmic ..... 37
escitalopram oxalate oral solution ..... 13
escitalopram oxalate oral tablet ..... 13
ESGIC ORAL CAPSULE 50-325-40 MG ..... 8
ESGIC ORAL TABLET 50-325-40 MG ..... 8
eslicarbazepine acetate ..... 12
esomeprazole magnesium oral packet ..... 28
est estrogens-methyltest ..... 31
est estrogens-methyltest ds ..... 31
est estrogens-methyltest hs ..... 31
estarylla ..... 31
estradiol oral ..... 31, 32
estradiol patch twice weekly ..... 31
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm ..... 31
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) ..... 31
estradiol transdermal patch weekly ..... 31
estradiol vaginal ..... 31
estradiol valerate intramuscular ..... 31
estradiol-norethindrone acet ..... 31
estratest f.s. oral tablet 1.25-2.5 mg ..... 31
ESTRATEST H.S. ..... 31
ESTRING ..... 31
estrogens conjugated ..... 31
eszopiclone ..... 41
ethambutol hcl oral ..... 15
ethosuximide oral ..... 12
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg ..... 31
etodolac ..... 9
etonogestrel-ethinyl estradiol ..... 31
EUCRISA ..... 22
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg ..... 34
EVAMIST ..... 31
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg ..... 35
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg ..... 15
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG ..... 34
EVRYSDI ..... 29
exemestane ..... 15
EXXUA ..... 13
EXXUA TITRATION PACK ..... 13
EYSUVIS ..... 37
ezetimibe ..... 18
ezetimibe-simvastatin ..... 18

## F

FABHALTA ..... 27
falmina ..... 31
famciclovir oral ..... 17
famotidine oral suspension reconstituted ..... 28
FASENRA PEN ..... 40
febuxostat ..... 14
feirza 1/20 ..... 31

feirza 1.5/30 ..... 31
felodipine er ..... 18
FEMRING ..... 31
fenofibrate micronized ..... 18
fenofibrate oral capsule 134 mg, 200 mg, 67 mg ..... 18
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg ..... 18
fenofibric acid oral capsule delayed release ..... 18
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr ..... 8
FETZIMA ..... 13
fidaxomicin ..... 11
FILSPARI ..... 29
FINACEA EXTERNAL FOAM ..... 22
finasteride oral tablet 5 mg ..... 30
fingolimod hcl ..... 20
finzala ..... 31
FIORICET ..... 8
flac otic oil 0.01 % ..... 38
FLAREX ..... 37
flecainide acetate ..... 18
FLEXICHAMBER ..... 40
FLOTREX ORAL TABLET CHEWABLE 1 MG ..... 27
FLUAD ..... 36
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ..... 36
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ..... 36
fluconazole oral ..... 14
fludrocortisone acetate oral ..... 33
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ..... 36
flunisolide nasal ..... 39
fluocinolone acetonide body ..... 22
fluocinolone acetonide external cream ..... 22
fluocinolone acetonide external ointment ..... 22
fluocinolone acetonide external solution ..... 22
fluocinolone acetonide otic ..... 38
fluocinolone acetonide scalp ..... 22
fluocinonide external cream 0.05 % ..... 22
fluocinonide external gel ..... 22
fluocinonide external ointment ..... 23
fluocinonide external solution ..... 23
FLUORIDEX ..... 21
FLUORIDEX ENHANCED WHITENING ..... 21
FLUORIMAX 5000 ..... 21, 27
FLUORIMAX 5000 SENSITIVE ..... 27
fluorometholone ..... 37
fluorouracil external cream 5 % ..... 23
fluoxetine hcl oral capsule ..... 13
fluoxetine hcl oral solution ..... 13
fluoxetine hcl oral tablet ..... 13
fluticasone propionate external cream ..... 23
fluticasone propionate external ointment ..... 23
fluticasone propionate nasal ..... 39
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act ..... 40
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT ..... 40
fluvoxamine maleate ..... 13
fluvoxamine maleate er ..... 13
FLUZONE ..... 36
FLUZONE HIGH-DOSE ..... 36
FML FORTE ..... 37
FML LIQUIFILM ..... 37
FOCALIN ..... 20
folic acid oral tablet 1 mg ..... 27
FOLLISTIM AQ ..... 36
FOSAMAX ..... 37
fosfomycin tromethamine ..... 11
fosinopril sodium ..... 18
FRAICHE 5000 DENTAL DENTAL GEL 1.1 % ..... 21
FREESTYLE LIBRE 14 DAY READER ..... 24
FREESTYLE LIBRE 14 DAY SENSOR ..... 24
FREESTYLE LIBRE 2 PLUS SENSOR ..... 24
FREESTYLE LIBRE 2 READER ..... 24
FREESTYLE LIBRE 2 SENSOR ..... 24
FREESTYLE LIBRE 3 PLUS SENSOR ..... 24
FREESTYLE LIBRE 3 READER ..... 24
FREESTYLE LIBRE 3 SENSOR ..... 25
frovatriptan succinate ..... 14
ft aspirin low dose ..... 9
ft aspirin oral tablet chewable ..... 9
ft naloxone hcl ..... 10
ft nicotine ..... 10
ft nicotine mini ..... 10
furosemide oral ..... 18
fyavolv ..... 31
FYCOMPA ORAL SUSPENSION ..... 12
FYCOMPA ORAL TABLET ..... 12
FYREMADEL ..... 36

## G

g tussin ac ..... 39
gabapentin oral capsule 100 mg, 300 mg, 400 mg ..... 12
gabapentin oral solution 250 mg/5ml ..... 12
gabapentin oral tablet 600 mg, 800 mg ..... 12
gallifrey ..... 31
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..... 36

GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. . . . . 36
gatifloxacin ophthalmic . . . . . .37
gavilyte-c . . . . . .29
gavilyte-g . . . . . .29
gavilyte-n with flavor pack. . . . . .29
GAVRETO . . . . . .15
gemfibrozil oral . . . . . .18
generlac . . . . . .29
gengraf . . . . . .35
gentamicin sulfate external . . . . . .11
gentamicin sulfate ophthalmic. . . .37
GENVOYA. . . . . .17
GILENYA ORAL CAPSULE 0.25 MG . . . . . 20
glatiramer acetate . . . . . 20
glatopa . . . . . 20
glimepiride oral tablet 1 mg, 2 mg, 4 mg. . . . . .26
glipizide er . . . . . .26
glipizide oral tablet 10 mg, 5 mg. . .26
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg . . . . . .26
glipizide-metformin hcl. . . . . .26
GLUCAGON EMERGENCY KIT. . . . .26
glucagon emergency kit injection solution reconstituted 1 mg. . . . . .26
GLUCOTROL XL . . . . . .26
glyburide . . . . . .26
glyburide-metformin . . . . . .26
glycopyrrolate oral tablet 1 mg, 2 mg . . . . . .29
GLYXAMBI. . . . . .26
gnp adult aspirin low strength. . . . . 9
gnp aspirin low dose . . . . . .9
gnp aspirin oral tablet delayed release 81 mg. . . . . .9
gnp naloxone hcl . . . . . .10
gnp nicotine mini. . . . . .10
gnp nicotine polacrilex mouth/throat gum 2 mg . . . . . .10
gnp nicotine polacrilex mouth/throat lozenge. . . . . .10
gnp nicotine transdermal. . . . . .10
GOLYTELY. . . . . .29
GONAL-F . . . . . 36
GONAL-F RFF REDIJECT. . . . . 36
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT . . . . . 36
goodsense aspirin low dose . . . . . .9
goodsense aspirin oral tablet chewable . . . . . .9
goodsense nicotine . . . . . .10
goodsense nicotine policrilex . . . . .10
griseofulvin microsize oral suspension . . . . . .14
guaifenesin-codeine. . . . . 39
guanfacine hcl. . . . . .18, 20
guanfacine hcl er. . . . . 20
GUARDIAN 4 GLUCOSE SENSOR. .25
GUARDIAN 4 TRANSMITTER . . . . . .25
GUARDIAN CONNECT TRANSMITTER . . . . . .25
GUARDIAN LINK 3 TRANSMITTER25
GUARDIAN SENSOR 3. . . . . .25
GVOKE HYPOPEN 1-PACK . . . . . .26
GVOKE HYPOPEN 2-PACK . . . . . .26
GVOKE KIT . . . . . .26
GVOKE PFS . . . . . .26
GYNAZOLE-1 . . . . . .14

## H

h-e-b aspirin. . . . . .9
habitrol . . . . . .10
HAEGARDA . . . . . .35
hailey 1.5/30 . . . . . .31
hailey 24 fe. . . . . .31
hailey fe 1/20 . . . . . .31
hailey fe 1.5/30 . . . . . .31
HALCION ORAL TABLET 0.25 MG .17
halobetasol propionate external cream . . . . . .23
halobetasol propionate external ointment. . . . . .23
haloette vaginal ring 0.12-0.015 mg/24hr . . . . . .31
haloperidol oral . . . . . .16
HAVRIX . . . . . 36
heather . . . . . .31
HEMANGEOL. . . . . .18
HEMLIBRA. . . . . .27
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG. . . . . .37
HEPLISAV-B . . . . . 36
HIPREX . . . . . .11
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg. . . . . .10
HUMALOG KWIKPEN . . . . . .25
HUMALOG MIX 50/50 KWIKPEN . .25
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML . . . . . .25
HUMALOG MIX 75/25 KWIKPEN . .25
HUMALOG MIX 75/25 VIAL. . . . . .25
HUMALOG U-100 JUNIOR KWIKPEN . . . . . .25
HUMULIN 70/30 KWIKPEN. . . . . .25
HUMULIN 70/30 VIAL . . . . . .25
HUMULIN N KWIKPEN . . . . . .25
HUMULIN N VIAL . . . . . .25
HUMULIN R U-500 KWIKPEN. . . . . .25
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML. . . . . .25
HUMULIN R VIAL. . . . . .25
hydralazine hcl oral. . . . . .18
hydrochlorothiazide oral. . . . . .18
hydrocod poli-chlorphe poli er . . . 39
hydrocodone bit-homatrop mbr oral solution . . . . . 39
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml. . . . . .8

hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg ..... 8
hydrocort-pramoxine (perianal)... 37
hydrocortisone (perianal) external cream 2.5 % ..... 37
hydrocortisone ace-pramoxine external cream 1-1 % ..... 37
hydrocortisone acetate rectal..... 37
hydrocortisone external cream 2.5 % ..... 23
hydrocortisone external lotion 2.5 % ..... 23
hydrocortisone external ointment 1 %, 2.5 % ..... 23
hydrocortisone oral ..... 33
hydrocortisone valerate external cream ..... 23
hydrocortisone-acetic acid..... 38
hydromet oral solution 5-1.5 mg/5ml ..... 39
hydromorphone hcl oral tablet..... 8
hydroxychloroquine sulfate oral... 16
hydroxyurea oral ..... 15
hydroxyzine hcl oral syrup 10 mg/5ml ..... 17
hydroxyzine hcl oral tablet..... 17
hydroxyzine pamoate oral ..... 17
HYFTOR..... 35
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ..... 27
hyoscyamine sulfate er ..... 29
hyoscyamine sulfate oral tablet ... 29
hyoscyamine sulfate oral tablet dispersible..... 29
hyoscyamine sulfate sl ..... 29
hyoscyamine sulfate sublingual ... 29
HYPERSAL ..... 39
HYRNUO ..... 15

## I

ibandronate sodium oral..... 37
IBRANCE ORAL TABLET ..... 15
ibuprofen oral tablet 400 mg, 600 mg, 800 mg ..... 9
iclevia ..... 31
ICLUSIG ..... 15
ICOTYDE ..... 23
IDELVION..... 27
IDHIFA ..... 15
imatinib mesylate oral ..... 15
IMBRUVICA ORAL CAPSULE ..... 15
IMBRUVICA ORAL SUSPENSION .. 15
IMBRUVICA ORAL TABLET 420 MG ..... 15
imipramine hcl oral..... 13
imiquimod external cream 5 % .... 23
IMKELDI ..... 15
IMVEXXY MAINTENANCE PACK... 27
IMVEXXY STARTER PACK ..... 27
INBRIJA ..... 16
incassia ..... 31
indapamide..... 18
indomethacin er..... 9
indomethacin oral capsule ..... 9
INGREZZA ..... 21
INGREZZA SPRINKLE ..... 21
INPEN 100-BLUE-LILLY-HUMALOG..... 25
INPEN 100-BLUE-NOVOLOG-FIASP ..... 25
INPEN 100-GREY-LILLY-HUMALOG..... 25
INPEN 100-GREY-NOVOLOG-FIASP ..... 25
INPEN 100-PINK-LILLY-HUMALOG..... 25
INPEN 100-PINK-NOVOLOG-FIASP ..... 25
INSPIREASE ..... 40
INSULIN LISPRO (1 UNIT DIAL)... 25
INSULIN LISPRO JUNIOR KWIKPEN ..... 25
INSULIN LISPRO PROT & LISPRO ..... 25
INSULIN LISPRO VIAL..... 25
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 ..... 25
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 ..... 25
INTRAROSA ..... 27
introvale ..... 31
INVELTYS..... 37
INZIRQO..... 18
IPOL ..... 36
ipratropium bromide hfa ..... 40
ipratropium bromide inhalation .. 40
ipratropium bromide nasal ..... 39
ipratropium-albuterol..... 40
IQIRVO..... 29
irbesartan ..... 18
irbesartan-hydrochlorothiazide ... 19
ISENTRESS HD ..... 17
ISENTRESS ORAL TABLET ..... 17
isibloom ..... 31
isoniazid oral tablet ..... 15
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg ..... 19
isosorbide mononitrate er ..... 19
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg..... 23
ISTALOL ..... 38
itraconazole oral capsule ..... 14
ivabradine hcl ..... 19
ivermectin oral tablet 3 mg..... 16
ivermectin oral tablet 6 mg..... 16

