



# Your 2023 Prescription Drug List

## Traditional 3-Tier

Effective September 1, 2023



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Oxford, and Student Resources medical plans with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

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

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your 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?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets to evaluate overall health care value. They also set coverage and tier status for all medications.

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

## About this PDL

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



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your 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 treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

# Reading your PDL

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

## Tier information

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

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

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

## Drug list information

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

<b>E</b>	<b>May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey)</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> <sup>3</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. <sup>4</sup>
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> <sup>5</sup> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. <sup>6</sup>

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

4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

5. Not applicable to Oxford and Student Resources plans.

6. Not applicable to certain Student Resources plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on the back of your 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	3	QL
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	1	PA, QL
LIDODERM	E	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	
PROLATE ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	1	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	1	QL
<b>Antibacterials - Drugs for Infections</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	

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





Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LYMEPAK	E	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
enoxaparin sodium	1	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTiom	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
divalproex sodium er	1	

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



Drug Name	Drug Tier	Requirements & Limits
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	PA
LAMICTAL ORAL TABLET	3	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	3	PA
NEURONTIN ORAL TABLET	3	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	3	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl capsule 10 mg oral	1	
doxepin hcl capsule 100 mg oral	1	
doxepin hcl capsule 25 mg oral	1	

Drug Name	Drug Tier	Requirements & Limits
doxepin hcl capsule 50 mg oral	1	
doxepin hcl capsule 75 mg oral	1	
doxepin hcl oral capsule 150 mg	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	3	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	

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Drug Name	Drug Tier	Requirements & Limits
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	3	PA, QL
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
MITIGARE	2	
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIQ	2	PA, ST
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX ORAL	E	QL
MAXALT	E	QL
NURTEC	2	PA, ST, QL
RELPAX	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL

Drug Name	Drug Tier	Requirements & Limits
UBRELVY	2	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	E	PA
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LUMAKRAS ORAL TABLET 120 MG	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO 40 MG	3	PA, QL, SP
RETEVMO 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSE	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	1	QL, SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
VITRAKVI ORAL CAPSULE	2	PA, QL, SP
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral tablet	1	
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	1	QL
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
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
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
MAVYRET ORAL PACKET	2	QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	3	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL

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Drug Name	Drug Tier	Requirements & Limits
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	

Drug Name	Drug Tier	Requirements & Limits
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	3	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
CORLANOR ORAL SOLUTION	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	E	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
hydralazine hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	

Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	

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Drug Name	Drug Tier	Requirements & Limits
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	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	E	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
MYDAYIS	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
VYVANSE ORAL CAPSULE	3	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
ingolimod hcl	1	PA, QL, SP
GILENYA	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 STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
pregabalin oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
accutane	1	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
amnestem	1	
AMZEEQ	3	PA, QL
AVITA EXTERNAL CREAM	E	PA, QL
brimonidine tartrate external	1	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	QL
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	QL
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA	3	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	PA
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
myorisan	1	
NORITATE	E	

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Drug Name	Drug Tier	Requirements & Limits
OPZELURA	3	PA, QL, SP
PICATO	3	QL
PROTOPIC	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
SANTYL	3	QL
SOOLANTRA	1	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	1	QL
tretinoin external cream	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tritocin	E	
VTAMA	3	PA, QL
XEPI	3	QL
zenatane	1	
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	
bd U-500 insulin syringes	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
bd veo ultra-fine insulin syringes	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	

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Drug Name	Drug Tier	Requirements & Limits
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA
DEXCOM G7 SENSOR	3	PA
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
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 CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES	2	QL
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	QL
NOVOTWIST	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)

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Drug Name	Drug Tier	Requirements & Limits
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	3	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(Arkay) QL
TECHLITE PEN NEEDLES	2	(Arkay) QL
TEMPO REFILL	E	

Drug Name	Drug Tier	Requirements & Limits
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 KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS (cartridge)	2	QL
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL

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Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	2	PA, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	

Drug Name	Drug Tier	Requirements & Limits
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL

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Drug Name	Drug Tier	Requirements & Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
WILATE	2	
ZARXIO	2	
ZIEXTENZO	3	SP

Drug Name	Drug Tier	Requirements & Limits
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	

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Drug Name	Drug Tier	Requirements & Limits
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
dexlansoprazole	E	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucrafate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl tablet 20 mg oral	1	
GLYCATE	E	

Drug Name	Drug Tier	Requirements & Limits
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
DITROPAN XL	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	

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Drug Name	Drug Tier	Requirements & Limits
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H

Drug Name	Drug Tier	Requirements & Limits
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol transdermal gel	1	

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Drug Name	Drug Tier	Requirements & Limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
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
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
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
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	

Drug Name	Drug Tier	Requirements & Limits
LOESTRIN FE 1/20	E	
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	QL
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	3	

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Drug Name	Drug Tier	Requirements & Limits
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	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	
<b>Hormonal Agents - Other</b>		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	E	SP
leuprolide acetate injection	1	PA
MENOPUR	E	SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	3	SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	3	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	E	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT-SOL	2	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ADBRY	2	PA, SP
AMJEVITA	2	PA, QL, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
FIRAZYR	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
IMURAN	E	
LUPKYNIS	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA 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	
XELJANZ	2	PA, QL, SP
XELJANZ ORAL SOLUTION	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
<b>Immunological Agents - Drugs for Vaccination</b>		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PFIZER-BIONT COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H
<b>Infertility Agents</b>		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	(manufactured by Ferring), QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	1	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALREX	3	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL

