



Your 2026 Prescription Drug List

Access 3-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, River Valley and Oxford medical plans when sold in your market 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. Then, they are listed in alphabetical order.

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



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

Drug Name	Drug Tier	Requirements & Limits
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	QL
tramadol hcl oral tablet 75 mg	E	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1%	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kl5 quit2	1	H
kl5 quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL

Drug Name	Drug Tier	Requirements & Limits
sm nicotine	1	H
sm nicotine polacrilex	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
SUBOXONE	E	PA, QL
THRIVE	3	H
varenicline	1	PA, H
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	E	QL
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 monohydrate oral	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
fidaxomicin oral tablet	1	QL
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 125 mg	E	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	

Drug Name	Drug Tier	Requirements & Limits
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG	3	
XIFAXAN ORAL TABLET 550 MG	3	QL
ZITHROMAX	3	
ZYVOX ORAL TABLET	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	1	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	

Drug Name	Drug Tier	Requirements & Limits
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	3	
ONFI	3	PA
oxcarbazepine	1	
oxcarbazepine er	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
perampanel	1	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er oral capsule extended release 24 hour	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	
TROKENDI XR	E	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	

Antidementia Agents - Drugs for Alzheimer's Disease and Dementia

ARICEPT	E	
donepezil hcl oral tablet	1	
EXELON	E	
memantine hcl er	1	
memantine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
rivastigmine	1	
rivastigmine tartrate	1	

Antidepressants - Drugs for Depression

amitriptyline hcl oral	1	
ANAFRANIL	E	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	3	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	QL
PRISTIQ	E	QL
PROZAC	E	
RALDESY	3	PA
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA, QL
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	E	QL
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	

Drug Name	Drug Tier	Requirements & Limits
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET 50 MG	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
DICLEGIS	E	
doxylamine-pyridoxine	1	
dronabinol	1	
EMEND BIPACK	E	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
Antifungals - Drugs for Fungal Infections		
ciclofanol	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LOPROX EXTERNAL SHAMPOO 1%	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	

Drug Name	Drug Tier	Requirements & Limits
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	
IMITREX ORAL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	
REYVOW	3	PA, ST, QL
rizatriptan	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous solution auto-injector	1	
TOSYMRA	3	
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
zolmitriptan nasal solution 5 mg	E	
zolmitriptan oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
ZOMIG ORAL TABLET 5 MG	E	

Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis

MESTINON ORAL TABLET	E	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP

Antimycobacterials - Drugs to Treat Infections

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

Antineoplastics - Drugs for Cancer

abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
CASODEX	E	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO	3	PA, QL, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	

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

See page 6-8 for coverage details.



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	
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	
VEMLIDY	E	PA
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
ZOVIRAX EXTERNAL OINTMENT	E	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch	1	
colesevelam hcl oral tablet	1	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD ORAL TABLET 20 MG, 40 MG	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	

Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA, QL
EPANED	3	
eplerenone	1	
EXFORGE	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E	
flecainide acetate	1	
fosinopril sodium	1	
FUROSCIX	3	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
HEMICLOR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
indapamide	1	
INDERAL LA	E	
INSPRA	E	
INZIRQO	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate er	1	
ivabradine hcl	1	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	ST
LODOCO	3	QL
LOPID	3	
LOPRESSOR ORAL TABLET	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	

Drug Name	Drug Tier	Requirements & Limits
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	1	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
pitavastatin calcium	E	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	1	
RECTIV	3	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
sacubitril-valsartan	1	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	3	QL
sotalol hcl oral	1	
spironolactone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
torse mide	1	
trandolapril	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E	
VALSARTAN ORAL SOLUTION	3	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VYNDAQEL	2	PA, QL, SP
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL ORAL TABLET 2.5 MG, 30 MG, 40 MG	E	
ZESTRIL TABLET 10 MG ORAL	3	
ZESTRIL TABLET 10 MG ORAL	E	
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 20 MG ORAL	E	
ZESTRIL TABLET 5 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADZENYS XR-ODT	3	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST, QL
clonidine hcl er	1	
CONCERTA	E	QL
COTEMPLA XR-ODT	3	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL

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

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
QUILLIVANT XR	3	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
VYVANSE	E	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX	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
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	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	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP
VUMERITY	E	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
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Drug Name	Drug Tier	Requirements & Limits
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cevimeline hcl	1	
chlorhexidine gluconate mouth/ throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ACANYA	3	
accutane	1	
acitretin	1	
ACZONE	E	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E	
adapalene external gel	E	PA
adapalene-benzoyl peroxide external gel	1	
ADEINZDE	E	
AKLIEF	3	PA
ALA SCALP	3	
ala-cort	E	
alclometasone dipropionate	1	
ammonium lactate external	E	
amnesteem	1	
AMZEEQ	3	
ARAZLO	E	PA

Drug Name	Drug Tier	Requirements & Limits
ATRALIN	E	PA
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
azelaic acid external	1	
AZELEX	3	
BENZAMYCIN	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BLANCHE	E	
CABTREO	E	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos (twice-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
clindamycin phos (twice-daily) gel 1 % external	1	(generic for Clindagel)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL SHAMPOO	E	
CLOBEX SPRAY	E	

Drug Name	Drug Tier	Requirements & Limits
clodan	1	
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMACINRX UREA	3	
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	PA
DIFFERIN EXTERNAL GEL 0.3 %	E	PA
DIPROLENE	3	
doxycycline	E	
DRYSOL	2	
DUPIXENT	2	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	E	
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
hydroquinone external	E	
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	
imiquimod external cream 5 %	1	
imiquimod pump	E	
IMPOYZ	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	E	
ivermectin external cream	E	
KLARON	3	
KLISYRI	3	ST
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	

Drug Name	Drug Tier	Requirements & Limits
metronidazole external	1	
MIRVASO	2	PA
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	1	QL
NORITATE	E	
ONEXTON	3	
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox external solution	1	
RETIN-A	E	PA
RHOFADE	3	PA
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR	3	
SYNALAR EXTERNAL SOLUTION 0.01 %	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	
TACLONEX EXTERNAL SUSPENSION	1	
tacrolimus external	1	
tazarotene external cream	1	PA
TAZORAC EXTERNAL CREAM	3	PA
TOLAK	3	
TOPICORT	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external cream 39 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	

Drug Name	Drug Tier	Requirements & Limits
VTAMA	3	PA
WINLEVI	E	
xurea	E	
zenatane	1	
ZILXI	3	PA, ST
ZORYVE EXTERNAL CREAM	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE 365 SENSOR/ HOLDER	E	PA
EVERSENSE 365 SMART TRANSMIT	E	PA
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA
ONETOUCH ULTRA 2 KIT W/ DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	QL
ONETOUCH ULTRA TEST STRIPS	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/ DEVICE	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
ONETOUCH VERIO TEST STRIPS	E	QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TWIIST REFILL KIT	2	PA

Drug Name	Drug Tier	Requirements & Limits
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA, QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
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	ST, QL
INSULIN ASPART FLEXPEN	E	ST
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO PROT & LISPRO	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BRENZAVVY	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glimepiride oral tablet 3 mg	E	
glipizide er	1	
glipizide ir	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	1	
glucagon emergency kit 1 mg injection	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2	
GLUCOTROL XL	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
liraglutide	1	PA, QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg, 750 mg	E	
MOUNJARO	2	PA, QL
nateglinide	1	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	1	QL
repaglinide	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	

Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	
PROMACTA POWDER	3	PA, QL, SP
PROMACTA TABLET	E	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	3	QL
avanafil	1	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
vardeafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	

Drug Name	Drug Tier	Requirements & Limits
DRISDOL	3	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3	
FLORIVA PLUS	3	
FLOTREX	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	QL
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEONATAL PRENATAL	E	
NEONATAL VITAMIN	E	
NIVA-PLUS	3	
ONE VITE WOMENS	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
POKONZA	E	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal oral tablet 27-0.8 mg	E	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE MINI	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	

Drug Name	Drug Tier	Requirements & Limits
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
lansoprazole oral tablet delayed release dispersible	1	QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	3	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	

Drug Name	Drug Tier	Requirements & Limits
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK	E	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	1	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	3	
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	
trospium chloride er	1	
VANRAFIA	3	PA, SP

See page 6-8 for coverage details.