## J

jaimiess ..... 31
JAKAFI..... 15
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg ..... 12

JARDIANCE ....26
jasmiel ....31
jencycla ....31
JENTADUETO ....26
JENTADUETO XR ....26
jinteli ....31
jolessa ....31
JORNAY PM ....20
JOURNAVX ....8
JUBLIA ....14
juleber ....31
JULUCA ....17
junel 1/20 ....31
junel 1.5/30 ....31
junel fe 1/20 ....31
junel fe 1.5/30 ....31
junel fe 24 ....31
JUST RIGHT 5000 ....21
JYLAMVO ....35

## K

K-PHOS-NEUTRAL ....27
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ ....27
kalliga ....31
KAPSPARGO SPRINKLE ....19
kariva ....31
kelnor 1/35 ....31
kelnor 1/50 oral tablet 1-50 mg-mcg ....31
KEPPRA ORAL ....12
KEPPRA XR ....12
KERENDIA ....19
KESIMPTA ....20
ketoconazole external cream ....14
ketoconazole external shampoo ....14
ketoconazole oral ....14
ketorolac tromethamine ophthalmic ....37
ketorolac tromethamine oral ....9
KEVZARA ....35
KISQALI (200 MG DOSE) ....15
KISQALI (400 MG DOSE) ....15
KISQALI (600 MG DOSE) ....15
KLARON ....23
klayesta ....14
KLISYRI ....23
klor-con ....27
klor-con 10 ....27
klor-con m10 ....27
klor-con m15 ....27
klor-con m20 ....27
KLOXXADO ....10
kls aspirin low dose ....9
kls quit2 ....10
kls quit4 ....10
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ....27
KOSELUGO ORAL CAPSULE ....15
KOURZEQ ....21
KOVALTRY ....27
kp aspirin ....9
kurvelo ....31
KYZATREX ....34

## L

labetalol hcl oral ....19
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml ....12
lacosamide oral tablet ....12
lactulose encephalopathy ....29
lactulose oral solution ....29
LAGEVRIO ....17
LAMICTAL ....12
LAMICTAL ODT ORAL TABLET DISPERSIBLE ....12
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR ....12
lamotrigine er ....12
lamotrigine oral tablet ....12
lamotrigine oral tablet chewable ....12
lamotrigine oral tablet dispersible ....12
LANCETS ....25
LANOXIN ORAL TABLET 125 MCG, 250 MCG ....19
LANOXIN ORAL TABLET 62.5 MCG ....19
lansoprazole oral tablet delayed release dispersible ....28
LANTUS SOLOSTAR ....25
LANTUS U-100 VIAL ....26
larin 1/20 ....32
larin 1.5/30 ....31
larin 24 fe ....32
larin fe 1/20 ....32
larin fe 1.5/30 ....32
LASIX ....19
latanoprost ophthalmic ....38
lederle leucovorin ....15
LEDIPASVIR-SOFOSBUVIR ....17
leena oral tablet 0.5/1/0.5-35 mg-mcg ....32
leflunomide oral ....35
lenalidomide ....15
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG ....15
lessina ....32
letrozole oral ....15
leucovorin calcium oral ....15
leuprolide acetate injection ....15
levalbuterol hcl inhalation ....40
LEVALBUTEROL HFA INHALATION AEROSOL45 MCG/ACT 40
LEVBID ....29
levetiracetam er ....12
levetiracetam oral solution ....12
levetiracetam oral tablet ....12
levo-t ....34
levocarnitine oral solution ....27

levocarnitine oral tablet ..... 29
levocarnitine sf ..... 27
levocetirizine dihydrochloride oral ..... 39
levofloxacin oral tablet ..... 11
levonest ..... 32
levonorg-eth estrad triphasic ..... 32
levonorgest-eth est & eth est oral tablet 42-21-21-7 days ..... 32
levonorgest-eth estrad 91-day ..... 32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg ..... 32
levora 0.15/30 (28) ..... 32
levothyroxine sodium oral tablet ..... 34
levoxyl ..... 34
LEVSIN ..... 29
LEVSIN/SL ..... 29
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG ..... 12
lidocaine external ointment 5 % ..... 8
lidocaine external patch 5 % ..... 8
lidocaine hcl mouth/throat ..... 21
lidocaine viscous hcl ..... 21
lidocaine-prilocaine external cream ..... 8
linezolid oral tablet ..... 11
LINZESS ..... 29
liomny ..... 34
liothyronine sodium oral ..... 34
liraglutide subcutaneous solution pen-injector 18 mg/3ml ..... 26
lisdexamfetamine dimesylate ..... 20
lisinopril oral ..... 19
lisinopril-hydrochlorothiazide ..... 19
LITFULO ..... 35
lithium carbonate er ..... 17
lithium carbonate oral ..... 17
LITHOBID ..... 18
LIVDELZI ..... 29
LO LOESTRIN FE ..... 32
lo-zumandimine ..... 32
LODOCO ..... 19
lojaimiess ..... 32
LOKELMA ..... 27
LOMOTIL ..... 29
LOPID ..... 19
LOPRESSOR ORAL SOLUTION ..... 19
lorazepam oral tablet ..... 17
loryna ..... 32
losartan potassium oral ..... 19
losartan potassium-hctz ..... 19
LOTEMAX OPHTHALMIC OINTMENT ..... 37
LOTEMAX SM ..... 37
LOTENSIN ..... 19
LOTENSIN HCT ..... 19
loteprednol etabonate ophthalmic suspension ..... 37
lovastatin oral ..... 19
low-ogestrel ..... 32
lubiprostone ..... 29
luizza 1/20 ..... 32
luizza 1.5/30 ..... 32
LUMAKRAS ..... 15
LUMRYZ ..... 41
LUMRYZ STARTER PACK ..... 41
LUPKYNIS ..... 35
lurasidone hcl ..... 16
lutera ..... 32
lyleq ..... 32
lyllana ..... 32
LYNKUET ..... 21
LYNPARZA ..... 15
LYRICA ORAL CAPSULE ..... 21
LYUMJEV KWIKPEN ..... 26
LYUMJEV VIAL ..... 26
lyza ..... 32