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Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate oculosol	1	
timolol maleate oculosol ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
XALATAN	E	
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	

Drug Name	Drug Tier	Requirements & Limits
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	

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Drug Name	Drug Tier	Requirements & Limits
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	QL, RS
AIRDUO DIGIHALER	E	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation	1	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL

Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL, SP
PERFORMIST	3	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
OFEV	3	PA, QL, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX ORAL TABLET	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	

Drug Name	Drug Tier	Requirements & Limits
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
eszopiclone	1	
LUNESTA	E	
modafinil	1	QL
PROVIGIL	E	QL
RESTORIL	3	
SODIUM OXYBATE	3	PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral	1	

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CIMZIA SUBCUTANEOUS KIT . . . . .	26	CONTOUR NEXT GEN MONITOR . . . . .	17	cyproheptadine hcl oral tablet . . . . .	29
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT . . . . .	26	CONTOUR NEXT GEN TEST STRIPS . . . . .	17	cyred . . . . .	23
CINRYZE . . . . .	26	CONTOUR NEXT LINK KIT W/DEVICE. . . . .	17	cyred eq. . . . .	23
CIPRO ORAL TABLET. . . . .	9	CONTOUR NEXT MONITOR KIT W/DEVICE. . . . .	17	CYTOMEL . . . . .	26
CIPRODEX . . . . .	29	CONTOUR NEXT ONE KIT . . . . .	17	CYTOTEC . . . . .	22
ciprofloxacin hcl ophthalmic . . . . .	28				
ciprofloxacin hcl oral . . . . .	9				
ciprofloxacin-dexamethasone. . . . .	29				
citalopram hydrobromide oral tablet . . . . .	10				
claravis. . . . .	16				
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML . . . . .	22				



**D**

D-CARE BLOOD GLUCOSE	17
D-CARE GLUCOMETER	17
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	9
DAYVIGO	31
DAZOMON	16
deblitane	23
delyla	23
DEPAKOTE	9
DEPAKOTE ER	9
DEPEN TITRATABS	22
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	23
DEPO-SUBQ PROVERA 104	23
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	26
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	26
DESCOVY	12
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	23
desvenlafaxine succinate er	10
DEXABLISS	25
dexamethasone oral tablet	25
dexamethasone oral tablet therapy pack	25
DEXCOM G6 RECEIVER	18
DEXCOM G6 SENSOR	18
DEXCOM G6 TRANSMITTER	18
DEXCOM G7 RECEIVER	18
DEXCOM G7 SENSOR	18
dexlansoprazole	22
dexmethylphenidate hcl	15
dexmethylphenidate hcl er	15
DIABETES MONITOR DIGIT ADD-ON	18
DIABETES MONITOR DIGIT SOLN	18
diazepam oral tablet	13
diclofenac sodium oral	8
dicyclomine hcl oral capsule	22
dicyclomine hcl tablet 20 mg oral	22
DIFICID ORAL TABLET	9

DIFLUCAN ORAL TABLET	11
DILAUDID ORAL TABLET	8
diltiazem hcl er coated beads oral capsule extended release 24 hour	13
DIOVAN	13
DIOVAN HCT	13
DIPENTUM	28
DITROPAN XL	22
divalproex sodium er	9
divalproex sodium oral tablet delayed release	10
DIVIGEL	23
DODEX	21
DOPTelet	21
dorzolamide hcl-timolol mal	29
dorzolamide hcl-timolol mal pf	29
dotti	23
DOVATO	12
doxazosin mesylate oral	13
doxepin hcl capsule 10 mg oral	10
doxepin hcl capsule 100 mg oral	10
doxepin hcl capsule 25 mg oral	10
doxepin hcl capsule 50 mg oral	10
doxepin hcl capsule 75 mg oral	10
doxepin hcl oral capsule 150 mg	10
doxycycline hyclate oral capsule	9
doxycycline hyclate oral tablet 100 mg, 20 mg	9
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9
doxycycline monohydrate oral capsule 100 mg, 50 mg	9
doxycycline monohydrate oral capsule 150 mg, 75 mg	9
doxycycline monohydrate oral tablet	9
DRISDOL	21
drospirenone-ethinyl estradiol	23
DUAVEE	23
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10
duloxetine hcl oral capsule delayed release particles 40 mg	10
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	16

DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	16
DXEVO 11-DAY	25

**E**

EASY TOUCH HEALTHPRO GLUCOSE	18
EASY TOUCH TEST	18
EASYGLUCO	18
EASYMAX 15 TEST	18
EASYMAX NG BLOOD GLUCOSE KIT	18
EDARBI	13
EDARBYCLOR	13
EFFEXOR XR	10
EFUDEX	16
ELESTRIN	23
eletriptan hydrobromide	11
ELIGARD SUBCUTANEOUS KIT 7.5 MG	25
elinest	23
ELIQUIS	9
ELIQUIS DVT/PE STARTER PACK	9
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	9
ELOCTATE	21
eluryng	23
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
EMPAVELI	26
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	12
emtricitabine-tenofovir df oral tablet 200-300 mg	12
enalapril maleate oral tablet	13
ENBREL MINI	26
ENBREL SUBCUTANEOUS SOLUTION	26
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	26
ENBREL SURECLICK	26
endocet	8