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

Drug Name	Drug Tier	Requirements & Limits
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
brIELLYN	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
COMBIPATCH	2	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	QL
drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drosiprenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly	1	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	

Drug Name	Drug Tier	Requirements & Limits
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H

Drug Name	Drug Tier	Requirements & Limits
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
MYFEMBREE	2	QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
PHEXXI	E	
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	

Drug Name	Drug Tier	Requirements & Limits
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
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 oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
VAGIFEM	E	
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
VIVELLE-DOT	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
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 THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral	1	
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	
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	QL
JATENZO	E	QL
KYZATREX	3	QL
NATESTO	E	QL
TESTIM	1	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL
testosterone gel 25 mg/2.5gm (1%) transdermal	E	QL
testosterone transdermal gel 1.62 %	1	QL (generic Androgel Pump)
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	QL
TLANDO	E	QL
UNDECATREX	E	QL
VOGELXO	E	QL
VOGELXO PUMP	E	QL
XYOSTED	E	QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CELLCEPT ORAL CAPSULE	E	
CELLCEPT ORAL TABLET	E	
CIMZIA	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
ENVARUSUS XR	E	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule	1	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP
HUMIRA	E	PA, QL, SP
HYFTOR	3	PA, QL
IMURAN	E	
JYLAMVO	3	PA
KEVZARA	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	

Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
PROCORT	3	
PROCTOCORT EXTERNAL	E	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL

Drug Name	Drug Tier	Requirements & Limits
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
PREDNISOLONE ACETATE P-F	E	
PROLENSA	3	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMZY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
DORZOLAMIDE HCL SOLUTION 2% OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
IYUZEH	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST
travoprost (bak free)	1	
VYZULTA	3	ST
XALATAN	E	
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA
difluprednate	1	
DUREZOL	E	

Drug Name	Drug Tier	Requirements & Limits
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	3	PA, QL
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
NEFFY	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	
benzonatate	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
bromphen-pseudoeph-dm	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	
cyproheptadine hcl oral	1	
desloratadine oral tablet	1	
DYMISTA	E	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine	1	
HYCODAN ORAL SOLUTION	E	PA
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA
hydromet	1	PA
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
ODACTRA	3	PA, QL
olopatadine hcl nasal	1	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA

Drug Name	Drug Tier	Requirements & Limits
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RYALTRIS	3	
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	ST
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRDUO RESPICLICK	E	QL
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUIITY ELLIPTA	1	QL
ASMANEX HFA	E	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	2	QL
DALIRESP	E	QL
DULERA	3	ST, QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL, SP
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE PROPIONATE HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	
YUPELRI	3	QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

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

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
pirfenidone	1	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg	E	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
armodafinil	1	QL
BELSOMRA	3	QL
DAYVIGO	E	QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	QL
ramelteon	1	QL
RESTORIL	3	
ROZEREM	E	QL
SILENOR	3	QL
SODIUM OXYBATE	3	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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abiraterone acetate oral tablet 250 mg.....	17	ACTONEL	46	AEROCHAMBER PLUS FLO-VU LARGE.....	49
abiraterone acetate oral tablet 500 mg.....	17	ACTOPLUS MET.....	32	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	49
ABIRTEGA.....	17	ACTOS.....	32	AEROCHAMBER PLUS FLO-VU SMALL.....	49
ABRYSVO.....	44	ACULAR	46	AEROCHAMBER PLUS FLO-VU W/MASK.....	49
ABSORICA	26	ACULAR LS.....	46	AEROCHAMBER2GO ANTI- STATIC	49
acamprosate calcium	10	ACUVAIL	46	afirmelle.....	38
ACANYA	26	acyclovir external ointment.....	19	AFLURIA PRESERVATIVE FREE ...	44
acarbose oral	32	acyclovir oral capsule.....	19	AFSTYLA.....	33
ACCOLATE.....	49	acyclovir oral suspension 200 mg/5ml	19	AIMOVIG.....	16
ACCRUFER.....	34	acyclovir oral tablet.....	19	AIRDUO RESPICLICK.....	49
ACCU-CHEK AVIVA PLUS TEST STRIPS	29	ACZONE.....	26	AIRSUPRA.....	49
ACCU-CHEK FASTCLIX LANCET..	29	ADACEL	44	AJOVY.....	16
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	29	ADAINZDE EXTERNAL GEL 0.3-2.5-1 %.....	26	AKLIEF	26
ACCU-CHEK GUIDE KIT W/ DEVICE.....	29	ADALIMUMAB-ADAZ	43	ALA SCALP.....	26
ACCU-CHEK GUIDE ME METER...	29	adapalene external gel	26	ala-cort.....	26
ACCU-CHEK GUIDE TEST STRIPS	29	adapalene-benzoyl peroxide external gel	26	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	49
ACCU-CHEK SMARTVIEW TEST STRIPS	29	ADBRY.....	43	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	49
ACCU-CHEK SOFTCLIX LANCET .	29	ADCIRCA.....	51	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION ...	50
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	29	ADDERALL	24	albuterol sulfate oral syrup 2 mg/5ml.....	50
accutane	26	ADDERALL XR	24	alclometasone dipropionate.....	26
acebutolol hcl oral.....	20	ADDYI.....	34	ALDACTONE	20
acetaminophen-codeine oral tablet.....	9	ADEINZDE	26	ALECENSA	17
acetazolamide er	20	ADEMPAS	51	alendronate sodium oral tablet ...	46
acetazolamide oral	20	ADMELOG.....	31	alfuzosin hcl er.....	38
acetic acid otic.....	48	ADMELOG SOLOSTAR.....	31		
ACIPHEX	35	ADTHYZA.....	43		
acitretin	26	ADVAIR DISKUS.....	49		
		ADVAIR HFA.....	49		
		ADVATE.....	33		
		ADYNOVATE	33		
		ADZENYS XR-ODT	24		
		AEROCHAMBER HOLDING CHAMBER.....	49		



aliskiren fumarate	20	amnesteem	26	AREXVY	44
allopurinol oral	16	amoxicillin	11	ARICEPT	14
ALOGLIPTIN BENZOATE	32	amoxicillin-potassium clavulanate	11	ARIMIDEX	17
ALORA	38	amphet-dextroamphet 3-bead er	24	aripiprazole oral solution	19
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	47	amphetamine sulfate	24	aripiprazole oral tablet	19
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	47	amphetamine- dextroamphetamine	24	armodafinil	52
ALPHANATE	33	amphetamine- dextroamphetamine er	24	ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	43
alprazolam er	20	ampicillin	11	ARMOUR THYROID TABLET 15 MG ORAL	43
alprazolam oral	20	AMPYRA	25	ARNUITY ELLIPTA	50
alprazolam xr	20	AMZEEQ	26	AROMASIN	17
ALPROLIX	33	ANAFRANIL	14	ascomp-codeine	9
ALREX	46	ANALPRAM HC	45	asenapine maleate	19
ALTACE	20	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	45	ashlyna	38
altavera	38	ANALPRAM-HC EXTERNAL CREAM	45	ASMANEX HFA	50
ALTUVIIIO	33	ANAPROX DS	10	ATACAND	20
ALUNBRIG	17	ANASPAZ	36	ATACAND HCT	20
ALVAIZ	33	anastrozole oral	17	atenolol oral	20
alyacen 1/35	38	ANDROGEL PUMP	42, 43	atenolol-chlorthalidone	20
alyacen 7/7/7	38	ANNOVERA	38	ATIVAN ORAL	20
alyq	51	ANORO ELLIPTA	50	atomoxetine hcl	24
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	38	ANTIVERT ORAL TABLET 50 MG	15	ATORVALIQ	20
amantadine hcl oral capsule	18	ANUCORT-HC	45	atorvastatin calcium oral tablet 10 mg, 20 mg	20
amantadine hcl oral tablet	18	ANUSOL-HC	45	atorvastatin calcium oral tablet 40 mg, 80 mg	20
AMBIEN	51	apap-caff-dihydrocodeine	9	atovaquone	18
AMBIEN CR	51	aprepitant oral capsule 125 mg, 40 mg, 80 mg	15	atovaquone-proguanil hcl	18
amethia oral tablet 0.15-0.03 &0.01 mg	38	apri	38	ATRALIN	26
amiloride hcl oral	20	APRISO	45	ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	48
amiodarone hcl oral	20	APTENSIO XR	24	atropine sulfate ophthalmic solution 1 %	48
AMITIZA	36	APTIOM	13	ATROVENT HFA	50
amitriptyline hcl oral	14	ARAKODA	18	ATTRUBY	37
AMJEVITA	43	aranelle	38	AUBAGIO	25
amlodipine besylate oral	20	ARANESP (ALBUMIN FREE)	33	aubra eq	38
amlodipine besylate-benazepril hcl	20	ARAVA	43	AUGMENTIN	11
amlodipine besylate-valsartan	20	ARAZLO	26		
amlodipine-olmesartan	20				
ammonium lactate external	26				