## M

M-M-R II ..... 36
M-NATAL PLUS ..... 27
macitentan ..... 40
MACROBID ..... 11
MACRODANTIN ..... 11
MALARONE ..... 16
marlissa ..... 32
matzim la ..... 19
MAVYRET ..... 17
maxi-tuss ac ..... 39
MAXITROL ..... 37
MAYZENT ..... 20
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG ..... 33
MEDROL ORAL TABLET 2 MG ..... 33
MEDROL ORAL TABLET THERAPY PACK ..... 33
medroxyprogesterone acetate intramuscular ..... 32
medroxyprogesterone acetate oral ..... 32
mefloquine hcl ..... 16
megestrol acetate oral suspension 40 mg/ml ..... 34
megestrol acetate oral tablet ..... 32
meleya ..... 32
meloxicam oral tablet ..... 9
memantine hcl er ..... 13
memantine hcl oral tablet ..... 13
MENOPUR ..... 36
MENOSTAR ..... 32
MENQUADFI ..... 36
MENVEO ..... 36
mercaptopurine oral tablet ..... 15
mesalamine oral capsule delayed release 400 mg ..... 37
mesalamine oral tablet delayed release 1.2 gm ..... 37
mesalamine rectal ..... 37
metaxalone oral tablet 400 mg, 800 mg ..... 41
metformin hcl er ..... 26
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg ..... 26
methadone hcl oral tablet ..... 8

methenamine hippurate....11
methimazole oral....34
methocarbamol oral tablet 500 mg, 750 mg....41
methotrexate sodium (pf)....35
methotrexate sodium injection solution....35
methotrexate sodium oral....35
METHYLIN....20
methylphenidate hcl er (cd)....20
methylphenidate hcl er (la)....20
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg....20
methylphenidate hcl er oral tablet extended release....20
methylphenidate hcl er(diffus)....20
methylphenidate hcl oral....20
methylprednisolone oral....33
metoclopramide hcl oral tablet....14
metolazone....19
metoprolol succinate er....19
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg....19
metoprolol-hydrochlorothiazide....19
METROCREAM EXTERNAL CREAM 0.75 %....23
METROLOTION EXTERNAL LOTION 0.75 %....23
metronidazole external cream....23
metronidazole external gel 0.75 %....23
metronidazole external lotion....23
metronidazole oral tablet 250 mg, 500 mg....11
metronidazole vaginal....11
mexiletine hcl oral....19
mibelas 24 fe....32
MICROCHAMBER....40
microgestin 1/20....32
microgestin 1.5/30....32
microgestin fe 1/20....32
microgestin fe 1.5/30....32
midodrine hcl....19
MIEBO....38
mili....32
milnacipran hcl oral tablet....21
milophene....36
mimvey....32
MINIMED 630G GUARDIAN PRESS....25
MINIMED INSTINCT GLUC SENSOR....25
minocycline hcl oral capsule....11
minoxidil oral....19
mirabegron er oral tablet extended release 24 hour....29
mirtazapine oral....13
MIRVASO....23
misoprostol oral....28
MITIGARE....14
mm aspirin....9
MNEXSPIKE....36
modafinil oral....41
mometasone furoate external....23
mometasone furoate nasal....39
mono-linyah....32
MONOJECT HYPODERMIC NEEDLE 18G X 1”....25
montelukast sodium oral....40
morphine sulfate er....8
morphine sulfate oral tablet....8
MOTPOLY XR....12
MOUNJARO....26
MOVIPREP....29
moxifloxacin hcl (2x day)....37
moxifloxacin hcl ophthalmic....38
moxifloxacin hcl oral....11
MULTAQ....19
multivitamin w/fluoride tablet chewable 0.25 mg oral....27
multivitamin w/fluoride tablet chewable 0.5 mg oral....27
multivitamin w/fluoride tablet chewable 1 mg oral....27
multivitamin/fluoride oral tablet chewable....27
mupirocin cream....11
mupirocin ointment....11
MYAMBUTOL ORAL TABLET 400 MG....15
mycophenolate mofetil oral capsule....35
mycophenolate mofetil oral tablet....35
mycophenolate sodium....35
mycophenolic acid....35
MYFEMBREE....32
MYHIBBIN....35
MYSOLINE....12

## N

na sulfate-k sulfate-mg sulf....29
nabumetone oral....9
nadolol oral....19
naloxone hcl nasal....10
naltrexone hcl oral....10
naproxen dr....9
naproxen oral tablet....9
naproxen oral tablet delayed release....9
naproxen sodium oral tablet 275 mg, 550 mg....9
naratriptan hcl....14
NARCAN....10
NASCOBAL....27
NATAZIA....32
nateglinide....26
NAYZILAM....12
nebivolol hcl....19
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %....39
necon 0.5/35 (28)....32
NEFFY....39
NEMLUVIO....23
neomycin sulfate oral....11
neomycin-polymyxin-dexameth....38