ENDOMETRIN . . . . .	27	estradiol vaginal . . . . .	24	FLUOROURACIL EXTERNAL	
ENLITE GLUCOSE SENSOR. . . . .	18	ESTRING . . . . .	24	CREAM 0.5 % . . . . .	16
enoxaparin sodium. . . . .	9	ESTROGEL . . . . .	24	fluorouracil external cream 5 % . . . . .	16
enskyce . . . . .	23	eszopiclone . . . . .	31	fluoxetine hcl oral capsule. . . . .	10
ENSTILAR . . . . .	16	etonogestrel-ethinyl estradiol . . . . .	24	fluoxetine hcl oral tablet 10 mg. . . . .	10
ENTRESTO . . . . .	13	EUCRISA . . . . .	16	fluoxetine hcl oral tablet 20 mg. . . . .	10
EPCLUSA ORAL TABLET		euthyrox. . . . .	26	fluoxetine hcl oral tablet 60 mg. . . . .	10
200-50 MG . . . . .	12	EVAMIST . . . . .	24	FLUTICASONE FUROATE-	
EPCLUSA ORAL TABLET		EVERSENSE SENSOR/HOLDER . . . . .	18	VILANTEROL . . . . .	30
400-100 MG . . . . .	12	EVERSENSE SMART		FLUTICASONE PROPIONATE HFA . . . . .	30
EPIDIOLEX . . . . .	10	TRANSMITTER. . . . .	18	fluticasone propionate nasal . . . . .	29
epinephrine injection solution auto-		EXFORGE . . . . .	13	fluticasone-salmeterol inhalation	
injector 0.15 mg/0.15ml,		EXKIVITY . . . . .	11	aerosol powder breath activated	
0.15 mg/0.3ml, 0.3 mg/0.3ml . . . . .	29	EXTAVIA . . . . .	15	100-50 mcg/act, 250-50 mcg/act,	
epinephrine solution auto-injector		EYSUVIS . . . . .	28	500-50 mcg/act . . . . .	30
0.15 mg/0.15ml injection . . . . .	29	ezetimibe . . . . .	13	FLUTICASONE-SALMETEROL	
epinephrine solution auto-injector				INHALATION AEROSOL POWDER	
0.15 mg/0.3ml injection . . . . .	29			BREATH ACTIVATED 113-14 MCG/	
epinephrine solution auto-injector				ACT, 232-14 MCG/ACT,	
0.3 mg/0.3ml injection . . . . .	29			55-14 MCG/ACT . . . . .	30
EPIPEN 2-PAK. . . . .	29			fluvoxamine maleate . . . . .	10
EPIPEN JR 2-PAK . . . . .	29			FLUZONE QUADRIVALENT	
EQ BLOOD GLUCOSE TEST . . . . .	18			INTRAMUSCULAR SUSPENSION	
ergocalciferol oral capsule . . . . .	21, 22			PREFILLED SYRINGE . . . . .	27
ERIVEDGE. . . . .	11			FOCALIN . . . . .	15
ERLEADA ORAL TABLET 240 MG. . . . .	11			FOCALIN XR. . . . .	15
ERLEADA ORAL TABLET 60 MG. . . . .	11			folic acid oral tablet 1 mg . . . . .	21
ERMEZA . . . . .	26			FOLLISTIM AQ . . . . .	27
errin . . . . .	23			FORFIVO XL . . . . .	10
erythromycin ophthalmic. . . . .	28			FORTEO . . . . .	28
escitalopram oxalate oral tablet . . . . .	10			FORTESTA . . . . .	26
ESGIC ORAL TABLET . . . . .	8			FORTISCARE G1 TEST STRIP . . . . .	18
estarylla. . . . .	23			FORTISCARE TEST . . . . .	18
ESTRACE . . . . .	23			FOSAMAX. . . . .	28
estradiol oral . . . . .	23			FREESTYLE LIBRE 14 DAY	
estradiol patch twice weekly				READER . . . . .	18
0.025 mg/24hr transdermal. . . . .	23			FREESTYLE LIBRE 14 DAY	
estradiol patch twice weekly				SENSOR . . . . .	18
0.0375 mg/24hr transdermal. . . . .	23			FREESTYLE LIBRE 2 READER. . . . .	18
estradiol patch twice weekly				FREESTYLE LIBRE 2 SENSOR. . . . .	18
0.05 mg/24hr transdermal. . . . .	23			FREESTYLE LIBRE 3 SENSOR. . . . .	18
estradiol patch twice weekly				FREESTYLE LIBRE READER . . . . .	18
0.075 mg/24hr transdermal. . . . .	23			FREESTYLE PRECISION NEO	
estradiol patch twice weekly				SYSTEM. . . . .	18
0.1 mg/24hr transdermal . . . . .	23			FREESTYLE PRECISION NEO	
estradiol transdermal gel . . . . .	23			TEST . . . . .	18
estradiol transdermal patch weekly . . . . .	24			FREESTYLE TEST . . . . .	18
				FUROSCIX . . . . .	13

