



# Your 2021 Prescription Drug List

## Access 3-Tier

Effective September 1, 2021



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

You and your doctor can consult 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. 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 member phone number on your health plan ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

## When does the PDL change?

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

## Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). There are also some instances where the same product can be made by two or more manufacturers, 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 the member website listed on your 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?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. 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, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets 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 York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

## About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.



# Medication tips

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

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

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

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent 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 benefit plans, if a brand-name drug is prescribed and a generic equal is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

## What if I am taking a specialty medication?

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

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 ID card to talk with a pharmacist about finding lower-cost options.

## Over-the-counter (OTC) medications

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

# Reading your PDL

The PDL gives you choices so you and your doctor can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

## Tier information

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

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

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

## Drug list information

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

<b>E</b>	<b>May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> <sup>3</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> <sup>4</sup> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Plan.

- **Medications for sexual dysfunction**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

## Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	QL
CONZIP	3	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, QL
DURAGESIC-12	E	PA, QL
DURAGESIC-25	E	PA, QL
DURAGESIC-50	E	PA, QL
DURAGESIC-75	E	PA, QL
endocet	1	
ESGIC	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	

Drug Name	Drug Tier	Requirements & Limits
morphine sulfate er oral capsule extended release 24 hour	1	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	
premium lidocaine	1	QL
PROLATE	E	
QDOLO	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS	E	PA, QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl er (biphasic)	1	(generic for Ryzolt), QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).





Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 100 mg	1	
tramadol hcl oral tablet 50 mg	1	
TREZIX	1	
ULTRAM	E	
VTOL LQ	2	
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
ibuprofen	1	
ibuprofen oral suspension	E	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral capsule	E	QL
meloxicam oral tablet	1	
MOBIC	3	

Drug Name	Drug Tier	Requirements & Limits
nabumetone oral	1	
NAPRELAN	3	
NAPROSYN	E	
naproxen oral	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	3	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST
TIVORBEX	3	
VIVLODEX	E	QL
VOLTAREN	E	
ZIPSOR	3	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	2	PA, H
CHANTIX CONTINUING MONTH PAK	2	PA, H
CHANTIX STARTING MONTH PAK	2	PA, H
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	PA, QL
ZUBSOLV	1	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML	E	
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	
CENTANY AT	3	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	
DIFICID	3	QL
DORYX MPC	3	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
DORYX ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements & Limits
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral	1	
FLAGYL	3	
KEFLEX	3	
levofloxacin oral	1	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
minocycline hcl er oral tablet extended release 24 hour	E	
minocycline hcl oral	1	
MINOLIRA	E	
mondoxyne nl	1	
morgidox oral	1	
mupirocin calcium	1	
mupirocin external	1	
NUZYRA ORAL	3	
penicillin v potassium	1	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
jantoven	1	

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Drug Name	Drug Tier	Requirements & Limits
LOVENOX	E	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	2	
diazepam rectal	1	
divalproex sodium er	1	
divalproex sodium oral	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	ST
KEPPRA XR	3	ST
LAMICTAL	3	ST
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	ST
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	ST
LAMICTAL STARTER	3	ST
LAMICTAL XR	3	ST
lamotrigine er	1	ST
lamotrigine oral kit	1	ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	ST
lamotrigine starter kit-blue	1	

Drug Name	Drug Tier	Requirements & Limits
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	PA
NEURONTIN	3	ST
oxcarbazepine	1	
OXTELLAR XR	E	ST
QUDEXY XR	3	ST
roweepra	1	
SPRITAM	3	ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	ST
TOPAMAX SPRINKLE	3	ST
topiramate er	1	ST
topiramate oral	1	
TRILEPTAL	3	ST
TROKENDI XR	E	ST
VALTOCO	3	PA
VIMPAT ORAL	2	PA
XCOPRI	3	PA
ZONEGRAN	3	ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT ORAL TABLET	E	
donepezil hcl	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	1	
EFFEXOR XR	E	
escitalopram oxalate	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	3	

Drug Name	Drug Tier	Requirements & Limits
REMERON SOLTAB	3	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	QL
VIIBRYD	2	QL
VIIBRYD STARTER PACK	2	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	2	
DICLEGIS	E	
doxylamine-pyridoxine	1	
GIMOTI	E	
metoclopramide hcl oral	1	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM SCOP (1.5 MG)	E	
ZOFRAN	E	
ZUPLENZ	3	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements & Limits
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	3	
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external	1	
ketodan external foam	1	
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	1	QL
GLOPERBA	3	
MITIGARE	2	
ULORIC	E	QL
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, QL
AMERGE	E	
eletriptan hydrobromide	1	
EMGALITY	2	PA, QL
EMGALITY (300 MG DOSE)	2	PA, QL
IMITREX ORAL	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
IMITREX SUBCUTANEOUS	E	
MAXALT	E	
MAXALT-MLT	E	

Drug Name	Drug Tier	Requirements & Limits
naratriptan hcl	1	
ONZETRA XSAIL	3	
RELPAX	E	
REYVOW	2	PA
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill	1	
sumatriptan succinate subcutaneous	1	
UBRELVY	2	PA, ST
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL	E	
zolmitriptan oral	1	
ZOMIG NASAL	1	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
PURIXAN	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
REVLIMID	2	PA, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	3	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
ZEJULA	2	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	QL
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
APOKYN	2	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
KYNMOBI TITRATION KIT	3	PA, SP
MIRAPEX	3	
MIRAPEX ER	E	
NOURIANZ	3	QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	E	
SINEMET	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	2	QL
olanzapine oral	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	1	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	E	QL
efavirenz-lamivudine-tenofovir	1	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL

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Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	1	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	

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Drug Name	Drug Tier	Requirements & Limits
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
ALTOPREV	3	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	3	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	

Drug Name	Drug Tier	Requirements & Limits
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	E	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral	1	
EPANED	3	
EXFORGE	E	
EZALLOR SPRINKLE	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	3	
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KASPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
minitran	1	
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL	2	QL
NEXLIZET	2	QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	1	
niacor	E	

Drug Name	Drug Tier	Requirements & Limits
NIASPAN	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITROLINGUAL	E	
NITROMIST	3	
NITROSTAT	3	
NITRO-TIME	3	
NORVASC	E	
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	
PRALUENT	E	PA, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA	3	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA

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Drug Name	Drug Tier	Requirements & Limits
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	3	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VYTORIN	E	
WELCHOL	1	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	3	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	3	QL

Drug Name	Drug Tier	Requirements & Limits
atomoxetine hcl	1	QL
CONCERTA	1	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate	1	
dextroamphetamine sulfate er	1	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	QL
INTUNIV	E	QL
JORNAY PM	3	QL
METHYLIN	3	
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	1	
MYDAYIS	2	QL
PROCENTRA	3	
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
relexxii	E	QL
RITALIN	3	
RITALIN LA	E	QL
STRATTERA	E	QL