neomycin-polymyxin-hc otic ..... 38
NEONATAL COMPLETE ..... 28
NEONATAL PLUS ..... 28
neuac ..... 23
NEULASTA ..... 27
NEUPRO ..... 16
NEURONTIN ..... 13
NEVANAC ..... 38
NEXLETOL ..... 19
NEXLIZET ..... 19
NGENLA ..... 34
niacin er (antihyperlipidemic) ..... 19
NICODERM CQ ..... 10
NICORETTE MINI ..... 10
NICORETTE MOUTH/THROAT GUM ..... 10
NICORETTE MOUTH/THROAT LOZENGE ..... 10
NICORETTE STARTER KIT ..... 10
nicotine mini ..... 10
nicotine polacrilex mini ..... 10
nicotine polacrilex mouth/throat ..... 10
nicotine step 1 ..... 10
nicotine step 2 ..... 10
nicotine step 3 ..... 10
nicotine transdermal patch 24 hour ..... 10
nifedipine er ..... 19
nifedipine er osmotic release ..... 19
nifedipine oral ..... 19
nikki ..... 32
nilotinib hcl ..... 15
nintedanib esylate ..... 40
nitro-bid ..... 19
NITRO-DUR ..... 19
nitrofurantoin macrocrystal ..... 11
nitrofurantoin monohydrate macrocrystals ..... 11
nitroglycerin rectal ..... 19
nitroglycerin sublingual ..... 19
nitroglycerin transdermal ..... 19
NITROSTAT ..... 19
NIVA THYROID ..... 34
NIVA-PLUS ..... 28
NIVESTYM ..... 27
nora-be ..... 32
NORDITROPIN FLEXPRO ..... 34
norelgestromin-eth estradiol ..... 32
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg ..... 32
norethin ace-eth estrad-fe oral tablet chewable ..... 32
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg ..... 32
norethindrone acet-ethinyl est ..... 32
norethindrone acetate oral ..... 32
norethindrone oral ..... 32
norethindrone-eth estradiol ..... 32
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg ..... 32
norgestimate-ethinyl estradiol triphasic ..... 32
NORLIQVA ..... 19
norlyroc ..... 32
NORPRAMIN ..... 13
nortrel 0.5/35 (28) ..... 32
nortrel 1/35 (21) ..... 32
nortrel 1/35 (28) ..... 32
nortrel 7/7/7 ..... 32
nortriptyline hcl oral capsule ..... 13
NOVAREL ..... 36
NOVOEIGHT ..... 27
NOVOFINE PEN NEEDLE ..... 25
NOVOFINE PLUS PEN NEEDLE ..... 25
np thyroid ..... 34
NUBEQA ..... 15
NUCALA ..... 40
NUCYNTA ER ..... 8
NUEDEXTA ..... 21
NULEV ..... 29
NURTEC ..... 14
NUWIQ ..... 27
NUZYRA ORAL ..... 11
nyamyc external powder 100000 unit/gm ..... 14
nylia 1/35 ..... 32
nylia 7/7/7 ..... 32
nystatin external ..... 14
nystatin mouth/throat suspension 100000 unit/ml ..... 14
nystatin oral ..... 14
nystatin-triamcinolone ..... 14
nystop ..... 14

## O

ocella oral tablet 3-0.03 mg ..... 32
OCUFLOX ..... 38
ODACTRA ..... 39
ODEFSEY ..... 17
ODOMZO ..... 16
ofloxacin ophthalmic ..... 38
ofloxacin otic ..... 38
olanzapine oral ..... 16
olmesartan medoxomil oral ..... 19
olmesartan medoxomil-hctz ..... 19
olopatadine hcl nasal ..... 39
OLUMIANT ..... 35
omega-3-acid ethyl esters ..... 19
omeprazole oral capsule delayed release ..... 28
OMNIPOD 5 DEXCOM INTRO KIT ..... 25
OMNIPOD 5 DEXCOM PODS ..... 25
OMNIPOD 5 LIBRE INTRO ..... 25
OMNIPOD 5 LIBRE PODS ..... 25
OMNITROPE ..... 34
OMVOH SUBCUTANEOUS ..... 35
ondansetron hcl oral solution 4 mg/5ml ..... 14
ondansetron hcl oral tablet ..... 14
ondansetron odt oral tablet dispersible 4 mg, 8 mg ..... 14
ONE VITE WOMENS PLUS ..... 28

ONFI ..... 13
ONYDA XR ..... 20
OPVEE ..... 10
OPZELURA ..... 23
ORACIT ..... 28
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML ..... 28
ORALONE ..... 21
ORENCIA CLICKJECT ..... 35
ORENCIA SUBCUTANEOUS ..... 35
ORFADIN ORAL CAPSULE ..... 29
ORFADIN ORAL SUSPENSION ..... 29
ORGOVYX ..... 16
ORIAHNN ..... 34
ORILISSA ..... 34
ORLYNVAH ..... 11
orphenadrine citrate er ..... 41
orquidea ..... 32
OSCIMIN ..... 29
oseltamivir phosphate oral ..... 17
OSPHENA ..... 27
OTEZLA ..... 35
OTEZLA XR ..... 35
OVACE PLUS WASH EXTERNAL LIQUID 10 % ..... 23
OVACE WASH EXTERNAL LIQUID 10 % ..... 23
OVIDREL ..... 36
oxaprozin oral tablet ..... 9
oxcarbazepine ..... 13
oxybutynin chloride er ..... 30
oxybutynin chloride oral ..... 30
oxycodone hcl oral capsule ..... 8
oxycodone hcl oral solution ..... 8
oxycodone hcl oral tablet ..... 8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg ..... 8
OZEMPIC ..... 26

## P

PACERONE ORAL TABLET 100 MG, 400 MG ..... 19
PACERONE ORAL TABLET 200 MG ..... 19
paliperidone er ..... 16
PANCREAZE ..... 29
PANRETIN ..... 23
pantoprazole sodium oral tablet delayed release ..... 28
paroxetine hcl er ..... 13
paroxetine hcl oral tablet ..... 13
PAXLOVID (150/100) ..... 17
PAXLOVID (300/100 & 150/100) ..... 17
PAXLOVID (300/100) ..... 17
PEDIAPRED ORAL SOLUTION 5 MG/5ML ..... 33
peg 3350-kcl-na bicarb-nacl ..... 29
peg-3350/electrolytes ..... 29
peg-3350/electrolytes/ascorbat ..... 29
peg-kcl-nacl-nasulf-na asc-c ..... 29
PELLIX ..... 23
penicillin v potassium ..... 11
pentoxifylline er ..... 19
perampanel oral tablet ..... 13
PERFOROMIST ..... 40
PERIDEX ..... 21
periogard ..... 21
permethrin external ..... 16
perphenazine oral ..... 14
PERTZYE ..... 29
phenazo oral tablet 200 mg ..... 30
phenazopyridine hcl oral tablet 100 mg, 200 mg ..... 30
phenobarbital oral tablet ..... 13
phenytek ..... 13
phenytoin sodium extended ..... 13
philith ..... 32
PHOSPHA 250 NEUTRAL ..... 28
phospho-trin 250 neutral ..... 28
phosphorous ..... 28
pilocarpine hcl oral ..... 21
pimecrolimus ..... 23
pimtrea ..... 32
pioglitazone hcl ..... 26
pioglitazone hcl-metformin hcl ..... 26
PIQRAY ..... 16
piroxicam oral ..... 9
PIVYA ..... 11
PLEGRIDY ..... 20
pnv 27-ca/fe/fa ..... 28
podofilox external solution ..... 23
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM ..... 38
polymyxin b-trimethoprim ..... 38
pomalidomide ..... 16
portia-28 ..... 32
posaconazole oral tablet delayed release ..... 14
potassium chloride crys er ..... 28
potassium chloride er ..... 28
potassium chloride oral packet 20 meq ..... 28
potassium chloride oral solution ..... 28
potassium citrate er ..... 28
pramipexole dihydrochloride ..... 16
prasugrel hcl ..... 16
pravastatin sodium ..... 19
prazosin hcl oral ..... 19
PRED MILD ..... 38
prednisolone acetate ophthalmic ..... 38
prednisolone oral solution ..... 33
prednisolone sodium phosphate oral solution 15 mg/5ml ..... 33
prednisone oral solution ..... 33
prednisone oral tablet ..... 33
prednisone oral tablet therapy pack ..... 33
pregabalin oral capsule ..... 21
PREGNYL ..... 36
PREMARIN ORAL ..... 32