## F



furosemide oral tablet	13
fyremadel	27

## G

gabapentin oral capsule	10
gabapentin oral tablet 600 mg, 800 mg	10
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	28
GAVRETO	11
gemfibrozil oral	13
GEN7T EXTERNAL PATCH	8
GILENYA	15
glatiramer acetate	15
glatopa	15
glimepiride	20
glipizide er	20
glipizide ir	20
glipizide xl	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
GLUCOCARD EXPRESSION TEST	18
GLUCOCARD SHINE TEST	18
GLUCOCARD VITAL TEST	18
GLUCOTROL XL	20
GLUMETZA	20
glyburide oral	20
GLYCATE	22
glycopyrrolate oral tablet 1 mg, 2 mg	22
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
GLYXAMBI	20
guanfacine hcl er	15
GUARDIAN CONNECT TRANSMITTER	18
GUARDIAN LINK 3 TRANSMITTER	18
GUARDIAN REAL-TIME REPLACE PED	18
GUARDIAN SENSOR (3)	18
GUARDIAN SENSOR 3	18
GVOKE HYPOPEN 1-PACK	18
GVOKE HYPOPEN 2-PACK	18
GVOKE KIT	18

GVOKE PFS	18
GYNAZOLE-1	11

## H

HAEGARDA	26
hailey 1.5/30	24
hailey 24 fe	24
hailey fe 1/20	24
hailey fe 1.5/30	24
HALCION	13
haloette	24
HARVONI ORAL TABLET	12
HEALTHPRO BLOOD GLUCOSE MONITO	18
heather	24
HEMADY	25
HEMLIBRA	21
HEMOFIL M	21
HIDEX 6-DAY	25
HUMALOG INJECTION	19
HUMALOG KWIKPEN	19
HUMALOG MIX 50/50 KWIKPEN	19
HUMALOG MIX 50/50 VIAL	19
HUMALOG MIX 75/25 KWIKPEN	19
HUMALOG MIX 75/25 VIAL	19
HUMALOG SUBCUTANEOUS (cartridge)	19
HUMALOG TEMPO PEN	19
HUMALOG U-100 JUNIOR KWIKPEN	19
HUMATE-P	21
HUMIRA	26, 27
HUMIRA PEDIATRIC CROHNS START	26
HUMIRA PEN	26
HUMIRA PEN-CD/UC/HS STARTER	26
HUMIRA PEN-PEDIATRIC UC START	26
HUMIRA PEN-PS/UV/ADOL HS START	26
HUMIRA PEN-PSOR/UEVIT STARTER	27
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 VIAL	19
HUMULIN N KWIKPEN	19

HUMULIN N VIAL	19
HUMULIN R U-500 KWIKPEN	19
HUMULIN R U-500 VIAL	19
HUMULIN R VIAL	19
hydralazine hcl oral	13
hydrochlorothiazide oral	14
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocortisone external cream 1 %	16
hydrocortisone external cream 2.5 %	16
hydrocortisone external ointment 1 %, 2.5 %	16
hydrocortisone oral	25
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral	12
hydroxyzine hcl oral tablet	13
hydroxyzine pamoate oral	13
HYFTOR	27
HYZAAR	14

## I

IBRANCE ORAL CAPSULE	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	11
ICLUSIG ORAL TABLET 15 MG, 45 MG	11
IDHIFA	11
ILEVRO	28
IMBRUVICA ORAL TABLET	11
IMITREX ORAL	11
IMPOYZ	16
IMURAN	27
IMVEXXY MAINTENANCE PACK	21
IMVEXXY STARTER PACK	21
INBRIJA	12
incassia	24
INDERAL LA	14
indomethacin oral	8
INSULIN GLARGINE	19