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Drug Name	Drug Tier	Requirements & Limits
VYVANSE	2	QL
ZENZEDI	E	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	3	PA, ST, QL, SP
REBIF REBIDOSE	3	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	3	PA, ST, QL, SP
REBIF TITRATION PACK	3	PA, ST, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA	3	QL
LYRICA CR	2	QL
NUEDEXTA	2	PA
pregabalin oral	1	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	
accutane	1	
ACZONE	2	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	
ALTRENO	3	PA
amneesteem	1	

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Drug Name	Drug Tier	Requirements & Limits
AMZEEQ	3	
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	E	
calcitriol external	1	
CAPEX	2	
CARAC	2	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external	1	
CLOBEX	E	

Drug Name	Drug Tier	Requirements & Limits
CLOBEX SPRAY	E	
clodan external shampoo	1	
clotrimazole-betamethasone	1	
dapsone external gel 5 %	E	
DAPSONE EXTERNAL GEL 7.5 %	3	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
DESONATE	3	
desonide external	1	
DESOWEN	3	
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
EVOCLIN	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	
imiquimod external cream 5 %	1	
IMIQUIMOD PUMP	E	
IMPEKLO	E	
IMPOYZ	3	
isotretinoin oral	1	

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Drug Name	Drug Tier	Requirements & Limits
KENALOG EXTERNAL	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	3	PA
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	QL
NORITATE	E	
OLUX	E	
PICATO	3	
PLEXION	3	
PLEXION CLEANSER	3	
PLEXION CLEANSING CLOTH	3	
RETIN-A	E	PA
RHOFADE	3	PA
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	3	
SOOLANTRA	3	
sss 10-5	1	
sulfacetamide sodium-sulfur	1	
sulfacetamide sod-sulfur wash external liquid	1	
SULFACLEANSE 8/4	3	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	3	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	
TAZORAC EXTERNAL CREAM	3	PA
TAZORAC EXTERNAL GEL 0.05 %	2	PA
TAZORAC EXTERNAL GEL 0.1 %	3	PA
TEMOVATE	3	
TEXACORT	2	

Drug Name	Drug Tier	Requirements & Limits
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
TRIANEX	E	
triderm	1	
TRIDESILON	1	
VANOS	E	
VECTICAL	E	
VERDESO	3	
WYNZORA	E	
zenatane	1	
ZILXI	3	PA, ST
ZYCLARA	E	
ZYCLARA PUMP	E	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
accu-chek guide kit w/device	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTXLIX LANCETS	1	
bd autosield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	

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Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
INSULIN PEN NEEDLES	2	
INSULIN SYRINGES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA	1	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT	1	
ONETOUCH VERIO TEST STRIPS	1	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Insulin</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
AFREZZA	3	
BASAGLAR KWIKPEN	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN ASPART PENFILL	E	ST
INSULIN LISPRO	E	
INSULIN LISPRO (1 UNIT DIAL)	E	
INSULIN LISPRO JUNIOR KWIKPEN	E	
INSULIN LISPRO PROT & LISPRO	E	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	

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Drug Name	Drug Tier	Requirements & Limits
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG PENFILL	E	ST
NOVOLOG U-100 VIAL	E	
SEMGLEE	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	3	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg (Eli Lilly)	1	

Drug Name	Drug Tier	Requirements & Limits
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG (Fresenius)	2	
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl ir	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL

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Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
ZARXIO	2	SP
ZIEXTENZO	3	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	2	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	3	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	2	QL
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	1	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	1	
PROTONIX ORAL PACKET	3	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ANASPAZ	2	
CLENPIQ	2	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	H

Drug Name	Drug Tier	Requirements & Limits
GOLYTELY	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	
MOTTEGRITY	3	PA, QL
MOVIPREP	2	
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
SYMAX DUOTAB	3	
SYMAX-SL	3	
SYMAX-SR	3	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250	3	
URSO FORTE	3	
ursodiol oral	1	
VIBERZI	3	QL
XIFAXAN ORAL TABLET 200 MG	3	
XIFAXAN ORAL TABLET 550 MG	3	QL
ZELNORM	3	PA, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
clovique	3	PA, SP
CREON	2	

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Drug Name	Drug Tier	Requirements & Limits
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	QL
nitisinone	1	PA, SP
NITYR	E	PA, SP
ORFADIN CAPSULES	1	PA, SP
ORFADIN SUSPENSION	2	PA, SP
PANCREAZE	3	ST
penicillamine oral	1	SP
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	1	PA, SP
VIOKACE	3	ST
ZENPEP	2	

#### Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	2	
VELPHORO	2	

#### Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
amethia lo	1	H
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
bekyree	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cryselle-28	1	H
cyklaferm 1/35	1	H

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Drug Name	Drug Tier	Requirements & Limits
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol	1	H
DIVIGEL	2	
dotti	E	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elimest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	E	
ESTRACE VAGINAL	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	1	
femynor	1	H
gemmily	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
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
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

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Drug Name	Drug Tier	Requirements & Limits
kalliga	1	H
kariva	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutura	1	H
lyleq	1	H
lyllana	E	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	1	
MENOSTAR	3	QL

Drug Name	Drug Tier	Requirements & Limits
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	QL
MIRCETTE	3	
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	1	H
orsythia	1	H
ORTHO MICRONOR	3	
philith	1	H
pimtrea	1	H

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Drug Name	Drug Tier	Requirements & Limits
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
previfem	1	H
progesterone micronized oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	1	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	3	
tri femynor	1	H
tri-estarylla	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-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H

Drug Name	Drug Tier	Requirements & Limits
tulana	1	H
tyblume	1	H
tydemy	1	
VAGIFEM	E	
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	1	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zarah	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	E	
CORTEF	3	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	

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Drug Name	Drug Tier	Requirements & Limits
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
DDAVP	E	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	3	QL
ORILISSA	3	QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	QL
ANDROGEL	E	QL
ANDROGEL PUMP	E	QL

Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	
testosterone transdermal	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG	2	
NATURE-THROID TABLET 65 MG ORAL	3	
NATURE-THROID TABLET 65 MG ORAL	2	
NATURE-THROID TABLET 97.5 MG ORAL	3	
NATURE-THROID TABLET 97.5 MG ORAL	2	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	

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Drug Name	Drug Tier	Requirements & Limits
THYQUIDITY	E	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	ST, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUS XR	E	
FIRAZYR	1	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TREXALL	2	
XELJANZ ORAL SOLUTION	2	PA, ST, SP
XELJANZ ORAL TABLET	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, ST, QL
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	1	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(Organon/Merck), QL, SP
novarel intramuscular solution reconstituted 10000 unit	1	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	E	SP
OVIDREL	3	SP
pregnyl	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	1	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	

Drug Name	Drug Tier	Requirements & Limits
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	3	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	3	QL
BONIVA ORAL	3	
calcitriol oral	1	
FOSAMAX	3	
ibandronate sodium oral	1	
RAYALDEE	E	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA
TYMLOS	3	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	

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Drug Name	Drug Tier	Requirements & Limits
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	E	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
VIGAMOX	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	3	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brinzolamide	1	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	
travoprost (bak free)	1	