PREMARIN VAGINAL....33
premium lidocaine external ointment 5 %....8
PREMPHASE....33
PREMPRO....33
prenatal oral tablet 27-1 mg....28
prenatal plus....28
prenatal plus vitamin/mineral....28
prevalite....19
PREVIDENT 5000 BOOSTER PLUS....21
PREVIDENT 5000 DRY MOUTH....21
PREVIDENT 5000 ENAMEL PROTECT....28
PREVIDENT 5000 KIDS....21
PREVIDENT 5000 ORTHO DEFENSE....21
PREVIDENT 5000 PLUS....21
PREVIDENT 5000 SENSITIVE....28
PREVIDENT DENTAL....21
PREVNAR 20....36
PREVYMIS ORAL TABLET....17
PREZCOBIX....17
primidone oral....13
PRIORIX....36
probenecid....14
PROCHAMBER VHC....40
prochlorperazine maleate oral....14
procto-med hc....37
PROCTOFOAM HC....37
PROCTOSOL HC....37
PROCTOZONE-HC....37
progesterone intramuscular....33
progesterone oral....33
progesterone vaginal....36
PROGRAF ORAL CAPSULE....35
promethazine hcl oral....14
promethazine hcl rectal....14
promethazine-codeine....39
promethazine-dm....39
PROMETHEGAN....14
propafenone hcl....19
propafenone hcl er....19
propranolol hcl er....19
propranolol hcl oral....19
propylthiouracil oral....34
PROVERA....30, 33
prucalopride succinate....29
pseudoephedrine-bromphen-dm 39
PULMOSAL....39
PULMOZYME....40
PYLERA....28
PYRIDIUM....30
pyridostigmine bromide oral tablet 60 mg....15

## Q

qc aspirin low dose....9
qc childrens aspirin....9
qc nicotine transdermal system....10
QUESTRAN....19
QUESTRAN LIGHT....19
quetiapine fumarate....16
quetiapine fumarate er....16
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG....28
QULIPTA....14
QVAR REDIHALER....40

## R

ra aspirin adult low dose oral tablet chewable 81 mg....9
ra aspirin adult low strength oral tablet chewable 81 mg....9
ra aspirin childrens oral tablet chewable 81 mg....9
ra aspirin ec adult low st oral tablet delayed release 81 mg....9
ra aspirin ec oral tablet delayed release 81 mg....9
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg....10
ra nicotine mouth/throat gum 4 mg....10
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg....10
ra nicotine transdermal patch 24 hour 21 mg/24hr....10
rabeprazole sodium oral tablet delayed release....28
RADICAVA ORS....21
RADICAVA ORS STARTER KIT....21
RALDESY....13
raloxifene hcl....37
ramelteon....41
ramipril....19
ranolazine er....19
rasagiline mesylate oral....16
RASUVO....35
reclipsen....33
RECOMBINATE....27
RECOMBIVAX HB....36
RECTIV....19
REGLAN....14
RELION GLUCOSE TEST STRIPS....25
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG....34
repaglinide....26
REPATHA....19
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML....19
REPATHA SURECLICK....19
RESTASIS....38
RESTORIL....41
RETACRIT....27
RETEVMO....16
REXTOVY....10
REXULTI....16
REYVOW ORAL TABLET 100 MG, 50 MG....14
REZDIFFRA....29
REZENOPY....10

RHAPSIDO ..... 39
RHOFADE ..... 23
RHOPRESSA ..... 38
rifampin oral ..... 15
RINVOQ ..... 35
RINVOQ LQ ..... 35
risedronate sodium oral tablet ..... 37
risperidone ..... 17
rivaroxaban oral tablet ..... 12
rivastigmine ..... 13
rivastigmine tartrate ..... 13
rivelsa ..... 33
rizatriptan benzoate oral ..... 15
ROCALTROL ORAL CAPSULE ..... 37
ROCKLATAN ..... 38
roflumilast ..... 40
ropinirole hcl ..... 16
rosuvastatin calcium oral ..... 19
rosyrah ..... 33
roweepra ..... 13
ROZLYTREK ..... 16
RUCONEST ..... 35
RYBELSUS ..... 26
RYDAPT ..... 16