INSULIN GLARGINE SOLOSTAR . . . . .	19	kalliga . . . . .	24	lessina . . . . .	24	
INSULIN LISPRO . . . . .	19, 20	KAZANO . . . . .	20	letrozole oral . . . . .	11	
INSULIN LISPRO (1 UNIT DIAL) . . . . .	19	KEPPRA ORAL TABLET . . . . .	10	leuprolide acetate injection . . . . .	25	
INSULIN LISPRO JUNIOR		KESIMPTA . . . . .	15	LEVALBUTEROL HFA INHALATION		
KWIKPEN . . . . .	20	ketoconazole external cream . . . . .	11	AEROSOL 45 MCG/ACT . . . . .	30	
INSULIN LISPRO KWIKPEN . . . . .	20	ketoconazole external shampoo . . . . .	11	levetiracetam oral tablet . . . . .	10	
INSULIN LISPRO PROT & LISPRO . . . . .	20	ketorolac tromethamine oral . . . . .	8	levo-t . . . . .	26	
INSULIN PEN NEEDLES . . . . .	18	KLARITY-A . . . . .	28	levocetirizine dihydrochloride oral		
INTUNIV . . . . .	15	KLISYRI . . . . .	16	tablet . . . . .	29	
INVELTYS . . . . .	28	KLONOPIN . . . . .	13	levofloxacin oral tablet . . . . .	9	
ipratropium bromide nasal . . . . .	29	klor-con 10 . . . . .	21	levonorgestrel-ethinyl estrad oral		
ipratropium-albuterol . . . . .	30	klor-con m10 . . . . .	21	tablet 0.1-20 mg-mcg,		
irbesartan . . . . .	14	klor-con m15 . . . . .	21	0.15-30 mg-mcg . . . . .	24	
irbesartan-hydrochlorothiazide . . . . .	14	klor-con m20 . . . . .	21	levora 0.15/30 (28) . . . . .	24	
isibloom . . . . .	24	klor-con oral tablet extended		levothyroxine sodium oral tablet . . . . .	26	
isosorb dinitrate-hydralazine . . . . .	14	release . . . . .	21	levoxy . . . . .	26	
isosorbide mononitrate er . . . . .	14	KLOXXADO . . . . .	8	LEXAPRO . . . . .	10	
isotretinoin capsule 10 mg oral . . . . .	16	KOATE . . . . .	21	LIALDA . . . . .	28	
isotretinoin capsule 20 mg oral . . . . .	16	KOATE-DVI . . . . .	21	lidocaine external patch 5 % . . . . .	8	
isotretinoin capsule 30 mg oral . . . . .	16	KOGENATE FS . . . . .	21	lidocaine hcl mouth/throat . . . . .	16	
isotretinoin capsule 40 mg oral . . . . .	16	KOMBIGLYZE XR . . . . .	20	lidocaine viscous hcl . . . . .	16	
isotretinoin oral capsule 25 mg,		KOSELUGO . . . . .	11	LIDODERM . . . . .	8	
35 mg . . . . .	16	KOVALTRY . . . . .	21	LINZESS . . . . .	22	
ISTALOL . . . . .	29	KRINTAFEL . . . . .	12	liothyronine sodium oral . . . . .	26	
<b>J</b>				LIPITOR . . . . .	14	
jantoven . . . . .	9	kurvelo . . . . .	24	lisinopril oral . . . . .	14	
JARDIANCE . . . . .	20	KYNMOBI . . . . .	12	lisinopril-hydrochlorothiazide . . . . .	14	
jasmiel . . . . .	24	<b>L</b>			lithium carbonate er . . . . .	13
jencycla . . . . .	24	labetalol hcl oral . . . . .	14	lithium carbonate oral capsule . . . . .	13	
JENTADUETO . . . . .	20	LAMICTAL ORAL TABLET . . . . .	10	LITHOBID . . . . .	13	
JENTADUETO XR . . . . .	20	lamotrigine oral tablet . . . . .	10	LO LOESTRIN FE . . . . .	24	
JIVI . . . . .	21	LANREOTIDE ACETATE . . . . .	25	lo-zumandimine . . . . .	24	
JORNAY PM . . . . .	15	LANTUS SOLOSTAR . . . . .	20	LOESTRIN 1/20 (21) . . . . .	24	
juleber . . . . .	24	LANTUS U-100 VIAL . . . . .	20	LOESTRIN 1.5/30 (21) . . . . .	24	
JULUCA . . . . .	12	larin 1/20 . . . . .	24	LOESTRIN FE 1/20 . . . . .	24	
junel 1/20 . . . . .	24	larin 1.5/30 . . . . .	24	LOESTRIN FE 1.5/30 . . . . .	24	
junel 1.5/30 . . . . .	24	larin 24 fe . . . . .	24	LOKELMA . . . . .	21	
junel fe 1/20 . . . . .	24	larin fe 1/20 . . . . .	24	LOPID . . . . .	14	
junel fe 1.5/30 . . . . .	24	larin fe 1.5/30 . . . . .	24	LOPRESSOR . . . . .	14	
junel fe 24 . . . . .	24	LASIX . . . . .	14	lorazepam oral tablet . . . . .	13	
<b>K</b>				loryna . . . . .	24	
K-TAB . . . . .	21	LASTACAPT . . . . .	28	losartan potassium oral . . . . .	14	
		latanoprost ophthalmic . . . . .	29	losartan potassium-hctz . . . . .	14	
		LEDIPASVIR-SOFOSBUVIR . . . . .	12	LOTEMAX OPHTHALMIC GEL . . . . .	28	
		lenalidomide oral capsule 10 mg,		LOTEMAX OPHTHALMIC		
		15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg . . . . .	11	OINTMENT . . . . .	28	