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Drug Name	Drug Tier	Requirements & Limits
VYZULTA	3	ST
XALATAN	E	
XELPROS	3	

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA
FLAREX	2	
RESTASIS	2	PA
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	PA, QL
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	3	PA
XIIDRA	2	PA

#### Otic Agents - Drugs for Ear Conditions

CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

#### Respiratory - Drugs for Anaphylaxis

AUVI-Q	E	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	E	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	
benzonatate	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polst er susp	1	PA
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	3	
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	
XHANCE	E	
ZETONNA	3	

#### Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA)
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL

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Drug Name	Drug Tier	Requirements & Limits
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL, RS
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFORMIST	3	QL
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL

Drug Name	Drug Tier	Requirements & Limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
wixela inhub	E	QL
XOPENEX HFA	3	
YUPELRI	3	QL

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

BETHKIS	E	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

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

ADEMPAS	2	PA, QL, SP
bosentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	
ROBAXIN-750	3	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	QL
DAYVIGO	3	QL
EDLUAR	3	QL
eszopiclone	1	QL
LUNESTA	E	QL
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate	1	QL
zolpidem tartrate er	1	QL
ZOLPIMIST	3	QL

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ADHANSIA XR . . . . .	18	alprazolam intensol . . . . .	15	ANALPRAM-HC EXTERNAL LOTION . . . . .	32
ADLYXIN . . . . .	23	alprazolam oral . . . . .	15	ANASPAZ . . . . .	25
ADLYXIN STARTER PACK . . . . .	23			anastrozole oral . . . . .	13
ADMELOG . . . . .	22			ANDRODERM . . . . .	30
ADMELOG SOLOSTAR . . . . .	22			ANDROGEL . . . . .	30
ADRENACLICK . . . . .	34			ANDROGEL PUMP . . . . .	30
ADVAIR DISKUS . . . . .	34			ANORO ELLIPTA . . . . .	34





BRILINTA . . . . .	14	carbamazepine oral . . . . .	11	CILOXAN OPHTHALMIC SOLUTION . . . . .	33
brimonidine tartrate ophthalmic. . . . .	33	CARBATROL . . . . .	11	CIMDUO . . . . .	14
brinzolamide . . . . .	33	carbidopa-levodopa . . . . .	14	CIMZIA PREFILLED KIT . . . . .	31
budesonide er . . . . .	32	carbidopa-levodopa er . . . . .	14	CIMZIA STARTER KIT . . . . .	31
budesonide inhalation. . . . .	35	CARDIZEM . . . . .	16	CIPRO ORAL TABLET . . . . .	10
budesonide oral. . . . .	32	CARDIZEM CD . . . . .	16	CIPRODEX . . . . .	34
BUDESONIDE-FORMOTEROL FUMARATE . . . . .	35	CARDIZEM LA . . . . .	16	ciprofloxacin hcl ophthalmic . . . . .	33
BUNAVAIL . . . . .	9	CARDURA . . . . .	16	ciprofloxacin hcl oral. . . . .	10
buprenorphine hcl sublingual . . . . .	9	carisoprodol oral . . . . .	36	ciprofloxacin-dexamethasone . . . . .	34
buprenorphine hcl-naloxone hcl . . . . .	9	CAROSPIR . . . . .	16	citalopram hydrobromide . . . . .	12
bupropion hcl er (sr) . . . . .	11	cartia xt. . . . .	16	claravis . . . . .	20
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	11	carvedilol . . . . .	16	clarithromycin er . . . . .	10
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	12	CATAFLAM . . . . .	9	clarithromycin oral. . . . .	10
bupropion hcl oral. . . . .	12	cavarest . . . . .	19	CLENPIQ . . . . .	25
buspirone hcl oral . . . . .	15	cefadroxil . . . . .	10	CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	10
butalbital-apap-caffeine . . . . .	8	cefdinir . . . . .	10	CLEOCIN ORAL CAPSULE 75 MG . . . . .	10
BYDUREON BCISE AUTOINJECTOR . . . . .	23	cefuroxime axetil . . . . .	10	CLEOCIN-T . . . . .	20
BYETTA 10 MCG PEN. . . . .	23	CELEBREX. . . . .	9	CLIMARA . . . . .	26, 27
BYETTA 5 MCG PEN. . . . .	23	celecoxib oral. . . . .	9	CLIMARA PRO . . . . .	26
BYSTOLIC . . . . .	16	CELEXA . . . . .	12	clindacin etz external swab . . . . .	20
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cabergoline . . . . .	30	CELLCEPT . . . . .	31	clindacin-p . . . . .	20
CALAN SR . . . . .	16	CENTANY . . . . .	10	CLINDAGEL . . . . .	20
calcipotriene-betameth diprop external ointment. . . . .	20	CENTANY AT . . . . .	10	clindamycin hcl oral . . . . .	10
calcipotriene-betameth diprop external suspension . . . . .	20	cephalexin . . . . .	10	clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	20
calcitriol external . . . . .	20	CEQUA . . . . .	34	clindamycin phosphate external foam . . . . .	20
calcitriol oral. . . . .	32	CERDELGA . . . . .	25	clindamycin phosphate external lotion . . . . .	20
CALQUENCE . . . . .	13	CHANTIX . . . . .	9	clindamycin phosphate external solution. . . . .	20
camila . . . . .	26	CHANTIX CONTINUING MONTH PAK . . . . .	9	clindamycin phosphate external swab . . . . .	20
camrese . . . . .	26	CHANTIX STARTING MONTH PAK . . . . .	9	CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL . . . . .	20
camrese lo . . . . .	26	charlotte 24 fe . . . . .	26	CLINDESSE . . . . .	10
CANASA . . . . .	32	chateal . . . . .	26	CLINPRO 5000 . . . . .	19
capecitabine . . . . .	13	chateal eq. . . . .	26	clobetasol propionate external . . . . .	20
CAPEX . . . . .	20	chlorhexidine gluconate mouth/throat . . . . .	19	CLOBEX . . . . .	20
CARAC . . . . .	20	chlorthalidone . . . . .	16	CLOBEX SPRAY . . . . .	20
CARAFATE . . . . .	25	chorionic gonadotropin intramuscular . . . . .	32	clodan external shampoo. . . . .	20
carbamazepine er . . . . .	11	CIALIS . . . . .	24	clonazepam oral . . . . .	15
		ciclodan . . . . .	12	clonidine hcl oral . . . . .	16
		ciclopirox external . . . . .	12	clopidogrel bisulfate oral . . . . .	14
		ciclopirox treatment . . . . .	12		
		CILOXAN OPHTHALMIC OINTMENT . . . . .	33		