## S

sacubitril-valsartan ..... 19
SALAGEN ..... 21
SANTYL ..... 23
saxagliptin hcl ..... 26
saxagliptin-metformin er ..... 26
SCEMBLIX ..... 16
scopolamine ..... 14
selenium sulfide external lotion ..... 23
SEREVENT DISKUS ..... 40
sertraline hcl oral concentrate ..... 13
sertraline hcl oral tablet ..... 13
setlakin ..... 33
sevelamer carbonate oral tablet ..... 30
sf 5000 plus ..... 21
sf gel 1.1% ..... 21
SFROWASA RECTAL ENEMA 4 GM/60ML ..... 37
sharobel ..... 33
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML ..... 36
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg ..... 27
sildenafil citrate oral tablet 20 mg ..... 40
silodosin ..... 30
SILVADENE ..... 11
silver sulfadiazine external ..... 11
simliya ..... 33
simpesse ..... 33
SIMPLERA SYNC SENSOR ..... 25
SIMPONI ..... 35
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg ..... 19
simvastatin oral tablet 80 mg ..... 20
SINEMET ..... 16
SINGULAIR ORAL PACKET ..... 40
sirolimus oral tablet ..... 35
SKYRIZI ..... 35
SKYTROFA ..... 34
SLYND ..... 33
sm aspirin low dose oral tablet chewable 81 mg ..... 9
sm childrens aspirin oral tablet chewable 81 mg ..... 9
sm nicotine mouth/throat gum ..... 10
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg ..... 10
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr ..... 10
sod citrate-citric acid oral solution 500-334 mg/5ml ..... 28
sod fluoride-potassium nitrate ..... 28
sodium chloride inhalation ..... 39
sodium fluoride 5000 enamel ..... 28
sodium fluoride 5000 plus ..... 21
sodium fluoride 5000 ppm ..... 21
sodium fluoride 5000 ppm dental cream 1.1 % ..... 21
sodium fluoride 5000 sensitive ..... 28
sodium fluoride dental ..... 21
sodium fluoride oral solution 1.1 (0.5 f) mg/ml ..... 28
sodium fluoride oral tablet chewable ..... 28
sodium oxybate solution 500 mg/ml oral ..... 41
sodium sulfacetamide wash ..... 23
SOFOSBUVIR-VELPATASVIR ..... 17
SOGROYA ..... 34
solifenacin succinate ..... 30
SOLIQUA ..... 26
SOOLANTRA ..... 23
sotalol hcl oral ..... 20
SPIKEVAX ..... 36
SPIKEVAX 6M-11Y ..... 36
SPIRIVA HANDIHALER ..... 40
SPIRIVA RESPIMAT ..... 40
spironolactone oral tablet ..... 20
spironolactone-hctz ..... 20
SPORANOX ..... 14
SPRAVATO ..... 14
sprintec 28 ..... 33
sronyx ..... 33
ssd ..... 11
STARJEMZA SUBCUTANEOUS ..... 23
STEQEYMA SUBCUTANEOUS SOLUTION ..... 23
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ..... 23
STIOLTO RESPIMAT ..... 40
STIVARGA ..... 16
STRENSIQ ..... 29
STRIVERDI RESPIMAT ..... 40
STROMECTOL ..... 16
subvenite oral tablet ..... 13
SUCRAID ..... 29
sucralfate oral ..... 28
SUFLAVE ..... 29

sulfacetamide sod-sulfur wash external liquid 9-4 % ..... 23
sulfacetamide sodium (acne) ..... 23
sulfacetamide sodium external ..... 23
sulfacetamide sodium ophthalmic ..... 38
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % ..... 23
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml ..... 11
sulfamethoxazole-trimethoprim oral tablet ..... 11
sulfasalazine oral ..... 37
sulfatrim pediatric ..... 11
sulindac oral ..... 9
sumatriptan nasal ..... 15
sumatriptan succinate oral ..... 15
sumatriptan succinate subcutaneous solution auto-injector ..... 15
SUNOSI ..... 41
SUPREP BOWEL PREP KIT ..... 29
SUTAB ..... 29
syeda ..... 33
SYMBICORT ..... 40
SYMFI ..... 17
SYMFI LO ORAL TABLET 400-300-300 MG ..... 17
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ..... 26
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ..... 26
SYMPAZAN ..... 13
SYMPROIC ..... 29
SYNJARDY ..... 26
SYNJARDY XR ..... 26

## T

TABRECTA ..... 16
tacrolimus external ..... 23
tacrolimus oral ..... 35
tadalafil (pah) ..... 40
tadalafil oral ..... 27
TADLIQ ..... 40
tafluprost (pf) ..... 38
TAGRISSO ..... 16
TAKHZYRO ..... 35
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ..... 35
tamoxifen citrate oral tablet 10 mg ..... 16
tamoxifen citrate oral tablet 20 mg ..... 16
tamsulosin hcl ..... 30
TANLOR ..... 41
tapentadol hcl ..... 8
tarina 24 fe ..... 33
tarina fe 1/20 eq ..... 33
tazarotene external cream ..... 23
TAZORAC EXTERNAL CREAM ..... 23
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML ..... 35
TECHLITE INSULIN SYRINGES (Arkray) ..... 25
TECHLITE PEN NEEDLES (Arkay) ..... 25
TEGLUTIK ..... 21
TEGRETOL ORAL TABLET ..... 13
TEGRETOL-XR ..... 13
TEKTURNA ..... 20
telmisartan ..... 20
telmisartan-hctz ..... 20
temazepam ..... 41
temozolomide ..... 16
TENCON ..... 8
TENIVAC ..... 35
tenofovir disoproxil fumarate ..... 17
TEPMETKO ..... 16
terazosin hcl ..... 30
terbinafine hcl oral ..... 14
terconazole ..... 14
teriflunomide ..... 21
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS ..... 37
TESTIM ..... 34
testosterone cypionate intramuscular ..... 34
testosterone enanthate intramuscular ..... 34
testosterone gel 20.25 mg/act (1.62%) transdermal ..... 34
testosterone transdermal gel 1.62 % ..... 34
tetracycline hcl oral capsule ..... 11
TEZRULY ..... 30
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR ..... 40
THRIVE ..... 10
thyroid oral ..... 34
tiadylt er ..... 20
TIAZAC ..... 20
ticagrelor ..... 16
TIGLUTIK ..... 21
TIKOSYN ..... 20
tilia fe ..... 33
timolol maleate (once-daily) ..... 38
timolol maleate ocudose ..... 38
timolol maleate ophthalmic ..... 38
timolol maleate pf ..... 38
TIMOPTIC OCUDOSE ..... 38
tinidazole oral ..... 11
TIROSINT-SOL ..... 34
TIVICAY ..... 17
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg ..... 41
tizanidine hcl oral tablet ..... 41
TOBI PODHALER ..... 40
TOBRADEX ..... 38
tobramycin ophthalmic ..... 38
tobramycin-dexamethasone ..... 38
tofacitinib citrate er ..... 35
tofacitinib citrate oral tablet ..... 35
tolterodine tartrate ..... 30