LOTEMAX OPHTHALMIC SUSPENSION . . . . .	28	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG. . . . .	15	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	14
LOTEMAX SM . . . . .	28	MEDROL ORAL TABLET THERAPY PACK . . . . .	25	METROCREAM . . . . .	16
LOTENSIN . . . . .	14	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	24	metronidazole external cream . . . . .	16
loteprednol etabonate ophthalmic gel . . . . .	28	medroxyprogesterone acetate oral . . . . .	24	metronidazole oral tablet . . . . .	9
loteprednol etabonate ophthalmic suspension . . . . .	28	meloxicam oral tablet . . . . .	8	metronidazole vaginal . . . . .	9
LOTREL . . . . .	14	MENOPUR . . . . .	25	MICARDIS . . . . .	14
lovastatin oral . . . . .	14	MENOSTAR . . . . .	24	MICRODOT TEST . . . . .	18
LOVAZA . . . . .	14	mesalamine oral tablet delayed release . . . . .	28	microgestin 1/20 . . . . .	24
LOVENOX . . . . .	9	metformin hcl er . . . . .	20	microgestin 1.5/30 . . . . .	24
low-ogestrel . . . . .	24	metformin hcl er (mod) . . . . .	20	microgestin 24 fe . . . . .	24
LUMAKRAS . . . . .	11	metformin hcl er (osm) . . . . .	20	microgestin fe 1/20 . . . . .	24
LUMAKRAS ORAL TABLET 120 MG . . . . .	11	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	20	microgestin fe 1.5/30 . . . . .	24
LUMIGAN . . . . .	29	metformin hcl oral tablet 625 mg . . . . .	20	mili . . . . .	24
LUNESTA . . . . .	31	methimazole oral . . . . .	26	MINILINK REAL-TIME TRANSMITTER . . . . .	18
LUPKYNIS . . . . .	27	methocarbamol oral tablet 1000 mg . . . . .	31	MINIMED 630G GUARDIAN PRESS . . . . .	18
lurasidone hcl . . . . .	12	methocarbamol oral tablet 500 mg, 750 mg . . . . .	31	MINIPRESS . . . . .	14
lutera . . . . .	24	methotrexate oral . . . . .	27	MINIVELLE . . . . .	23, 24
lyleq . . . . .	24	methotrexate sodium oral . . . . .	27	minocycline hcl oral capsule . . . . .	9
lyllana . . . . .	24	methylphenidate hcl er (cd) . . . . .	15	mirtazapine oral tablet . . . . .	10
LYMEPAK . . . . .	9	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	15	misoprostol oral . . . . .	22
LYNPARZA . . . . .	11	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	15	MITIGARE . . . . .	11
LYRICA ORAL CAPSULE . . . . .	15	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	15	MM EASY TOUCH GLUCOSE METER . . . . .	18
LYUMJEV KWIKPEN . . . . .	20	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG . . . . .	15	modafinil . . . . .	31
LYUMJEV TEMPO PEN . . . . .	20	methylphenidate hcl er (xr) . . . . .	15	MODERNA COVID-19 VAC (BOOSTER) . . . . .	27
LYUMJEV VIAL . . . . .	20	methylphenidate hcl er oral tablet extended release . . . . .	15	MODERNA COVID-19 VACC 6M-5Y . . . . .	27
lyza . . . . .	24	methylphenidate hcl oral tablet . . . . .	15	MODERNA COVID-19 VACCINE . . . . .	27
<b>M</b>		methylprednisolone oral tablet therapy pack . . . . .	25	mondoxylene nl . . . . .	9
MACROBID . . . . .	9	metoclopramide hcl oral tablet . . . . .	10	mono-lynyah . . . . .	24
MACRODANTIN . . . . .	9	metoprolol succinate er . . . . .	14	montelukast sodium oral tablet . . . . .	30
marlissa . . . . .	24	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	14	montelukast sodium oral tablet chewable . . . . .	30
MAVENCLAD . . . . .	15			morphine sulfate er oral tablet extended release . . . . .	8
MAVYRET . . . . .	12			MOTEGRITY . . . . .	22
MAVYRET ORAL PACKET . . . . .	12			MOUNJARO . . . . .	20
MAXALT . . . . .	11			MOVIPREP . . . . .	22
MAXITROL OPHTHALMIC SUSPENSION . . . . .	28			MOXEZA . . . . .	28
MAXZIDE . . . . .	14			moxifloxacin hcl (2x day) . . . . .	28
MAXZIDE-25 . . . . .	14			moxifloxacin hcl ophthalmic . . . . .	28
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG . . . . .	15			MS CONTIN . . . . .	8
				MULPLETA . . . . .	21
				MULTAQ . . . . .	14



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naltrexone hcl oral . . . . .	8
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NOVOLIN N RELION . . . . .	20
NOVOLIN N VIAL . . . . .	20
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ondansetron odt	10	OXAYDO	8	PFIZER-BIONTECH COVID-19 VACC	27	
ONETOUCH CLUB LANCETS FINE PT	18	oxcarbazepine oral tablet	10	phenazo oral tablet 200 mg	22	
ONETOUCH DELICA LANCETS 30G	18	oxybutynin chloride er	22	phenazopyridine hcl oral	22	
ONETOUCH DELICA LANCETS 33G	18	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PICATO	17	
ONETOUCH DELICA PLUS LANCET30G	18	oxycodone hcl oral tablet 5 mg	8	pioglitazone hcl	20	
ONETOUCH DELICA PLUS LANCET33G	18	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8	PIP BLOOD GLUCOSE TEST STRIP	19	
ONETOUCH FINEPOINT LANCETS	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PLAQUENIL	12	
ONETOUCH SOLUTIONS STARTER KIT	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8	PLAVIX	12	
ONETOUCH ULTRA 2 KIT W/DEVICE	19	OZEMPIC	20	PLEGRIDY INTRAMUSCULAR	15	
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ONETOUCH ULTRA TEST STRIPS	19	PACERONE ORAL TABLET 100 MG, 400 MG	14	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	15	
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ONETOUCH VERIO KIT W/DEVICE	19	PARADIGM REAL-TIME TRANSMITTER	19	POLYTRIM	28	
ONETOUCH VERIO REFLECT KIT W/DEVICE	19	paroxetine hcl oral tablet	10	POMALYST	11	
ONETOUCH VERIO TEST STRIPS	19	PAXIL ORAL TABLET	10	portia-28	24	
ONGLYZA	20	PAXLOVID (150/100)	12	potassium chloride crys er	22	
OPSUMIT	31	PAXLOVID (300/100)	12	potassium chloride er	22	
OPTIUMEZ TEST	19	PEDIAPRED	25	potassium citrate er	22	
OPZELURA	17	peg 3350-kcl-na bicarb-nacl	22	PRADAXA ORAL CAPSULE	9	
ORENCIA CLICKJECT	27	peg-3350/electrolytes/ascorbat	22	pramipexole dihydrochloride	12	
ORENCIA SUBCUTANEOUS	27	peg-kcl-nacl-nasulf-na asc-c	22	pravastatin sodium	14	
ORFADIN ORAL CAPSULE	22	penicillin v potassium oral tablet	9	prazosin hcl oral	14	
ORFADIN ORAL SUSPENSION	22	PERCOCET	8	PRECISION XTRA	19	
ORGOVYX	11	PERFOROMIST	30	PRECISION XTRA BLOOD GLUCOSE	19	
ORIAHNN	25	PERIDEX	16	PRED FORTE	28	
ORLISSA	25	periogard	16	PRED MILD	28	
oseltamivir phosphate oral capsule	12	PERTZYE	22	prednisolone acetate ophthalmic	28	
OSENI	20	PFIZER COVID-19 VAC BIVAL 5-11	27	PREDNISOLONE ACETATE P-F	28	
OSPHENA	21	PFIZER COVID-19 VAC BIVALENT	27	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	25	
OTEZLA ORAL TABLET	27			prednisolone sodium phosphate oral solution 15 mg/5ml	25	