diphenoxylate-atropine . . . . .	25	DURAGESIC-25 . . . . .	8	ENDOMETRIN . . . . .	32	
DIPROLENE . . . . .	20	DURAGESIC-50 . . . . .	8	enoxaparin sodium . . . . .	10	
DIPROLENE AF . . . . .	20	DURAGESIC-75 . . . . .	8	enskyce . . . . .	27	
DITROPAN XL . . . . .	26	DXEVO 11-DAY . . . . .	29	ENSTILAR . . . . .	20	
divalproex sodium er . . . . .	11			entecavir . . . . .	15	
divalproex sodium oral . . . . .	11	<b>E</b>			ENTOCORT EC . . . . .	32
DIVIGEL . . . . .	27	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG . . . . .	9	ENVARUSUS XR . . . . .	31	
donepezil hcl . . . . .	11	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG . . . . .	9	EPANED . . . . .	16	
DORYX MPC . . . . .	10	ec-naproxen . . . . .	9	EPCLUSA ORAL TABLET 200-50 MG . . . . .	15	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG . . . . .	10	ED-SPAZ . . . . .	25	EPCLUSA ORAL TABLET 400-100 MG . . . . .	15	
DORYX ORAL TABLET DELAYED RELEASE 80 MG . . . . .	10	EDARBI . . . . .	16	epinephrine injection solution auto- injector 0.15 mg/0.15ml . . . . .	34	
dorzolamide hcl-timolol mal . . . . .	33	EDARBYCLOR . . . . .	16	epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	34	
dorzolamide hcl-timolol mal pf . . . . .	33	EDLUAR . . . . .	36	epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	34	
dotti . . . . .	27	efavirenz-emtricitab-tenofovir . . . . .	14	EPIPEN . . . . .	34	
DOVATO . . . . .	14	efavirenz-lamivudine-tenofovir . . . . .	14	EPIPEN 2-PAK . . . . .	34	
doxazosin mesylate oral . . . . .	16	EFFEXOR XR . . . . .	12	EPIPEN JR 2-PAK . . . . .	34	
doxepin hcl oral capsule . . . . .	12	EFUDEX . . . . .	20	EPIPEN-SINGLE PACK . . . . .	34	
doxepin hcl oral concentrate . . . . .	12	ELESTRIN . . . . .	27	epitol . . . . .	11	
doxycycline hyclate oral capsule . . . . .	10	eletriptan hydrobromide . . . . .	13	ERGOCAL . . . . .	24	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg . . . . .	10	ELIMITE . . . . .	14	ergocalciferol oral capsule . . . . .	24	
doxycycline hyclate oral tablet 50 mg . . . . .	10	elinest . . . . .	27	ERIVEDGE . . . . .	13	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg . . . . .	10	ELIQUIS . . . . .	10	ERLEADA . . . . .	13	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG . . . . .	10	ELIQUIS DVT/PE STARTER PACK . . . . .	10	errin . . . . .	27	
doxycycline monohydrate oral . . . . .	10	ELOCTATE . . . . .	24	erythromycin ophthalmic . . . . .	33	
doxylamine-pyridoxine . . . . .	12	eluryng . . . . .	27	escitalopram oxalate . . . . .	12	
DRISDOL . . . . .	24	EMGALITY . . . . .	13	ESGIC . . . . .	8	
DRIZALMA SPRINKLE . . . . .	12	EMGALITY (300 MG DOSE) . . . . .	13	estarylla . . . . .	27	
drosipren-eth estrad-levomefol . . . . .	27	emoquette . . . . .	27	ESTRACE ORAL . . . . .	27	
drosiprenone-ethinyl estradiol . . . . .	27	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	14	ESTRACE VAGINAL . . . . .	27	
DUAVEE . . . . .	27	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15	estradiol oral . . . . .	27	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	12	enalapril maleate oral . . . . .	16	estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	27	
duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	12	ENBREL MINI . . . . .	31	estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	27	
DUOPA . . . . .	14	ENBREL SUBCUTANEOUS SOLUTION . . . . .	31	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	27	
DUPIXENT . . . . .	20	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	31	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	27	
DURAGESIC-100 . . . . .	8	ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED . . . . .	31	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	27	
DURAGESIC-12 . . . . .	8	ENBREL SURECLICK . . . . .	31	estradiol transdermal patch weekly . . . . .	27	
		ENDARI . . . . .	26	estradiol vaginal cream . . . . .	27	
		endocet . . . . .	8			