AUGMENTIN ES-600	11	AZULFIDINE	45	betamethasone dipropionate aug external cream	26	
AUGTYRO	17	AZULFIDINE EN-TABS	45	betamethasone dipropionate aug external lotion	26	
aurovela 1/20	38	azurette	38	betamethasone dipropionate aug external ointment	26	
aurovela 1.5/30	38	B			betamethasone dipropionate external	26
aurovela 24 fe	38	bac (butalbital-acetamin-caff)	9	betamethasone valerate external cream	26	
aurovela fe 1/20	38	bacitracin-polymyxin b	46	betamethasone valerate external lotion	26	
aurovela fe 1.5/30	38	baclofen oral tablet	51	betamethasone valerate external ointment	26	
AUSTEDO	25	BACTRIM	11	BETAPACE	20	
AUSTEDO XR	25	BACTRIM DS	11	BETASERON	25	
AUVELITY	14	BAFIERTAM	25	bethanechol chloride oral	37	
AUVI-Q	48	balsalazide disodium	45	BETIMOL OPHTHALMIC SOLUTION 0.25 %	47	
AVALIDE	20	balziva	38	BETIMOL OPHTHALMIC SOLUTION 0.5 %	47	
avanafil	34	BAQSIMI ONE PACK	32	BEVESPI AEROSPHERE	50	
AVAPRO	20	BAQSIMI TWO PACK	32	BEYAZ	38	
AVAR CLEANSER	26	BARACLUDE ORAL TABLET	19	bicalutamide	17	
AVAR LS CLEANSER	26	BASAGLAR TEMPO PEN	31	BIJUVA	38	
aviane	38	BD AUTOSHIELD DUO PEN NEEDLES	29	BIKTARVY	19	
AVIDOXY	11	BD ULTRA-FINE PEN NEEDLES	29	bimatoprost ophthalmic	47	
AVITA EXTERNAL CREAM 0.025 %	26	BD ULTRA-FINE U-500 INSULIN SYRINGES	29	BIMZELX	43	
AVODART	38	BD VEO ULTRA-FINE INSULIN SYRINGES	29	bis subcit-metronid-tetracyc	35	
AVONEX	25	BD-ULTRA FINE INSULIN SYRINGES	29	bismuth/metronidaz/tetracyclin	35	
AYGESTIN ORAL TABLET 5 MG	38	BELBUCA	9	bisoprolol fumarate oral tablet	20	
ayuna	38	BELSOMRA	52	bisoprolol-hydrochlorothiazide	20	
AZASAN	43	benazepril hcl oral	20	BLANCHE	26	
AZASITE	46	benazepril-hydrochlorothiazide	20	blisovi 24 fe	38	
azathioprine oral	43	BENEFIX	33	blisovi fe 1/20	38	
azelaic acid external	26	BENICAR	20	blisovi fe 1.5/30	38	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	48	BENICAR HCT	20	BONSITY	46	
azelastine hcl nasal solution 0.15 %	48	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	43	BOOSTRIX	44	
azelastine hcl ophthalmic	46	BENZAMYCIN	26	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	44	
azelastine-fluticasone	48	benzonatate	48	BREATHE COMFORT CHAMBER/ ADULT	50	
AZELEX	26	benzoyl peroxide-erythromycin	26			
AZILECT	18	benztropine mesylate oral	18			
azithromycin oral packet 1 gm	11	BESIVANCE	46			
AZOPT	47	BESREMI	17			
AZOR	20					
AZSTARYS	24					



cefadroxil oral suspension reconstituted	11	ciclopirox olamine external suspension	26	clindamycin phos-benzoyl perox external gel 1.2-5 %	27
cefdinir	11	cilostazol	18	clindamycin phosphate external lotion	27
cefixime oral capsule	11	CIMDUO	19	clindamycin phosphate external solution	27
cefpodoxime proxetil oral tablet ..	11	cimetidine oral	35	clindamycin phosphate external swab	27
cefprozil	11	CIMZIA	43	clindamycin phosphate vaginal ...	12
cefuroxime axetil	11	cinacalcet hcl	46	CLINDESSE	12
CELEBREX	10	CINRYZE	43	CLINPRO 5000	25
celecoxib oral	10	CIPRO ORAL TABLET	11	clobazam oral suspension 2.5 mg/ml	13
CELEXA	14	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	48	clobazam oral tablet	13
CELLCEPT ORAL CAPSULE	43	ciprofloxacin hcl ophthalmic	46	clobetasol prop emollient base external cream 0.05 %	27
CELLCEPT ORAL TABLET	43	ciprofloxacin hcl oral	11	clobetasol propionate e	27
cephalexin	11	ciprofloxacin-dexamethasone	48	CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	27
CEQUA	48	citalopram hydrobromide oral tablet	14	clobetasol propionate external cream 0.05 %	27
CEQUR SIMPLICITY 2U 8PK	29	claravis	26	clobetasol propionate external foam	27
CERDELGA	37	CLARINEX	49	clobetasol propionate external gel	27
cetirizine hcl oral solution	49	clarithromycin oral tablet	11	clobetasol propionate external liquid	27
CETROTIDE	45	CLENPIQ	36	clobetasol propionate external ointment	27
cevimeline hcl	25	CLEOCIN ORAL CAPSULE 75 MG ..	11	clobetasol propionate external shampoo	27
charlotte 24 fe	38	CLEOCIN ORAL CAPSULE150 MG, 300 MG 11		clobetasol propionate external solution	27
chateal eq	38	CLEOCIN ORAL SOLUTION RECONSTITUTED	11	CLOBEX EXTERNAL SHAMPOO ...	27
chlordiazepoxide hcl	20	CLEOCIN VAGINAL CREAM	12	CLOBEX SPRAY	27
chlordiazepoxide-clidinium	36	CLEOCIN-T	26, 27	clodan	27
chlorhexidine gluconate mouth/throat	25	CLIMARA	38, 39	CLOMID	45
chlorpromazine hcl oral tablet	19	CLIMARA PRO	38	clomiphene citrate oral	45
chlorthalidone	21	clindacin etz external swab	26	clomipramine hcl oral	14
chlorzoxazone oral tablet 250 mg	51	clindacin-p	26	clonazepam oral	20
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	51	CLINDAGEL	26, 27	clonidine hcl er	24
cholestyramine light	21	clindamycin hcl oral	12	clonidine hcl oral	21
cholestyramine oral	21	clindamycin palmitate hcl	12	clonidine patch	21
CHORIONIC GONADOTROPIN INTRAMUSCULAR	45	clindamycin phos (once-daily) gel 1 % external	27		
CIALIS	34	clindamycin phos (twice-daily) gel 1 % external	27		
CIBINQO	26	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	27		
ciclodan	15				
ciclopirox external	15				
ciclopirox olamine external cream	15				