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PRISTIQ. . . . .	10
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ROBINUL-FORTE . . . . .	22
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rosuvastatin calcium . . . . .	14
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sildenafil citrate oral tablet 20 mg. . . . .	31
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simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg. . . . .	14
simvastatin oral tablet 80 mg . . . . .	14
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SOFOSBUVIR-VELPATASVIR . . . . .	12	tacrolimus oral . . . . .	27	THYQUIDITY . . . . .	26
solifenacin succinate . . . . .	22	tadalafil oral. . . . .	21	TIGLUTIK. . . . .	16
SOLQUA. . . . .	20	TADLIQ . . . . .	31	timolol maleate (once-daily). . . . .	29
SOMA . . . . .	31	tafluprost (pf) . . . . .	29	timolol maleate ocudose . . . . .	29
SOMATULINE DEPOT . . . . .	25	TAGRISSO. . . . .	12	timolol maleate ocudose ophthalmic solution 0.5 % . . . . .	29
SOOLANTRA . . . . .	17	TAKHZYRO SUBCUTANEOUS SOLUTION . . . . .	27	timolol maleate ophthalmic solution . . . . .	29
SPIKEVAX COVID-19 VACCINE . . . . .	27	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	27	timolol maleate pf . . . . .	29
SPIRIVA HANDIHALER . . . . .	30	TAMIFLU ORAL CAPSULE . . . . .	12	timolol maleate pf ophthalmic solution 0.25 %, 0.5 % . . . . .	29
SPIRIVA RESPIMAT . . . . .	30	tamoxifen citrate oral tablet 10 mg . . . . .	12	TIMOPTIC . . . . .	29
spironolactone oral . . . . .	14	tamoxifen citrate oral tablet 20 mg . . . . .	12	TIMOPTIC OCUDOSE . . . . .	29
sprintec 28 . . . . .	25	tamsulosin hcl. . . . .	23	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % . . . . .	29
sronyx . . . . .	25	TAPERDEX 12-DAY . . . . .	25	TIROSINT-SOL . . . . .	26
STELARA SUBCUTANEOUS . . . . .	27	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	25	TIVICAY . . . . .	12
STENDRA . . . . .	21	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21). . . . .	25	tizanidine hcl oral tablet. . . . .	31
STIOLTO RESPIMAT . . . . .	30	TAPERDEX 7-DAY . . . . .	25	TOBI PODHALER . . . . .	31
STIVARGA . . . . .	12	TARGADOX . . . . .	9	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	28
STRATTERA . . . . .	15	TARGRETIN EXTERNAL . . . . .	12	TOBRADEX ST . . . . .	28
STRENSIQ . . . . .	22	TARGRETIN ORAL . . . . .	12	tobramycin-dexamethasone . . . . .	28
STRIVERDI RESPIMAT . . . . .	30	tarina 24 fe. . . . .	25	TOPAMAX . . . . .	10
SUBOXONE. . . . .	8	tarina fe 1/20 eq . . . . .	25	topiramate oral tablet . . . . .	10
subvenite . . . . .	10	TASIGNA . . . . .	12	TOPROL XL . . . . .	14
sucralfate oral tablet. . . . .	22	TAVALISSE . . . . .	21	torsemide . . . . .	14
sulfamethoxazole-trimethoprim oral tablet . . . . .	9	TECHLITE INSULIN SYRINGES . . . . .	19	TOUJEO MAX SOLOSTAR . . . . .	20
sumatriptan succinate oral . . . . .	11	TECHLITE PEN NEEDLES . . . . .	19	TOUJEO SOLOSTAR . . . . .	20
SUNOSI . . . . .	31	TEGSEDI . . . . .	22	TRACLEER 62.5 MG, 125 MG. . . . .	31
SUPREP BOWEL PREP KIT . . . . .	22	TEKTURNA . . . . .	14	TRADJENTA . . . . .	20
SUTAB . . . . .	22	TEKTURNA HCT . . . . .	14	tramadol hcl oral tablet 100 mg . . . . .	8
syeda . . . . .	25	telmisartan . . . . .	14	tramadol hcl oral tablet 50 mg . . . . .	8
SYMBICORT . . . . .	30	temazepam . . . . .	31	TRANSDERM-SCOP . . . . .	11
SYMFI . . . . .	12	TEMPO REFILL . . . . .	19	trazodone hcl oral. . . . .	10
SYMFI LO . . . . .	12	TEMPO WELCOME . . . . .	19	TRELEGY ELLIPTA . . . . .	30
SYMJEPI . . . . .	29	TENORETIC 100. . . . .	14	TREMFYA . . . . .	27
SYMLINPEN 120. . . . .	20	TENORETIC 50. . . . .	14	treprostinil . . . . .	31
SYMLINPEN 60. . . . .	20	TENORMIN . . . . .	14	tretinoin external cream . . . . .	17
SYMPROIC . . . . .	22	terbinafine hcl oral . . . . .	11	TREXALL . . . . .	27
SYNJARDY . . . . .	20	TERIPARATIDE (RECOMBINANT) . . . . .	28	TREZIX . . . . .	8
SYNJARDY XR . . . . .	20	TESTIM . . . . .	26	tri-estarylla . . . . .	25
SYNTHROID . . . . .	26	testosterone cypionate intramuscular . . . . .	26	tri-lynyah . . . . .	25
		THALITONE . . . . .	14	tri-lo-estarylla . . . . .	25
		THIOLA . . . . .	23	tri-lo-marzia . . . . .	25