tolvaptan oral tablet therapy pack....28
TOPAMAX....13
TOPAMAX SPRINKLE....13
TOPICORT....23
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %....23
topiramate oral capsule sprinkle ..13
topiramate oral tablet ....13
torpenz ....16
torsemide .... 20
TOUJEO MAX SOLOSTAR....26
TOUJEO SOLOSTAR....26
TRADJENTA ....26
tramadol hcl (er biphasic) oral tablet extended release 24 hour ...8
tramadol hcl er tablet extended release 24 hour 100 mg oral ....8
tramadol hcl er tablet extended release 24 hour 200 mg oral ....8
tramadol hcl er tablet extended release 24 hour 300 mg oral ....8
tramadol hcl oral tablet 50 mg ....8
tramadol-acetaminophen ....8
trandolapril .... 20
tranexamic acid oral ....27
travoprost (bak free)....38
trazodone hcl oral....14
TRELEGY ELLIPTA.... 40
TREMFYA ....23
tretinoin external cream....23
TREXALL....35
TREZIX....8
tri-estarylla ....33
tri-legest fe....33
tri-linyah ....33
tri-lo-estarylla....33
tri-lo-marzia....33
tri-lo-mili....33
tri-lo-sprintec ....33
tri-mili....33
tri-sprintec ....33
tri-vite/fluoride....28
tri-vylibra ....33
tri-vylibra lo....33
triamcinolone acetonide external cream 0.025 %, 0.1 % ....23
triamcinolone acetonide external cream 0.5 %....23
triamcinolone acetonide external lotion....23
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % ....23
triamcinolone acetonide mouth/throat ....21
triamterene-hctz.... 20
triazolam....17
TRICARE ORAL TABLET....28
triderm....23
trihexyphenidyl hcl oral tablet....16
TRIJARDY XR ....26
TRIKAFTA ORAL TABLET THERAPY PACK.... 40
TRILEPTAL....13
trimethoprim oral ....11
TRINATAL RX 1 ....28
TRINATE ....28
TRINTELLIX ....14
TRIUMEQ ....17
trivora (28)....33
trospium chloride .... 30
TRULICITY ....26
TRUQAP ....16
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG....17
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML .... 20
TRYPTYR....38
turqoz....33
TWIIST REFILL KIT ....25
TWIIST REFILL KIT/INFUSION SET....25
TWIIST STARTER KIT....25
TWINRIX.... 36
TYBLUME....33
tydemy....33
TYMLOS ....37
TYRVAYA....38
TYVASO.... 40

## U

UBRELVY ....15
UCERIS ORAL ....37
UDENYCA....27
unithroid.... 34
urea external cream 20 %, 40 %, 45 %....24
UREMEZ-40 EXTERNAL CREAM 40 %....24
UROCIT-K 10 ....28
UROCIT-K 15....28
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) ....28
ursodiol oral capsule 300 mg....29
ursodiol oral tablet....29

## V

valacyclovir hcl oral tablet 1 gm ...17
valacyclovir hcl oral tablet 500 mg ....17
valganciclovir hcl oral tablet....17
valproic acid oral capsule ....13
valproic acid oral solution 250 mg/5ml....13
valsartan oral solution .... 20
valsartan oral tablet.... 20
valsartan-hydrochlorothiazide ... 20
VALTOCO 10 MG DOSE ....13
VALTOCO 15 MG DOSE ....13
VALTOCO 20 MG DOSE ....13
VALTOCO 5 MG DOSE....13
valtya 1/35....33
valtya 1/50....33
VANCOCIN ....12

vancomycin hcl oral capsule....12
VANDAZOLE....12
VANRAFIA....30
VAQTA INTRAMUSCULAR SUSPENSION....35, 36
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE....36
vardenafil hcl oral tablet....27
varenicline tartrate....10
VARIVAX....36
velivet....33
VELPHORO....30
VELTASSA....28
VENCLEXTA....16
venlafaxine hcl....14
venlafaxine hcl er oral capsule extended release 24 hour....14
VEOZAH....21
verapamil hcl er....20
verapamil hcl oral....20
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG....20
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG....20
VERISAFE SAFETY STERILE NEEDLE....25
VERKAZIA....38
VERQUVO....20
VERZENIO....16
vestura....33
VFEND ORAL TABLET 50 MG....14
VIBERZI....29
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML....12
vienva....33
vilazodone hcl....14
VIMPAT ORAL....13
viorele....33
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG....17
VITAFOL FE+....28
VITAFOL ULTRA....28
VITAFOL-OB....28
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit....28
VITATHELY WITH GINGER....28
VITRAKVI....16
VIVJOA....14
volnea....33
VOQUEZNA....28
VOQUEZNA DUAL PAK....28
VOQUEZNA TRIPLE PAK....28
voriconazole oral tablet....14
VORTEX HOLD CHMBR/MASK/CHILD DEVICE....40
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE....40
VORTEX VALVE CHAMBER-PEDI MASK....40
VORTEX VALVED HOLDING CHAMBER....40
VOSEVI....17
VOYDEYA....27
VOYXACT....30
VRAYLAR....17
VTAMA....24
vyfemla....33
VYLEESI....27
vylibra....33
VYNDAMAX....29
VYNDAQEL ORAL CAPSULE 20 MG....20
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE....35

## W

WAKIX....41
warfarin sodium oral....12
wera....33
WEZLANA SUBCUTANEOUS....24
WILATE....27
wixela inhub....40

## X

XACIATO....12
xarah fe....33
XARELTO....12
XCOPRI....13
XDEMVY....38
XEPI....12
XIFAXAN....12
XIIDRA....38
XOFLUZA (40 MG DOSE)....17
XOFLUZA (80 MG DOSE)....17
XOLAIR....35
XOPENEX HFA....40
XTAMPZA ER....8
XTANDI....16
xulane....33
XYWAV....41

## Y

YASMIN 28....33
YAZ....33
YESINTEK....35
YORVIPATH....37
yulithira....16
YUPELRI....40
YUTREPIA....40
yuvafem....33
YUVIWEL....29

## Z

zafemy....33
zafirlukast....40
zaleplon....41
ZARONTIN....13
ZARXIO....27
ZAVZPRET....15

ZEJULA....16
ZELBORAF....16
ZELSUVMI....24
zenatane....24
ZENPEP....29
ZEPOSIA....21
ZILXI....24
ZIOPTAN....38
ziprasidone hcl....17
ZITHROMAX....12
zolmitriptan oral....15
zolpidem tartrate er....41
zolpidem tartrate oral tablet....41
ZOMIG NASAL SOLUTION 2.5 MG....15
ZOMIG NASAL SOLUTION 5 MG....15
ZONEGRAN....13
zonisamide oral....13
ZORYVE....24
zovia 1/35 (28)....33
ZTLIDO....8
ZUBSOLV....10
zumandimine....33
ZURZUVAE....14
ZYLET....38

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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.

**ધ્યાન આપો:** 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 કૉલ 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.

**ATENSION**: 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、拡大文字など他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ア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**: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

**توجه**: اگر په ژبان **فارسی (Persian-Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ پزرگ، در دسترس شما هستند. پا شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس پگیرید.

**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 ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ 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** หากคุณ**พูดภาษาไทย (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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