estradiol vaginal tablet . . . . .	27	FLORIVA PLUS . . . . .	24	FREESTYLE LIBRE 2 SENSOR . . . . .	22
ESTRING . . . . .	27	FLOVENT DISKUS. . . . .	35	FREESTYLE LIBRE READER. . . . .	22
ESTROGEL . . . . .	27	FLOVENT HFA . . . . .	35	FREESTYLE LIBRE SENSOR SYSTEM . . . . .	22
eszopiclone . . . . .	36	fluconazole oral . . . . .	13	furosemide oral . . . . .	16
etodolac . . . . .	9	fluocinolone acetonide body . . . . .	20		
etodolac er. . . . .	9	fluocinolone acetonide external. . . . .	20		
etonogestrel-ethinyl estradiol. . . . .	27	fluocinolone acetonide scalp . . . . .	20	<b>G</b>	
EUCRISA . . . . .	20	fluocinonide external. . . . .	20	gabapentin oral capsule . . . . .	11
euthyrox . . . . .	30	FLUORIDEX . . . . .	19	gabapentin oral solution 250 mg/5ml . . . . .	11
EVAMIST . . . . .	27	FLUORIDEX ENHANCED WHITENING . . . . .	19	gabapentin oral tablet. . . . .	11
EVOCLIN . . . . .	20	FLUROPLEX . . . . .	20	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring). . . . .	32
EXFORGE. . . . .	16	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	20	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Organon/Merck) . . . . .	32
EXTAVIA . . . . .	19	fluorouracil external cream 5 % . . . . .	20	gavilyte-c . . . . .	25
EXTINA . . . . .	13	fluorouracil external solution . . . . .	13	gavilyte-g . . . . .	25
EYSUVIS. . . . .	33	fluoxetine hcl oral capsule . . . . .	12	GELNIQUE . . . . .	26
EZALLOR SPRINKLE . . . . .	16	fluoxetine hcl oral capsule delayed release . . . . .	12	gemfibrozil oral . . . . .	16
ezetimibe . . . . .	16	fluoxetine hcl oral solution . . . . .	12	gemmily . . . . .	27
ezetimibe-simvastatin . . . . .	16	fluoxetine hcl oral tablet 10 mg . . . . .	12	gengraf. . . . .	31
		fluoxetine hcl oral tablet 20 mg, 60 mg . . . . .	12	GENOTROPIN . . . . .	30
<b>F</b>		fluticasone propionate nasal . . . . .	34	GENOTROPIN MINIQUICK. . . . .	30
falmina . . . . .	27	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose . . . . .	35	GENVOYA. . . . .	15
FARXIGA . . . . .	23	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	35	GEODON ORAL . . . . .	14
FASENRA PEN. . . . .	35	fluvoxamine maleate . . . . .	12	GILENYA. . . . .	19
fayosim . . . . .	27	fluvoxamine maleate er. . . . .	12	GIMOTI. . . . .	12
febuxostat . . . . .	13	FOCALIN . . . . .	18	glatiramer acetate . . . . .	19
FEMARA. . . . .	13	FOCALIN XR . . . . .	18	glatopa . . . . .	19
femynor. . . . .	27, 29	folic acid oral tablet 1 mg . . . . .	24	GLEEVEC . . . . .	13
fenofibrate oral capsule 150 mg, 50 mg . . . . .	16	FOLLISTIM AQ. . . . .	32	glimepiride . . . . .	23
fenofibrate oral tablet . . . . .	16	FORFIVO XL. . . . .	12	glipizide er . . . . .	23
FENOGLIDE. . . . .	16	FORTAMET . . . . .	23	glipizide ir . . . . .	23
fentanyl. . . . .	8	FORTESTA . . . . .	30	glipizide xl. . . . .	23
FEXMID. . . . .	36	FOSAMAX . . . . .	32	GLOPERBA . . . . .	13
FINACEA EXTERNAL FOAM . . . . .	20	FREESTYLE LIBRE 14 DAY READER. . . . .	22	glucagon emergency kit 1 mg injection 1 mg (Eli Lilly) . . . . .	23
FINACEA EXTERNAL GEL. . . . .	20	FREESTYLE LIBRE 14 DAY SENSOR. . . . .	22	GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG (Fresenius) . . . . .	23
finasteride oral tablet 5 mg. . . . .	26	FREESTYLE LIBRE 2 READER . . . . .	22	GLUCOTROL. . . . .	23
FIORICET . . . . .	8			GLUCOTROL XL . . . . .	23
FIRAZYR . . . . .	31			GLUMETZA . . . . .	23
FIRST-OMEPRAZOLE . . . . .	25			glyburide oral. . . . .	23
FLAGYL . . . . .	10			glyburide-metformin . . . . .	23
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hydrocortisone external lotion 2.5 %.....	20
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ISENTRESS . . . . .	15	ketorolac tromethamine oral . . . . .	9	larin fe 1/20 . . . . .	28
ISENTRESS HD . . . . .	15	KITABIS PAK . . . . .	35	larin fe 1.5/30 . . . . .	28
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JORNAY PM . . . . .	18	labetalol hcl oral . . . . .	17	levo-cetirizine dihydrochloride oral . . . . .	34
juleber . . . . .	27	LAMICTAL . . . . .	11	levofloxacin oral . . . . .	10
JULUCA . . . . .	15	LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG . . . . .	11	levonorgest-eth est & eth est . . . . .	28
junel 1/20 . . . . .	27	LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG . . . . .	11	levonorgest-eth estrad 91-day . . . . .	28
junel 1.5/30 . . . . .	27	LAMICTAL ODT ORAL TABLET DISPERSIBLE . . . . .	11	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	28
junel fe 1/20 . . . . .	27	LAMICTAL STARTER . . . . .	11	levora 0.15/30 (28) . . . . .	28
junel fe 1.5/30 . . . . .	27	LAMICTAL XR . . . . .	11	LEVOTHYROXINE SODIUM ORAL CAPSULE . . . . .	30
junel fe 24 . . . . .	27	lamotrigine er . . . . .	11	levothyroxine sodium oral tablet . . . . .	30
<b>K</b>					
K-TAB . . . . .	24	lamotrigine oral kit . . . . .	11	levoxyll . . . . .	30
kalliga . . . . .	28	lamotrigine oral tablet . . . . .	11	LEVSIN ORAL . . . . .	25
KAPSPARGO SPRINKLE . . . . .	17	lamotrigine oral tablet chewable . . . . .	11	LEVSIN/SL . . . . .	25
kariva . . . . .	28	lamotrigine oral tablet dispersible . . . . .	11	LEXAPRO . . . . .	12
KAZANO . . . . .	23	lamotrigine starter kit-blue . . . . .	11	LIALDA . . . . .	32
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KENALOG EXTERNAL . . . . .	21			lidocaine external patch 5 % . . . . .	8
				lidocaine hcl mouth/throat . . . . .	19
				lidocaine viscous hcl . . . . .	19



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LINZESS . . . . . 25	LUNESTA . . . . . 36	mesalamine rectal suppository . . . . . 32
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lisinopril-hydrochlorothiazide . . . . . 17	LYRICA . . . . . 19	metformin hcl ir . . . . . 23
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LOPID . . . . . 17	MAXITROL . . . . . 33	methylphenidate hcl oral solution . . . . . 18
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LOSEASONIQUE . . . . . 28	medroxyprogesterone acetate oral . . . . . 28	metronidazole external . . . . . 21
LOTEMAX OPHTHALMIC OINTMENT . . . . . 33	melodetta 24 fe . . . . . 28	metronidazole oral . . . . . 10
LOTEMAX OPHTHALMIC SUSPENSION . . . . . 33	meloxicam oral capsule . . . . . 9	metronidazole vaginal . . . . . 10
LOTEMAX SM . . . . . 33	meloxicam oral tablet . . . . . 9	mibelas 24 fe . . . . . 28
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microgestin 1.5/30 . . . . .	28	MULPLETA . . . . .	24	NAYZILAM . . . . .	11
microgestin 24 fe . . . . .	28	MULTAQ . . . . .	17	necon 0.5/35 (28) . . . . .	28
microgestin fe 1/20 . . . . .	28	multi-vitamin/fluoride . . . . .	24	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	33
microgestin fe 1.5/30 . . . . .	28	multivitamin/fluoride oral solution . . . . .	24	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	33
mili . . . . .	28	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg. . . . .	24	neomycin-polymyxin-hc otic . . . . .	34
MILLIPRED . . . . .	29	mupirocin calcium . . . . .	10	NEORAL . . . . .	31
MINASTRIN 24 FE . . . . .	28	mupirocin external . . . . .	10	NESINA . . . . .	23
MINIPRESS . . . . .	17	mycophenolate mofetil oral . . . . .	31	neuac external gel . . . . .	21
minitrans . . . . .	17	mycophenolate sodium . . . . .	31	NEURONTIN . . . . .	11
MINIVELLE . . . . .	27, 28	MYDAYIS . . . . .	18	NEVANAC . . . . .	33
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minocycline hcl er oral tablet extended release 24 hour . . . . .	10	myorisan . . . . .	21	NEXLIZET . . . . .	17
minocycline hcl oral . . . . .	10			niacin (antihyperlipidemic) . . . . .	17
MINOLIRA . . . . .	10	<b>N</b>		niacin er (antihyperlipidemic) . . . . .	17
MIRAPEX . . . . .	14	nabumetone oral . . . . .	9	niacor . . . . .	17
MIRAPEX ER . . . . .	14	nadolol oral . . . . .	17	NIASPAN . . . . .	17
MIRCETTE . . . . .	28	NAFRINSE DAILY/NEUTRAL . . . . .	19	nifedipine er . . . . .	17
mirtazapine oral . . . . .	12	NAFRINSE WEEKLY . . . . .	19	nifedipine er osmotic release . . . . .	17
MIRVASO . . . . .	21	NALOCET . . . . .	8	nifedipine oral . . . . .	17
misoprostol oral . . . . .	25	naloxone hcl injection . . . . .	9	nikki . . . . .	28
MITIGARE . . . . .	13	naltrexone hcl oral . . . . .	9	nitisinone . . . . .	26
MOBIC . . . . .	9	NAPRELAN . . . . .	9	NITRO-BID . . . . .	17
modafinil . . . . .	36	NAPROSYN . . . . .	9	NITRO-DUR . . . . .	17
mometasone furoate external . . . . .	21	naproxen oral . . . . .	9	NITRO-TIME . . . . .	17
mondoxylene nl . . . . .	10	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	9	nitroglycerin sublingual . . . . .	17
mono-linyah . . . . .	28	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9	nitroglycerin transdermal . . . . .	17
montelukast sodium oral . . . . .	35	naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9	nitroglycerin translingual . . . . .	17
morgidox oral . . . . .	10	naratriptan hcl . . . . .	13	NITROLINGUAL . . . . .	17
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml . . . . .	8	NARCAN . . . . .	9	NITROMIST . . . . .	17
morphine sulfate er oral capsule extended release 24 hour . . . . .	8	NASCOBAL . . . . .	24	NITROSTAT . . . . .	17
morphine sulfate er oral tablet extended release . . . . .	8	NATAZIA . . . . .	28	NITYR . . . . .	26
morphine sulfate oral . . . . .	8	NATESTO . . . . .	30	NOCDURNA . . . . .	30
morphine sulfate rectal . . . . .	8	NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG . . . . .	30	nora-be . . . . .	28
MOTEGRITY . . . . .	25	NATURE-THROID TABLET 65 MG ORAL . . . . .	30	NORDITROPIN FLEXPRO . . . . .	30
MOVIPREP . . . . .	25			norethin ace-eth estrad-fe oral capsule . . . . .	28
MOXEZA . . . . .	33			norethin ace-eth estrad-fe oral tablet . . . . .	28
moxifloxacin hcl (2x day) . . . . .	33			norethin ace-eth estrad-fe oral tablet chewable . . . . .	28
moxifloxacin hcl ophthalmic solution . . . . .	33			norethindrone acet-ethinyl est . . . . .	28