clopidogrel bisulfate oral.....	18	CORGARD ORAL TABLET 20 MG, 40 MG.....	21	CYTOTEC.....	35
clorazepate dipotassium.....	20	CORLANOR.....	21	D	
clotrimazole external cream.....	27	CORTEF.....	42	dabigatran etexilate mesylate....	13
clotrimazole mouth/throat.....	15	CORTIFOAM.....	46	dalfampridine er.....	25
clotrimazole-betamethasone.....	27	COSENTYX.....	43	DALIRESP.....	50
clozapine oral tablet.....	19	COSOPT.....	47	DAPAGLIFLOZIN PRO- METFORMIN ER.....	32
CLOZARIL.....	19	COSOPT PF.....	47	DAPAGLIFLOZIN PROPANEDIOL.	32
CO-NATAL FA.....	34	COTELLIC.....	17	dapsone external.....	27
COLAZAL.....	45	COTEMPLA XR-ODT.....	24	dapsone oral.....	17
colchicine oral.....	16	COVARYX.....	38	dasatinib.....	17
colchicine-probenecid.....	16	COVARYX HS.....	38	dasetta 1/35 (28).....	38
COLCRYS ORAL TABLET 0.6 MG..	16	COZAAR.....	21	dasetta 7/7/7.....	38
colesevelam hcl oral tablet.....	21	CREON.....	37	DAVIMET-FLUORIDE.....	34
COLESTID ORAL TABLET.....	21	CRESEMBA ORAL.....	15	DAYPRO.....	10
colestipol hcl oral tablet.....	21	CRESTOR.....	21	daysee.....	38
COMBIGAN.....	47	CREXONT.....	18	DAYVIGO.....	52
COMBIPATCH.....	38	cromolyn sodium ophthalmic....	48	DDAVP ORAL.....	42
COMBIVENT RESPIMAT.....	50	cromolyn sodium oral.....	36	deblitane.....	38
COMIRNATY.....	45	cryselle-28.....	38	DELESTROGEN.....	38
CONCERTA.....	24	cvs nicotine.....	10	delyla.....	38
constulose.....	36	cvs nicotine polacrilex.....	10	DELZICOL.....	46
CONTOUR MONITOR KIT W/ DEVICE.....	29	cvs prenatal.....	34	DENTA 5000 PLUS.....	25, 34
CONTOUR NEXT EZ KIT W/ DEVICE.....	29	cyanocobalamin injection solution 1000 mcg/ml.....	34	DENTA 5000 PLUS SENSITIVE....	34
CONTOUR NEXT GEN MONITOR KIT.....	30	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.....	34	DENTAGEL.....	25
CONTOUR NEXT LINK KIT W/ DEVICE.....	30	cyanocobalamin nasal.....	34	DEPAKOTE.....	13
CONTOUR NEXT MONITOR KIT W/DEVICE.....	30	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.....	51	DEPAKOTE ER.....	13
CONTOUR NEXT ONE KIT.....	30	cyclobenzaprine hcl oral tablet 7.5 mg.....	51	DEPAKOTE SPRINKLES.....	13
CONTOUR NEXT TEST STRIPS....	30	CYCLOGYL.....	48	DEPEN TITRATABS.....	37
CONTOUR PLUS BLUE KIT W/ DEVICE.....	30	cyclopentolate hcl ophthalmic ...	48	DEPO-PROVERA.....	38
CONTOUR PLUS TEST STRIP.....	30	cyclosporine modified oral capsule.....	43	DEPO-SUBQ PROVERA 104.....	38
CONTOUR TEST STRIPS.....	30	cyclosporine ophthalmic.....	48	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	42
COPAXONE.....	25	CYMBALTA.....	14	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	42
COREG.....	21	cyproheptadine hcl oral.....	49	DERMA-SMOOTH/FS BODY.....	27
COREG CR.....	21	cyred eq.....	38	DERMA-SMOOTH/FS SCALP....	27
		CYTOMEL.....	43		



DERMACINRX UREA.....	27	dextroamphetamine sulfate oral tablet.....	24	DIOVAN HCT.....	21
DERMOTIC.....	48	DHIVY.....	18	DIPENTUM.....	46
DESCOVY ORAL TABLET 120-15 MG.....	19	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG.....	13	diphenoxylate-atropine oral tablet.....	36
DESCOVY ORAL TABLET 200-25 MG.....	19	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG.....	13	DIPROLENE.....	27
desipramine hcl oral.....	14	diazepam oral solution.....	20	disulfiram oral.....	10
desloratadine oral tablet.....	49	diazepam oral tablet.....	20	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG.....	37
desmopressin acetate oral.....	42	diazepam rectal.....	13	divalproex sodium er.....	13
desmopressin acetate spray.....	42	DICLEGIS.....	15	divalproex sodium oral.....	13
desogestrel-ethinyl estradiol.....	38	diclofenac potassium oral tablet 25 mg.....	10	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM.....	38
desonide external cream.....	27	diclofenac potassium oral tablet 50 mg.....	10	DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM.....	39
desonide external lotion.....	27	diclofenac sodium er.....	10	DODEx INJECTION SOLUTION 1000 MCG/ML.....	34
desonide external ointment.....	27	diclofenac sodium external gel 1 %.....	10	dofetilide.....	21
DESOWEN.....	27	diclofenac sodium external gel 3 %.....	27	donepezil hcl oral tablet.....	14
desoximetasone external cream.....	27	diclofenac sodium ophthalmic.....	46	DOPTelet.....	33
desoximetasone external ointment.....	27	diclofenac sodium oral.....	10	DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC.....	47
desvenlafaxine succinate er.....	14	diclofenac-misoprostol.....	10	dorzolamide hcl-timolol mal... ..	47, 48
DETROL.....	37	dicloxacillin sodium.....	12	dorzolamide hcl-timolol mal pf... ..	48
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG.....	37	dicyclomine hcl oral capsule.....	36	dotti.....	39
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39).....	42	dicyclomine hcl oral tablet 20 mg.....	36	DOVATO.....	19
dexamethasone intensol.....	42	DIFFERIN EXTERNAL GEL 0.3 % ..	27	doxazosin mesylate oral.....	21
dexamethasone oral.....	42	DIFICID ORAL TABLET.....	12	doxepin hcl oral capsule.....	14
dexamethasone sodium phosphate ophthalmic.....	46	DIFLUCAN.....	15	doxepin hcl oral concentrate.....	14
DEXCOM G6 RECEIVER.....	30	difluprednate.....	48	doxepin hcl oral tablet.....	52
DEXCOM G6 SENSOR.....	30	digoxin oral tablet.....	21	doxycycline.....	12, 27
DEXCOM G6 TRANSMITTER.....	30	DILANTIN.....	13	doxycycline hyclate oral capsule..	12
DEXCOM G7 RECEIVER.....	30	DILAUDID ORAL TABLET.....	9	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg....	12
DEXCOM G7 SENSOR.....	30	dilt-xr.....	21	doxycycline hyclate oral tablet 50 mg.....	12
DEXEDRINE.....	24	diltiazem hcl er.....	21	doxycycline monohydrate oral....	12
DEXILANT.....	35	diltiazem hcl er beads.....	21	doxylamine-pyridoxine.....	15
dexlansoprazole.....	35	diltiazem hcl er coated beads.....	21	DRISDOL.....	34
dexmethylphenidate hcl.....	24	diltiazem hcl oral.....	21	dronabinol.....	15
dexmethylphenidate hcl er.....	24	dimethyl fumarate oral.....	25		
dextroamphetamine sulfate er... ..	24	DIOVAN.....	21		



drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	39	EFFIENT	18	entecavir	19
drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	39	EFUDEX EXTERNAL CREAM 5 %	27	ENTRESTO ORAL TABLET	21
drosiprenone-ethinyl estradiol	39	ELEPSIA XR	13	ENTYVIO PEN	44
DRYSOL	27	ELESTRIN	39	enulose	36
DUAVEE	39	eletriptan hydrobromide	16	ENVARUSUS XR	44
DULERA	50	ELIMITE	18	EPANED	21
duloxetine hcl oral	14	elinest	39	EPCLUSA ORAL TABLET	19
DUPIXENT	27	ELIQUIS TABLET	13	EPIDIOLEX	13
DUREZOL	48	ELLA	39	EPIDUO	27
dutasteride oral	38	ELMIRON	37	EPIDUO FORTE	27
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	42	ELOCTATE	33	epinastine hcl	47
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	24	eluryng	39	EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	48
DYMISTA	49	EMBECTA INSULIN SYRINGE	30	epinephrine solution auto-injector	48
E					
E.E.S. GRANULES	12	EMBRACE BLOOD GLUCOSE TEST	30	EPIPEN 2-PAK	48
EASIVENT	50	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	30	EPIPEN JR 2-PAK	48
EASIVENT MASK LARGE	50	EMEND BIPACK	15	epitol	13
EASIVENT MASK MEDIUM	50	EMGALITY	16	eplerenone	21
EASIVENT MASK SMALL	50	EMPAVELI	43	EQ BLOOD GLUCOSE TEST	30
EASYGLUCO	30	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	19	eq nicotine	10
EASYMAX 15 TEST	30	emtricitabine-tenofovir df oral tablet 200-300 mg	19	eq nicotine mouth/throat gum 4 mg	10
EASYMAX NG BLOOD GLUCOSE KIT	30	emzahn	39	eq nicotine polacrilex	10
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	enalapril maleate oral	21	eq nicotine step 3	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	10	enalapril-hydrochlorothiazide	21	eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	10
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	10	ENBREL	43	ergocalciferol oral capsule	34, 35
ec-naproxen	10	ENBREL MINI	43	ERIVEDGE	17
econazole nitrate external	16	ENBREL SURECLICK	43	ERLEADA	17
EDARBI	21	endocet	9	ERMEZA	43
EDARBYCLOR	21	ENDOMETRIN	45	errin	39
EEMT	39	ENGERIX-B	45	ERYGEL	27
EEMT HS	39	enilloring	39	ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	12
EFFEXOR XR	14	ENLITE GLUCOSE SENSOR	30	ERYPED 400	12
		enoxaparin sodium injection solution prefilled syringe	13	erythromycin base oral tablet	12
		enpresse-28	39	erythromycin ethylsuccinate oral suspension reconstituted	12
		enskyce	39	erythromycin external	27
		ENSTILAR	27		



FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG.....	34	FLUTICASONE PROPIONATE HFA.....	50	FREESTYLE LIBRE 2 SENSOR.....	30
FLORIVA PLUS.....	34	fluticasone propionate nasal.....	49	FREESTYLE LIBRE 3 PLUS SENSOR.....	30
FLOTREX.....	34	FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	50	FREESTYLE LIBRE 3 READER.....	30
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	50	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	50	FREESTYLE LIBRE 3 SENSOR.....	30
FLUAD.....	45	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.....	50	FREESTYLE LIBRE READER.....	30
FLUARIX.....	45	fluvoxamine maleate.....	15	FREESTYLE PRECISION NEO SYSTEM.....	30
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	45	fluvoxamine maleate er.....	15	FREESTYLE PRECISION NEO TEST.....	30
fluconazole oral.....	16	FLUZONE HIGH-DOSE.....	45	FREESTYLE TEST.....	30
fludrocortisone acetate oral.....	42	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	45	frovatriptan succinate.....	16
FLULAVAL.....	45	FML FORTE.....	47	ft naloxone hcl.....	10
flunisolide nasal.....	49	FML LIQUIFILM.....	47	ft nicotine.....	10
fluocinolone acetonide body.....	27	FOCALIN.....	24	ft nicotine mini.....	10
fluocinolone acetonide external.....	27	FOCALIN XR.....	24	FUROSCIX.....	21
fluocinolone acetonide otic.....	48	folic acid oral tablet 1 mg.....	34	furosemide oral.....	21
fluocinolone acetonide scalp.....	27	FOLLISTIM AQ.....	45	fyavolv.....	39
fluocinonide external.....	27	FORFIVO XL.....	15	FYCOMPA ORAL SUSPENSION... ..	13
FLUORIDEX.....	25	FORTEO.....	46	FYCOMPA ORAL TABLET.....	13
FLUORIDEX ENHANCED WHITENING.....	25	FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%).....	42	FYREMADEL.....	45
FLUORIMAX 5000.....	25, 34	FOSAMAX.....	46		
FLUORIMAX 5000 SENSITIVE.....	34	fosfomycin tromethamine.....	12	G	
fluorometholone.....	47	fosinopril sodium.....	21	g tussin ac.....	49
FLUOROURACIL EXTERNAL CREAM 0.5%.....	28	FRAICHE 5000 DENTAL.....	25	gabapentin oral capsule.....	13
fluorouracil external cream 5%.....	28	FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5%.....	34	gabapentin oral solution 250 mg/5ml.....	13
fluoxetine hcl oral capsule.....	14	FREESTYLE LIBRE 14 DAY READER.....	30	GABAPENTIN ORAL TABLET 25 MG, 50 MG.....	13
fluoxetine hcl oral solution.....	14	FREESTYLE LIBRE 14 DAY SENSOR.....	30	gabapentin oral tablet 600 mg, 800 mg.....	13
fluoxetine hcl oral tablet 10 mg.....	14	FREESTYLE LIBRE 2 PLUS SENSOR.....	30	GABARONE.....	13
fluoxetine hcl oral tablet 20 mg, 60 mg.....	15	FREESTYLE LIBRE 2 READER.....	30	gallifrey.....	39
FLUTICASONE FUROATE- VILANTEROL.....	50			ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	45
fluticasone propionate external cream.....	28			GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	45
fluticasone propionate external ointment.....	28			GASTROCROM.....	36
				gatifloxacin ophthalmic.....	47
				gavilyte-c.....	36



INSULIN GLARGINE SOLOSTAR..	31	ivermectin oral tablet 3 mg	18	kalliga	40	
INSULIN LISPRO JUNIOR KWIKPEN.....	31	ivermectin oral tablet 6 mg	18	KAPSPARGO SPRINKLE	22	
INSULIN LISPRO KWIKPEN	31	IYUZEH.....	48	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG.....	24	
INSULIN LISPRO PROT & LISPRO.....	32	J			kariva.....	40
INSULIN LISPRO VIAL	32	jaimiess.....	39	kelnor 1/35.....	40	
INTRAROSA.....	34	JAKAFI.....	17	kelnor 1/50.....	40	
introvale.....	39	jantoven.....	13	KEPPRA ORAL	13	
INTUNIV	24	JANUMET	32	KEPPRA XR.....	13	
INVEGA	19	JANUVIA.....	32	KERENDIA ORAL TABLET 10 MG, 20 MG	22	
INVELTYS	47	JARDIANCE.....	32	KESIMPTA.....	25	
INVOKANA.....	32	jasmiel.....	39	ketoconazole external cream	16	
INZIRQO	22	JATENZO	42	ketoconazole external shampoo..	16	
IPOL.....	45	jencycla	39	ketoconazole oral.....	16	
ipratropium bromide inhalation ..	50	JENTADUETO.....	33	ketorolac tromethamine ophthalmic.....	47	
ipratropium bromide nasal	49	JENTADUETO XR	33	ketorolac tromethamine oral	10	
ipratropium-albuterol	50	jinteli	39	KEVZARA.....	44	
IQIRVO	36	jolessa.....	39	KISQALI.....	17	
irbesartan.....	22	JORNAY PM	24	KLARITY-A	47	
irbesartan-hydrochlorothiazide...	22	JOURNAVX.....	9	KLARON.....	28	
ISENTRESS HD.....	19	JUBLIA.....	16	klayesta	16	
ISENTRESS ORAL TABLET	19	juleber.....	39	KLISYRI	28	
isibloom.....	39	JULUCA	19	KLONOPIN.....	20	
isoniazid oral tablet.....	17	junel 1/20	39	klor-con	34	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %.....	48	junel 1.5/30	39	klor-con 10	34	
ISORDIL TITRADOSE.....	22	junel fe 1/20.....	39	klor-con m10.....	34	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg.....	22	junel fe 1.5/30.....	39	klor-con m15.....	34	
isosorbide dinitrate oral tablet 40 mg	22	junel fe 24	40	klor-con m20.....	34	
isosorbide mononitrate er	22	JUST RIGHT 5000 DENTAL GEL 1.1 %	25	KLOXXADO	11	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	28	JUST RIGHT 5000 DENTAL PASTE	25	kls quit2	11	
isotretinoin oral capsule 25 mg, 35 mg.....	28	JYLAMVO.....	44	kls quit4	11	
ISTALOL.....	48	JYNARQUE ORAL TABLET THERAPY PACK	37	KOATE.....	33	
itraconazole oral capsule.....	16	K			KOATE-DVI.....	33
ivabradine hcl.....	22	K-PHOS-NEUTRAL.....	34	KOGENATE FS.....	33	
ivermectin external cream	28	K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	34	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	33	



LOPRESSOR ORAL TABLET	22	M	MENVEO	45	
LOPROX EXTERNAL SHAMPOO 1 %	16	M-M-R II	45	MEPRON	18
LOPROX EXTERNAL SUSPENSION 0.77 %	28	M-NATAL PLUS	34	mercaptapurine oral tablet	17
lorazepam oral tablet	20	MACROBID	12	mesalamine er oral capsule 0.375 gm	46
loryna	40	MACRODANTIN	12	mesalamine oral capsule delayed release 400 mg	46
losartan potassium oral	22	MALARONE	18	mesalamine oral tablet delayed release 1.2 gm	46
losartan potassium-hctz	22	MARINOL	15	mesalamine oral tablet delayed release 800 mg	46
LOTEMAX OPHTHALMIC GEL	47	marlissa	40	mesalamine rectal enema	46
LOTEMAX OPHTHALMIC OINTMENT	47	matzim la	22	mesalamine rectal suppository	46
LOTEMAX OPHTHALMIC SUSPENSION	47	MAVENCLAD	25	MESTINON ORAL TABLET	17
LOTEMAX SM	47	MAVYRET ORAL PACKET	19	METADATE CD	24
LOTENSIN	22	MAXALT	16	metaxalone oral tablet 400 mg, 800 mg	51
LOTENSIN HCT	22	MAXALT-MLT	16	metaxalone oral tablet 640 mg	51
loteprednol etabonate	47	maxi-tuss ac	49	metformin hcl er	33
LOTREL	22	MAXITROL	47	metformin hcl er (mod)	33
lovastatin oral	22	MAXZIDE ORAL TABLET 75-50 MG	22	metformin hcl er (osm)	33
LOVAZA	22	MAXZIDE-25 ORAL TABLET 37.5- 25 MG	22	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	33
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	13	MAYZENT	25	metformin hcl oral tablet 625 mg, 750 mg	33
low-ogestrel	40	meclizine hcl oral tablet	15	methadone hcl oral tablet	9
lubiprostone	36	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	42	methenamine hippurate	12
LUMAKRAS	17	MEDROL ORAL TABLET 2 MG	42	methimazole oral	43
LUMIGAN	48	MEDROL ORAL TABLET THERAPY PACK	42	methocarbamol oral	51
LUMRYZ	52	medroxyprogesterone acetate intramuscular	40	methotrexate sodium (pf)	44
LUNESTA	52	medroxyprogesterone acetate oral	40	methotrexate sodium injection solution	44
LUPKYNIS	44	mefloquine hcl	18	methotrexate sodium oral	44
lurasidone hcl	19	megestrol acetate oral suspension 40 mg/ml	42	METHYLIN	24
lutera	40	megestrol acetate oral tablet	40	methylphenidate hcl er (cd)	24
lyleq	40	meleya	40	methylphenidate hcl er (1a) oral capsule extended release 24 hour 24	24
lyllana	40	meloxicam oral tablet	10	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	24
LYNPARZA	17	memantine hcl er	14	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	24
LYRICA ORAL CAPSULE	25	memantine hcl oral tablet	14		
LYUMJEV KWIKPEN	32	MENOPUR	45		
LYUMJEV TEMPO PEN	32	MENOSTAR	40		
LYUMJEV VIAL	32	MENQUADFI	45		
lyza	40				



methylphenidate hcl er (osm) oral tablet extended release 72 mg.....	24	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG.....	22	mycophenolate mofetil oral capsule.....	44
methylphenidate hcl er (xr)	24	MINIVELLE	40	mycophenolate mofetil oral tablet.....	44
methylphenidate hcl er oral tablet extended release.....	24	minocycline hcl oral capsule	12	mycophenolate sodium.....	44
methylphenidate hcl er oral tablet extended release 24 hour ..	24	minoxidil oral	22	mycophenolic acid	44
methylphenidate hcl oral.....	24	mirabegron er.....	37	MYDAYIS	24
methylprednisolone oral	42	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	40	MYFEMBREE	40
metoclopramide hcl oral tablet...	15	mirtazapine oral	15	MYFORTIC	44
metolazone	22	MIRVASO.....	28	MYHIBBIN.....	44
metoprolol succinate er.....	22	misoprostol oral	36	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ...	37
metoprolol tartrate oral.....	22	MITIGARE.....	16	MYSOLINE.....	13
metoprolol-hydrochlorothiazide..	22	modafinil oral	52		
METROCREAM.....	28	MODERNA COVID-19 VAC 6M-11Y	45	N	
METROGEL	28	mometasone furoate external....	28	na sulfate-k sulfate-mg sulf	36
METROLOTION.....	28	mometasone furoate nasal	49	nabumetone oral	10
metronidazole external	28	MONDOXYNE NL.....	12	nadolol oral	22
metronidazole oral tablet 125 mg.	12	mono-lynyah	40	naloxone hcl injection solution prefilled syringe	11
metronidazole oral tablet 250 mg, 500 mg	12	montelukast sodium oral.....	50	naloxone hcl nasal	11
metronidazole vaginal.....	12	morphine sulfate er oral tablet extended release	9	naltrexone hcl oral.....	11
mexiletine hcl oral	22	morphine sulfate oral tablet	9	NAMENDA ORAL TABLET 10 MG, 5 MG.....	14
mibelas 24 fe.....	40	MOTEGRITY	36	NAMENDA TITRATION PAK	14
MICARDIS.....	22	MOTPOLY XR.....	13	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	14
MICARDIS HCT	22	MOUNJARO.....	33	NAPROSYN.....	10
MICROCHAMBER.....	50	MOVIPREP	36	naproxen dr	10
microgestin 1/20	40	moxifloxacin hcl (2x day).....	47	naproxen oral tablet.....	10
microgestin 1.5/30	40	moxifloxacin hcl ophthalmic.....	47	naproxen oral tablet delayed release	10
microgestin 24 fe oral tablet 1-20 mg-mcg.....	40	moxifloxacin hcl oral	12	naproxen sodium oral tablet 275 mg, 550 mg.....	10
microgestin fe 1/20.....	40	MS CONTIN.....	9	naratriptan hcl.....	16
microgestin fe 1.5/30.....	40	MULTAQ.....	22	NARCAN.....	11
midodrine hcl.....	22	MULTI-VIT-FLOR	34	NASCOBAL.....	34
MIEBO.....	48	multi-vitamin/fluoride	34	NATAZIA	40
mili	40	multivitamin w/fluoride	34	nateglinide.....	33
mimvey.....	40	multivitamin/fluoride oral tablet chewable.....	34	NATESTO.....	42
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)....	40	mupirocin cream	12		
		mupirocin ointment	12		
		MYAMBUTOL ORAL TABLET 400 MG.....	17		

NAYZILAM	13	nicotine polacrilex mouth/ throat.....	10, 11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	41
nebivolol hcl	22	nicotine step 1	11	norgestimate-ethinyl estradiol triphasic.....	41
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %... 49		nicotine step 2	11	NORITATE.....	28
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %... 49		nicotine step 3	10, 11	NORLIQVA	22
necon 0.5/35 (28).....	40	nicotine transdermal patch 24 hour	11	norlyroc	41
NEFFY.....	48	nifedipine er	22	NORPRAMIN.....	15
NEMLUVIO.....	28	nifedipine er osmotic release	22	nortrel 0.5/35 (28).....	41
neomycin sulfate oral	12	nifedipine oral	22	nortrel 1/35 (21)	41
neomycin-polymyxin-dexameth . 47		nikki	40	nortrel 1/35 (28)	41
neomycin-polymyxin-hc otic	48	nilotinib hcl.....	17	nortrel 7/7/7	41
NEONATAL COMPLETE.....	34	NITRO-BID.....	22	nortriptyline hcl oral capsule.....	15
NEONATAL PLUS.....	34	NITRO-DUR.....	22	NORVASC	22
NEONATAL PRENATAL.....	34	nitrofurantoin macrocrystal	12	NOVAREL	45
NEONATAL VITAMIN	34	nitrofurantoin monohydrate macrocrystals.....	12	NOVOEIGHT	33
NEORAL ORAL CAPSULE.....	44	nitroglycerin rectal	22	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	30
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	33	nitroglycerin sublingual	22	NOVOFINE PEN NEEDLE	30
neuac.....	28	nitroglycerin transdermal	22	NOVOFINE PLUS PEN NEEDLE ...	30
NEULASTA	33	NITROSTAT	22	NOVOLIN 70/30 FLEXPEN.....	32
NEUPRO.....	18	NIVA THYROID.....	43	NOVOLIN 70/30 FLEXPEN RELION.....	32
NEURONTIN	13	NIVA-PLUS	34	NOVOLIN 70/30 RELION	32
NEVANAC	47	NIVESTYM	33	NOVOLIN 70/30 VIAL.....	32
NEXIUM ORAL CAPSULE DELAYED RELEASE.....	36	NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG.....	42	NOVOLIN N FLEXPEN	32
NEXIUM ORAL PACKET	36	nora-be.....	40	NOVOLIN N FLEXPEN RELION ...	32
NEXLETOL	22	NORDITROPIN FLEXPRO	42	NOVOLIN N RELION.....	32
NEXLIZET.....	22	norelgestromin-eth estradiol.....	40	NOVOLIN N VIAL.....	32
NEXTSTELLIS.....	40	norethin ace-eth estrad-fe oral tablet.....	40	NOVOLIN R FLEXPEN	32
NGENLA.....	42	norethin ace-eth estrad-fe oral tablet chewable.....	40	NOVOLIN R FLEXPEN RELION....	32
niacin er (antihyperlipidemic).....	22	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg- mcg	41	NOVOLIN R RELION.....	32
NICODERM CQ	11	norethindrone acet-ethinyl est ...	40	NOVOLIN R VIAL	32
NICORETTE MINI.....	11	norethindrone acetate oral	40	NOVOLOG FLEXPEN	32
NICORETTE MOUTH/THROAT GUM.....	11	norethindrone oral	40	NOVOLOG FLEXPEN RELION.....	32
NICORETTE MOUTH/THROAT LOZENGE	11	norethindrone-eth estradiol	40	NOVOLOG RELION	32
NICORETTE STARTER KIT.....	11			NOVOLOG U-100 VIAL.....	32
nicotine mini	10, 11			NOVOPEN ECHO.....	30
nicotine polacrilex mini.....	11			NOXAFIL ORAL TABLET DELAYED RELEASE.....	16
				np thyroid	43