norethindrone acetate oral . . . . .	28	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	35	ONETOUCH DELICA PLUS LANCETS . . . . .	22
norethindrone oral . . . . .	28	NUCYNTA . . . . .	8	ONETOUCH ULTRA . . . . .	22
norgestimate-eth estradiol . . . . .	28	NUCYNTA ER . . . . .	8	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	22
norgestimate-ethinyl estradiol triphasic . . . . .	28	NUDEXTA . . . . .	19	ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP . . . . .	22
NORITATE . . . . .	21	NULEV . . . . .	25	ONETOUCH ULTRA MINI KIT W/DEVICE . . . . .	22
norlyda . . . . .	28	NUTROPIN AQ NUSPIN 10 . . . . .	30	ONETOUCH ULTRASOFT LANCETS . . . . .	22
norlyroc . . . . .	28	NUTROPIN AQ NUSPIN 20 . . . . .	30	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE . . . . .	22
nortrel 0.5/35 (28) . . . . .	28	NUTROPIN AQ NUSPIN 5 . . . . .	30	ONETOUCH VERIO IQ SYSTEM . . . . .	22
nortrel 1/35 (21) . . . . .	28	NUVARING . . . . .	28	ONETOUCH VERIO KIT W/DEVICE . . . . .	22
nortrel 1/35 (28) . . . . .	28	NUWIQ . . . . .	24	ONETOUCH VERIO REFLECT . . . . .	22
nortriptyline hcl oral . . . . .	12	NUZYRA ORAL . . . . .	10	ONETOUCH VERIO TEST STRIPS . . . . .	22
NORVASC . . . . .	17	nyamyc . . . . .	13	ONGLYZA . . . . .	23
NORVIR ORAL PACKET . . . . .	15	nymyo . . . . .	28	ONZETRA XSAIL . . . . .	13
NORVIR ORAL SOLUTION . . . . .	15	nystatin external . . . . .	13	OPSUMIT . . . . .	35
NORVIR ORAL TABLET . . . . .	15	nystatin mouth/throat . . . . .	13	ORAPRED ODT . . . . .	29
NOURIANZ . . . . .	14	nystop . . . . .	13	ORENCIA CLICKJECT . . . . .	31
novarel intramuscular solution reconstituted 10000 unit . . . . .	32			ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML . . . . .	31
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT . . . . .	32	<b>O</b>		ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML . . . . .	31
NOVOEIGHT . . . . .	24	ocella . . . . .	28	ORFADIN CAPSULES . . . . .	26
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	22	OCUFLOX . . . . .	33	ORFADIN SUSPENSION . . . . .	26
NOVOFINE PEN NEEDLE . . . . .	22	ODEFSEY . . . . .	15	ORIAHNN . . . . .	30
NOVOFINE PLUS PEN NEEDLE . . . . .	22	ODOMZO . . . . .	13	ORLISSA . . . . .	30
NOVOLIN 70/30 FLEXPEN . . . . .	22	ofloxacin ophthalmic . . . . .	33	orsythia . . . . .	28
NOVOLIN 70/30 FLEXPEN RELION . . . . .	22	ofloxacin otic . . . . .	34	ORTHO MICRONOR . . . . .	28
NOVOLIN 70/30 RELION . . . . .	23	olanzapine oral . . . . .	14	ORTIKOS . . . . .	32
NOVOLIN 70/30 VIAL . . . . .	23	olmesartan medoxomil oral . . . . .	17	oscimin . . . . .	25
NOVOLIN N FLEXPEN . . . . .	23	olmesartan medoxomil-hctz . . . . .	17	oscimin sr . . . . .	25
NOVOLIN N FLEXPEN RELION . . . . .	23	olopatadine hcl ophthalmic solution 0.1 % . . . . .	33	oseltamivir phosphate oral capsule . . . . .	15
NOVOLIN N RELION . . . . .	23	olopatadine hcl ophthalmic solution 0.2 % . . . . .	33	oseltamivir phosphate oral suspension reconstituted . . . . .	15
NOVOLIN N VIAL . . . . .	23	OLUMIANT ORAL TABLET 1 MG . . . . .	31	OSENI . . . . .	23
NOVOLIN R FLEXPEN . . . . .	23	OLUMIANT ORAL TABLET 2 MG . . . . .	31	OSPHENA . . . . .	24
NOVOLIN R FLEXPEN RELION . . . . .	23	OLUX . . . . .	21	OTEZLA . . . . .	31
NOVOLIN R RELION . . . . .	23	OMECLAMOX-PAK . . . . .	25	OTREXUP . . . . .	31
NOVOLIN R VIAL . . . . .	23	omega-3-acid ethyl esters . . . . .	17	OVIDREL . . . . .	32
NOVOLOG FLEXPEN . . . . .	23	omeprazole oral capsule delayed release . . . . .	25	OXAYDO . . . . .	8
NOVOLOG PENFILL . . . . .	23	OMEPRAZOLE+SYRSPEND SF ALKA . . . . .	25		
NOVOLOG U-100 VIAL . . . . .	23	OMNARIS . . . . .	34		
np thyroid . . . . .	30	OMNITROPE . . . . .	30		
NUBEQA . . . . .	13	ondansetron hcl oral . . . . .	12		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	35	ondansetron odt . . . . .	12		