NUBEQA.....	17	olopatadine hcl ophthalmic solution 0.2 %	47	OPVEE.....	11
NUCALA.....	50	OLUMIANT.....	44	OPZELURA.....	28
NUCYNTA.....	9	OMECLAMOX-PAK.....	36	ORACEA.....	28
NUCYNTA ER.....	9	omega-3-acid ethyl esters	23	ORACIT	35
NUEDEXTA.....	25	omeprazole oral capsule delayed release	36	ORAL CITRATE.....	35
NULEV.....	36	OMNIPOD 5 DEXCOM INTRO KIT.....	30	ORALONE.....	25
NURTEC.....	16	OMNIPOD 5 DEXCOM PODS.....	31	ORENCIA CLICKJECT.....	44
NUVARING.....	41	OMNIPOD 5 G7 INTRO (GEN 5) KIT.....	31	ORENCIA SUBCUTANEOUS	44
NUVESSA.....	12	OMNIPOD 5 G7 PODS (GEN 5).....	31	ORFADIN ORAL CAPSULE.....	37
NUVIGIL	52	OMNIPOD 5 LIBRE INTRO KIT....	31	ORFADIN ORAL SUSPENSION	37
NUWIQ.....	33	OMNIPOD 5 LIBRE PODS	31	ORGOVYX.....	17
NUZYRA ORAL.....	12	OMNIPOD 5 LIBRE PODS	31	ORIAHNN	42
nyamyc.....	16	OMNITROPE.....	42	ORILISSA	42
nylia 1/35.....	41	OMVOH SUBCUTANEOUS.....	44	orphenadrine citrate er.....	51
nylia 7/7/7.....	41	ondansetron hcl oral	15	OSCIMIN.....	36
nymyo oral tablet 0.25-35 mg-mcg.....	41	ondansetron odt oral tablet dispersible 16 mg	15	oseltamivir phosphate oral.....	19
nystatin external.....	16	ondansetron odt oral tablet dispersible 4 mg, 8 mg	15	OSPHENA	34
nystatin mouth/throat	16	ONE VITE WOMENS	34, 35	OTEZLA	44
nystatin oral.....	16	ONE VITE WOMENS PLUS.....	35	OTREXUP.....	44
nystatin-triamcinolone.....	16	ONETOUCH ULTRA 2 KIT W/ DEVICE.....	31	OVACE PLUS WASH EXTERNAL LIQUID.....	28
nystop.....	16	ONETOUCH ULTRA BLUE TEST ...	31	OVACE WASH	28
NYVEPRIA.....	33	ONETOUCH ULTRA TEST STRIPS .	31	OVIDREL	45
O					
ocella.....	41	ONETOUCH VERIO FLEX SYSTEM KIT.....	31	oxaprozin oral tablet.....	10
OCUFLOX.....	47	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE.....	31	oxcarbazepine	13
ODACTRA.....	49	ONETOUCH VERIO KIT W/DEVICE	31	oxcarbazepine er	13
ODEFSEY.....	19	ONETOUCH VERIO REFLECT KIT W/DEVICE	31	oxybutynin chloride er	37
ODOMZO.....	17	ONETOUCH VERIO TEST STRIPS .	31	oxybutynin chloride oral	37
OFEV	51	ONEXTON.....	28	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9
ofloxacin ophthalmic.....	47	ONFI	13	oxycodone hcl oral capsule	9
ofloxacin otic	48	ONGLYZA	33	oxycodone hcl oral solution.....	9
olanzapine oral.....	19	ONYDA XR.....	24	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg.....	9
olmesartan medoxomil oral.....	23	OPSUMIT.....	51	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.....	9
olmesartan medoxomil-hctz.....	23				
olmesartan-amlodipine-hctz	23				
olopatadine hcl nasal.....	49				
olopatadine hcl ophthalmic solution 0.1 %	47				



oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9
OXYCONTIN	9
OZEMPIC	33

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PACERONE ORAL TABLET 100 MG, 400 MG	23
PACERONE ORAL TABLET 200 MG	23
paliperidone er	19
PAMELOR	15
PANCREAZE	37
PANRETIN	28
pantoprazole sodium oral tablet delayed release	36
PARLODEL ORAL TABLET	18
paroxetine hcl er	15
paroxetine hcl oral tablet	15
PATANASE NASAL SOLUTION 0.6 %	49
PAXIL	15
PAXIL CR	15
PAXLOVID	19
PEDIAPRED	42
peg 3350-kcl-na bicarb-nacl	36
peg-3350/electrolytes	36
peg-3350/electrolytes/ascorbat	36
peg-kcl-nacl-nasulf-na asc-c	37
penicillin v potassium	12
pentoxifylline er	23
PEPCID	36
perampanel	14
PERCOCET	9
PERFOROMIST	50
PERIDEX	25
perio gard	25
permethrin external	18
perphenazine oral	15
PERTZYE	37

PFIZER COVID-19 VAC-TRIS 5-11Y	45
PFIZER COVID-19 VAC-TRIS 6M-4Y	45
phenazo oral tablet 200 mg	37
phenazopyridine hcl oral tablet 100 mg, 200 mg	37
phenobarbital oral tablet	14
phenytek	14
phenytoin sodium extended	14
PHEXXI	41
philith	41
PHOSPHA 250 NEUTRAL	35
phospho-trin 250 neutral	35
phosphorous	35
pilocarpine hcl oral	26
pimecrolimus	28
pimtreea	41
pioglitazone hcl	33
pioglitazone hcl-metformin hcl	33
PIQRAY	18
pirfenidone	51
piroxicam oral	10
pitavastatin calcium	23
PLAQUENIL	18
PLAVIX	18
PLEGRIDY	25
PLENVU	37
PLEXION CLEANSER	28
pnv 27-ca/fe/fa	35
podofilox external solution	28
POKONZA	35
POLY-VI-FLOR ORAL TABLET CHEWABLE	35
POLYCIN	47
polymyxin b-trimethoprim	47
POMALYST	18
portia-28	41
posaconazole oral tablet delayed release	16
potassium chloride crys er	35

potassium chloride er	35
potassium chloride oral	35
potassium citrate er	35
PRADAXA ORAL CAPSULE	13
PRALUENT	23
pramipexole dihydrochloride	18
prasugrel hcl	18
pravastatin sodium	23
prazosin hcl oral	23
PRED FORTE	47
PRED MILD	47
prednisolone acetate ophthalmic	47
PREDNISOLONE ACETATE P-F	47
prednisolone oral solution	42
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	42
prednisolone sodium phosphate oral solution 15 mg/5ml	42
prednisone oral	42
pregabalin oral capsule	25
PREGNYL	45
PREMARIN ORAL	41
PREMARIN VAGINAL	41
premium lidocaine	9
PREMPHASE	41
PREMPRO	41
prenatal oral tablet 27-0.8 mg	35
prenatal oral tablet 27-1 mg	35
prenatal plus	35
prenatal plus vitamin/mineral	35
prenatal vitamins oral tablet 27-0.8 mg	35
PRENATE MINI	35
PRENATOL-M	35
PRENATRIX	35
PRENATRYL	35
PREVACID	36
PREVACID SOLUTAB	36
prevalite	23



PREVIDENT 5000 BOOSTER PLUS.....	26	promethazine-codeine.....	49	QUILLICHEW ER.....	24
PREVIDENT 5000 DRY MOUTH.....	26	promethazine-dm.....	49	QUILLIVANT XR.....	25
PREVIDENT 5000 ENAMEL PROTECT.....	35	PROMETHEGAN.....	15	QULIPTA.....	16
PREVIDENT 5000 KIDS.....	26	PROMETRIUM.....	41	QUVIVIQ.....	52
PREVIDENT 5000 ORTHO DEFENSE.....	26	propafenone hcl.....	23	QVAR REDIHALER.....	50
PREVIDENT 5000 PLUS.....	26	propafenone hcl er.....	23		
PREVIDENT 5000 SENSITIVE.....	35	propranolol hcl er.....	23	R	
PREVIDENT DENTAL.....	26	propranolol hcl oral.....	23	ra mini nicotine.....	11
PREVNAR 20.....	45	propylthiouracil oral.....	43	ra nicotine mouth/throat gum 4 mg.....	11
PREVYMIS ORAL TABLET.....	19	PROSCAR.....	38	ra nicotine polacrilex.....	11
PREZCOBIX.....	19	PROTONIX ORAL TABLET DELAYED RELEASE.....	36	ra nicotine transdermal patch 24 hour 21 mg/24hr.....	11
primidone oral tablet 125 mg.....	14	PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT.....	50	rabeprazole sodium oral tablet delayed release.....	36
primidone oral tablet 250 mg, 50 mg.....	14	PROVERA.....	38, 41	RADICAVA ORS.....	25
PRIORIX.....	45	PROVIGIL.....	52	RADICAVA ORS STARTER KIT.....	25
PRISTIQ.....	15	PROZAC.....	15	RALDESY.....	15
probenecid.....	16	prucalopride succinate.....	37	raloxifene hcl.....	46
PROCARDIA XL.....	23	pseudoephedrine-bromphen-dm.....	49	ramelteon.....	52
PROCHAMBER VHC.....	50	PULMICORT SUSPENSION.....	50	ramipril.....	23
prochlorperazine maleate oral.....	15	PULMOSAL.....	49	ranolazine er.....	23
PROCORT.....	46	PULMOZYME.....	51	RAPAFLO.....	38
procto-med hc.....	46	PYLERA.....	36	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG.....	44
PROCTOCORT EXTERNAL.....	46	PYRIDIUM.....	37	rasagiline mesylate oral.....	18
PROCTOCORT RECTAL.....	46	pyridostigmine bromide oral tablet 30 mg.....	17	RASUVO.....	44
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REPATHA SURECLICK	23	ROXICODONE	9	sf gel 1.1%	26
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RETEVMO.....	18	RYALTRIS.....	49	100 mg, 25 mg, 50 mg	34
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REVLIMID.....	18	RYTARY.....	18	SILENOR	52
REXTOVY.....	11	RYTHMOL SR ORAL CAPSULE		silodosin.....	38
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REYVOW	16	225 MG, 325 MG, 425 MG.....	23	silver sulfadiazine external	12
REZDIFFRA.....	37	ryvent	49	simliya	41
RHOFADE	28			simpesse	41
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rifampin oral	17			simvastatin oral tablet 10 mg,	
RINVOQ.....	44			20 mg, 40 mg, 5 mg.....	23
risedronate sodium oral tablet				simvastatin oral tablet 80 mg.....	23
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risedronate sodium oral tablet				SINGULAIR ORAL PACKET.....	50
30 mg, 5 mg.....	46			SINGULAIR ORAL TABLET	50
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rivastigmine tartrate	14			SLYND	41
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rizatriptan.....	16			sm nicotine polacrilex	11
ROBINUL ORAL TABLET 1 MG.....	37			sm nicotine transdermal patch	
ROBINUL-FORTE ORAL TABLET				24 hour 14 mg/24hr, 21 mg/24hr,	
2 MG.....	37			7 mg/24hr.....	11
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ROCKLATAN	48			sod citrate-citric acid oral	
roflumilast	50			solution 500-334 mg/5ml.....	35
				sod fluoride-potassium nitrate ...	35

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sodium fluoride 5000 enamel	35	STROMECTOL	18	SYMPAZAN	14
sodium fluoride 5000 plus	26	SUBOXONE	11	SYMPROIC	37
sodium fluoride 5000 ppm	26	subvenite	14	SYNALAR	28
sodium fluoride 5000 sensitive	35	SUCRAID	37	SYNALAR EXTERNAL SOLUTION 0.01 %	28
sodium fluoride dental	26	sucralfate oral	36	SYNJARDY	33
sodium fluoride oral solution	35	SUFLAVE	37	SYNJARDY XR	33
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SODIUM OXYBATE	52	sulfacetamide sod-sulfur wash external liquid 9-4.5 %	28		
sodium sulfacetamide wash	28	sulfacetamide sodium (acne)	28	T	
SOFOSBUVIR-VELPATASVIR	19	sulfacetamide sodium external	28	TABRECTA	18
solifenacin succinate	37	sulfacetamide sodium ophthalmic solution	47	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	29
SOLIQUA	33	sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	28	TACLONEX EXTERNAL SUSPENSION	29
SOMA	51	sulfacetamide sodium-sulfur external liquid 9-4.5 %	28	tacrolimus external	29
SOOLANTRA	28	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	12	tacrolimus oral	44
sotalol hcl oral	23	sulfamethoxazole-trimethoprim oral tablet	12	tadalafil (pah)	51
SOTYKTU	44	sulfasalazine oral	46	tadalafil oral	34
SOVUNA	18	sulfatrim pediatric	12	TADLIQ	51
SPIKEVAX	45	sulindac oral	10	tafluprost (pf)	48
SPIRIVA HANDIHALER	50	SUMADAN WASH	28	TAGRISSO	18
SPIRIVA RESPIMAT	50	sumatriptan nasal	16	TAKHZYRO SUBCUTANEOUS SOLUTION	44
spironolactone oral tablet	23	sumatriptan succinate oral	16	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	44
spironolactone-hctz	23	sumatriptan succinate subcutaneous solution auto- injector	16	TAMIFLU	19
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STIVARGA	18				
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STRENSIQ	37				



tarina 24 fe	41	teriparatide solution pen- injector 560 mcg/2.24ml subcutaneous.....	46	TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %.....	48
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taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	23	testosterone gel 25 mg/2.5gm (1%) transdermal.....	43	tizanidine hcl oral.....	51
TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	25	testosterone transdermal gel 10 mg/act (2%), 20.25 mg/ 1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%).....	43	TLANDO.....	43
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TENCON	9	timolol maleate ocudose.....	48	topiramate er oral capsule extended release 24 hour	14
TENIVAC	45	timolol maleate ophthalmic.....	48	topiramate oral capsule sprinkle..	14
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tramadol hcl er.....	9	triamcinolone acetonide external ointment 0.05 %.....	29	TRUE METRIX METER	31
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	9	triamcinolone acetonide mouth/ throat.....	26	TRUE METRIX PRO BLOOD GLUCOSE	31
tramadol hcl oral tablet 75 mg.....	9	triamcinolone in absorbase	29	TRULANCE.....	37
tramadol-acetaminophen	9	triamterene-hctz	23	TRULICITY.....	33
trandolapril	23	TRIANEX EXTERNAL OINTMENT 0.05 %	29	TRUQAP ORAL TABLET.....	18
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tri-lo-estarylla	41	TRIUMEQ.....	19		
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tri-lo-mili	41	TROKENDI XR.....	14		
tri-lo-sprintec.....	41	tropium chloride.....	37		
tri-mili	41	tropium chloride er.....	37		
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg.....	41	TRUE FOCUS BLOOD GLUCOSE STRIP.....	31		
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tri-vylibra lo	41				
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uredeb	29	vardenafil hcl oral tablet	34	VIIBRYD	15
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ማሳሰቢያ:- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባሮች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali-Bangala)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាភាគតិចថ្លៃ និងការទំនាក់ទំនងភាគតិចថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វថ្ងៃមកលេខភាគតិចថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說中文 (Chinese - Traditional), 您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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