oxcarbazepine . . . . .	11	penicillin v potassium . . . . .	10	prednisolone acetate ophthalmic . . . . .	33
OXTELLAR XR . . . . .	11	PENNSAID . . . . .	9	prednisolone oral solution . . . . .	30
oxybutynin chloride er . . . . .	26	PENTASA . . . . .	32	prednisolone sodium phosphate oral . . . . .	30
oxybutynin chloride oral . . . . .	26	PERCOCET . . . . .	8	prednisone intensol . . . . .	30
OXYCODONE HCL ER . . . . .	8	PERFOROMIST . . . . .	35	prednisone oral . . . . .	30
oxycodone hcl oral capsule . . . . .	8	PERIDEX . . . . .	19	pregabalin oral . . . . .	19
oxycodone hcl oral concentrate 100 mg/5ml . . . . .	8	perigard . . . . .	19	pregnyl . . . . .	32
oxycodone hcl oral solution . . . . .	8	permethrin external . . . . .	14	PREMARIN ORAL . . . . .	29
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8	PERTZYE . . . . .	26	PREMARIN VAGINAL . . . . .	29
oxycodone hcl oral tablet 5 mg . . . . .	8	phenazo oral tablet 200 mg . . . . .	26	premium lidocaine . . . . .	8
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION . . . . .	8	phenazopyridine hcl oral tablet 100 mg, 200 mg . . . . .	26	PREMPHASE . . . . .	29
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	8	philith . . . . .	28	PREMPRO . . . . .	29
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	PICATO . . . . .	21	PREVIDENT 5000 BOOSTER PLUS . . . . .	19
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8	pimtree . . . . .	28	PREVIDENT 5000 DRY MOUTH . . . . .	19
OXYCONTIN . . . . .	8	pioglitazone hcl . . . . .	23	PREVIDENT 5000 ORTHO DEFENSE . . . . .	19
OZEMPIC . . . . .	23	pirmella 1/35 . . . . .	29	PREVIDENT 5000 PLUS . . . . .	19
OZOBAX . . . . .	36	PLAQUENIL . . . . .	14	PREVIDENT DENTAL . . . . .	19

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PACERONE ORAL TABLET 100 MG, 400 MG . . . . .	17	PLEXION . . . . .	21	PREZCOBIX . . . . .	15
PACERONE ORAL TABLET 200 MG . . . . .	17	PLEXION CLEANSER . . . . .	21	PREZISTA . . . . .	15
PAMELOR . . . . .	12	PLEXION CLEANSING CLOTH . . . . .	21	PRINIVIL . . . . .	17
PANCREAZE . . . . .	26	POLY-VI-FLOR . . . . .	24	PRISTIQ . . . . .	12
pantoprazole sodium oral packet . . . . .	25	polymyxin b-trimethoprim . . . . .	33	PROAIR HFA . . . . .	34, 35
pantoprazole sodium tablet delayed release 20 mg oral . . . . .	25	POLYTRIM . . . . .	33	PROAIR RESPICLICK . . . . .	35
pantoprazole sodium tablet delayed release 40 mg oral . . . . .	25	portia-28 . . . . .	29	PROCARDIA . . . . .	17
paroxetine hcl . . . . .	12	potassium chloride crys er . . . . .	24	PROCARDIA XL . . . . .	17
paroxetine hcl er . . . . .	12	potassium chloride er . . . . .	24	PROCENTRA . . . . .	18
PAXIL CR . . . . .	12	potassium chloride oral packet . . . . .	24	prochlorperazine maleate oral . . . . .	12
PAXIL ORAL SUSPENSION . . . . .	12	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) . . . . .	24	PROCORT . . . . .	32
PAXIL ORAL TABLET . . . . .	12	potassium citrate er . . . . .	24	PROCTOFOAM HC . . . . .	32
PEDIAPRED . . . . .	30	PRADAXA . . . . .	11	progesterone micronized oral . . . . .	29
peg-3350/electrolytes . . . . .	25	PRALUENT . . . . .	17	PROGRAF ORAL . . . . .	31
peg-3350/electrolytes/ascorbat . . . . .	25	pramipexole dihydrochloride . . . . .	14	PROLATE . . . . .	8
peg-kcl-nacl-nasulf-na asc-c . . . . .	25	pramipexole dihydrochloride er . . . . .	14	promethazine hcl oral solution . . . . .	34
penicillamine oral . . . . .	26	pravastatin sodium . . . . .	17	promethazine hcl oral syrup . . . . .	34
		prazosin hcl oral . . . . .	17	promethazine hcl oral tablet . . . . .	12
		PRED FORTE . . . . .	33	promethazine hcl rectal . . . . .	12
		PRED MILD . . . . .	33	promethazine-codeine . . . . .	34
				promethazine-dm . . . . .	34
				promethegan . . . . .	12
				PROMETRIUM . . . . .	29





propranolol hcl er . . . . .	17	RAYOS . . . . .	30	ROCALTROL . . . . .	32
propranolol hcl oral . . . . .	17	REBIF . . . . .	19	ROCKLATAN . . . . .	33
PROSCAR . . . . .	26	REBIF REBIDOSE . . . . .	19	ropinirole hcl . . . . .	14
PROTONIX ORAL PACKET . . . . .	25	REBIF REBIDOSE TITRATION PACK. . . . .	19	ropinirole hcl er . . . . .	14
PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	25	REBIF TITRATION PACK . . . . .	19	rosadan external cream . . . . .	21
PROVENTIL HFA . . . . .	34, 35	reclipsen . . . . .	29	rosadan external gel . . . . .	21
PROVERA . . . . .	27, 29	RECOMBINATE . . . . .	24	rosuvastatin calcium . . . . .	17
PROVIGIL . . . . .	36	REDITREX . . . . .	31	roweepra . . . . .	11
PROZAC . . . . .	12	REGLAN . . . . .	12	ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .	8
pseudoephedrine-bromphen-dm . . . . .	34	RELAFEN . . . . .	9	ROXICODONE ORAL TABLET 5 MG . . . . .	8
PULMICORT FLEXHALER . . . . .	35	RELAFEN DS . . . . .	9	ROZLYTREK . . . . .	14
PULMICORT SUSPENSION . . . . .	35	relexxii . . . . .	18	RUKOBIA . . . . .	15
PULMOZYME . . . . .	35	RELPAK . . . . .	13	RYBELSUS . . . . .	23
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		REVLIMID . . . . .	14		
		REYVOW . . . . .	13		
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		rivelsa . . . . .	29		
		rizatriptan benzoate . . . . .	13		
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sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	24
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TEXACORT	21	tramadol hcl er (biphasic)	8	trientine hcl	26
THYQUIDITY	31	tramadol hcl oral tablet 100 mg	9	TRIJARDY XR	23
TIGLUTIK	19	tramadol hcl oral tablet 50 mg	9	TRILEPTAL	11
timolol maleate ophthalmic	33	TRANSDERM SCOP (1.5 MG)	12	TRINTELLIX	12
timolol maleate pf	33	TRAVATAN Z	33	TRIUMEQ	15
TIMOPTIC	33	travoprost (bak free)	33	TROKENDI XR	11
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	33	trazodone hcl oral	12	TRULANCE	25
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	33	TRELEGY ELLIPTA	35	TRULICITY	23
TIMOPTIC-XE	33	TREMFYA	31	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	15
TIROSINT	31	TRESIBA	23	TRUVADA ORAL TABLET 200-300 MG	15
TIROSINT-SOL	31	TRESIBA FLEXTOUCH	23	tulana	29
TIVICAY	15	tretinoin external cream	21	TUSSICAPS	34
TIVICAY PD	15	tretinoin external gel 0.01 %, 0.025 %	21	tyblume	29
TIVORBEX	9	tretinoin external gel 0.05 %	21	tydemy	29
tizanidine hcl oral	36	TREXALL	32	TYMLOS	32
TOBI NEBULIZER	35	TREZIX	9	TYVASO	35
TOBI PODHALER	35	tri femynor	29	TYVASO REFILL	35
TOBRADEX OPHTHALMIC OINTMENT	33	tri-estarylla	29	TYVASO STARTER	35
TOBRADEX OPHTHALMIC SUSPENSION	33	tri-linyah	29	<b>U</b>	
TOBRADEX ST	33	tri-lo-estarylla	29	UBRELVY	13
tobramycin inhalation nebulization solution 300 mg/4ml	35	tri-lo-marzia	29	UCERIS ORAL	32
tobramycin nebulization solution 300 mg/5ml inhalation	35	tri-lo-mili	29	UCERIS RECTAL	32
tobramycin ophthalmic	33	tri-lo-sprintec	29	ULORIC	13
tobramycin-dexamethasone	33	tri-mili	29	ULTRAM	8, 9
TOBREX OPHTHALMIC OINTMENT	33	tri-nymyo	29	ULTRAM ER	8
TOBREX OPHTHALMIC SOLUTION	33	tri-previfem	29	unithroid	31
TOPAMAX	11	tri-sprintec	29	UROCIT-K 10	24
TOPAMAX SPRINKLE	11	tri-vylibra	29	UROCIT-K 15	24
topiramate er	11	tri-vylibra lo	29	UROCIT-K 5	24
topiramate oral	11	triamcinolone acetone external aerosol solution	21	UROXATRAL	26
TOPROL XL	18	triamcinolone acetone external cream	21	URSO 250	25
torse mide	18	triamcinolone acetone external lotion	21	URSO FORTE	25
TOUJEO MAX SOLOSTAR	23	triamcinolone acetone external ointment 0.025 %, 0.1 %, 0.5 %	21	ursodiol oral	25
TOUJEO SOLOSTAR	23	triamcinolone acetone external ointment 0.05 %	21	<b>V</b>	
TOVIAZ	26	triamterene-hctz	18	VAGIFEM	29
TRACLEER	35	TRIANEX	21	valacyclovir hcl oral	15
TRADJENTA	23	triazolam	15	VALIUM	15
tramadol hcl er	8	TRICOR	18	valsartan	18
		triderm	21	valsartan-hydrochlorothiazide	18
		TRIDESILON	21		

VALTOCO . . . . .	11	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) . . . . .	24	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG . . . . .	32
VALTRESX . . . . .	15	VITRAKVI . . . . .	14	XELODA . . . . .	14
VANADOM . . . . .	36	VIVELLE-DOT . . . . .	27, 29	XELPROS . . . . .	34
vandazole . . . . .	10	VIVLODEX . . . . .	9	XENLETA ORAL . . . . .	10
VANOS . . . . .	21	VOGELXO . . . . .	30	XEPI . . . . .	10
VASOTEC . . . . .	18	VOGELXO PUMP . . . . .	30	XHANCE . . . . .	34
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VELTASSA . . . . .	24	VOSEVI . . . . .	15	XIIDRA . . . . .	34
VEMLIDY . . . . .	15	VRAYLAR . . . . .	14	XIMINO . . . . .	10
venlafaxine hcl . . . . .	12	VTOL LQ . . . . .	9	XOFLUZA (40 MG DOSE) . . . . .	15
venlafaxine hcl er oral capsule extended release 24 hour . . . . .	12	vyfemla . . . . .	29	XOFLUZA (80 MG DOSE) . . . . .	15
venlafaxine hcl er oral tablet extended release 24 hour . . . . .	12	VYLEESI . . . . .	24	XOLEGEL . . . . .	13
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VERZENIO . . . . .	14	WAKIX . . . . .	36	<b>Y</b>	
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VIAGRA . . . . .	24	WELCHOL . . . . .	18	YAZ . . . . .	29
VIBERZI . . . . .	25	WELLBUTRIN SR . . . . .	12	YUPELRI . . . . .	35
VIBRAMYCIN ORAL CAPSULE . . . . .	10	WELLBUTRIN XL . . . . .	12	yuvafem . . . . .	29
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VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak) . . . . .	23	WESTHROID . . . . .	31	zafemy . . . . .	29
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak) . . . . .	24	wixela inhub . . . . .	35	ZANAFLEX . . . . .	36
vienva . . . . .	29	WP THYROID . . . . .	31	zarah . . . . .	29
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VIIBRYD STARTER PACK . . . . .	12	XALATAN . . . . .	34	ZEBUTAL . . . . .	9
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viorele . . . . .	29	XARELTO . . . . .	11	ZEMBRACE SYMTOUCH . . . . .	13
VIREAD ORAL POWDER . . . . .	15	XARELTO STARTER PACK . . . . .	11	zenatane . . . . .	21
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		XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG . . . . .	32	ZEPOSIA . . . . .	19
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ZITHROMAX Z-PAK. . . . .	10
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ZOHYDRO ER . . . . .	9
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ZOLOFT . . . . .	12
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zolpidem tartrate er. . . . .	36
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ZOMIG ORAL. . . . .	13
ZOMIG ZMT. . . . .	13
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ZONTIVITY. . . . .	14
ZOVIRAX ORAL. . . . .	15
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ZUBSOLV . . . . .	9
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<http://www.hhs.gov/ocr/office/file/index.html>

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**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



# Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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

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

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

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

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

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

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

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

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

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

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

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

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**khmer (Khmer)**សម្រាប់ជំនួយភាសាដើមឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានលេខអត្តសញ្ញាណប័ណ្ណអ្នកសម្រាប់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'ígo, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóqdí ninaaltsoos nítł'izí bee nééhozinígíí bine'déq' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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

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