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tri-lo-mili . . . . .	25	TYVASO . . . . .	31	VIBERZI . . . . .	22	
tri-lo-sprintec . . . . .	25	TYVASO DPI MAINTENANCE KIT . . .	31	VIBRAMYCIN ORAL CAPSULE . . . . .	9	
tri-mili . . . . .	25	TYVASO DPI TITRATION KIT . . . . .	31	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS . . . . .	20	
tri-nymyo . . . . .	25	TYVASO REFILL . . . . .	31	vienna . . . . .	25	
tri-sprintec . . . . .	25	TYVASO STARTER . . . . .	31	VIGAMOX . . . . .	28	
tri-vylibra . . . . .	25			VIIBRYD . . . . .	10	
tri-vylibra lo . . . . .	25	<b>U</b>			VIIBRYD STARTER PACK . . . . .	10
triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	17	UBRELVY . . . . .	11	vilazodone hcl . . . . .	10	
triamcinolone acetonide external cream 0.5 % . . . . .	17	UCERIS ORAL . . . . .	28	VISTARIL . . . . .	13	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	17	UCERIS RECTAL . . . . .	28	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit . . . . .	22	
triamcinolone acetonide external ointment 0.05 % . . . . .	17	UNISTRIP1 GENERIC . . . . .	19	VITRAKVI . . . . .	12	
triamcinolone in absorbase . . . . .	17	unithroid . . . . .	26	VITRAKVI ORAL CAPSULE . . . . .	12	
triamterene-hctz . . . . .	14	UROCIT-K 10 . . . . .	22	VITRAKVI ORAL SOLUTION 20 MG/ML . . . . .	12	
TRIANEX . . . . .	17	UROCIT-K 15 . . . . .	22	VIVELLE-DOT . . . . .	23, 25	
triazolam . . . . .	13	UROCIT-K 5 . . . . .	22	VIVJOA . . . . .	11	
TRICOR . . . . .	14	UROXATRAL . . . . .	23	VOGELXO . . . . .	26	
triderm external cream 0.1 % . . . . .	17			VOGELXO PUMP . . . . .	26	
triderm external cream 0.5 % . . . . .	17	<b>V</b>			VOSEVI . . . . .	13
TRIJARDY XR . . . . .	20	VAGIFEM . . . . .	25	VRAYLAR ORAL CAPSULE . . . . .	12	
TRILEPTAL ORAL TABLET . . . . .	10	valacyclovir hcl oral . . . . .	13	VTAMA . . . . .	17	
TRINTELLIX . . . . .	10	VALIUM . . . . .	13	VYLEESI . . . . .	21	
tritocin . . . . .	17	valsartan oral tablet . . . . .	14	vylibra . . . . .	25	
TRIUMEQ . . . . .	12	valsartan-hydrochlorothiazide . . . . .	14	VYVANSE . . . . .	15	
TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	19	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML . . . . .	10	VYVANSE ORAL CAPSULE . . . . .	15	
TRUE METRIX AIR GLUCOSE METER KIT . . . . .	19	VALTRESX . . . . .	13			
TRUE METRIX BLOOD GLUCOSE TEST . . . . .	19	VANADOM . . . . .	31	<b>W</b>		
TRUE METRIX GO GLUCOSE METER . . . . .	19	VANDAZOLE . . . . .	9	WAKIX . . . . .	31	
TRUE METRIX METER KIT . . . . .	19	VASOTEC . . . . .	14	warfarin sodium oral . . . . .	9	
TRUE METRIX PRO BLOOD GLUCOSE . . . . .	19	VELPHORO . . . . .	23	WELLBUTRIN SR . . . . .	10	
TRUETRACK TEST . . . . .	19	VELTASSA . . . . .	22	WELLBUTRIN XL . . . . .	10	
TRULICITY . . . . .	20	venlafaxine hcl . . . . .	10	WILATE . . . . .	21	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	12	venlafaxine hcl er oral capsule extended release 24 hour . . . . .	10	wixela inhub . . . . .	30	
TRUVADA ORAL TABLET 200-300 MG . . . . .	12	VENTOLIN HFA . . . . .	30			
TYMLOS . . . . .	28	verapamil hcl er oral tablet extended release . . . . .	14	<b>X</b>		
TYRVAYA . . . . .	29	VERKAZIA . . . . .	29	XALATAN . . . . .	29	
		VERQUVO . . . . .	14	XANAX . . . . .	13	
		VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG . . . . .	14	XARELTO . . . . .	9	
		VERZENIO . . . . .	12	XARELTO ORAL SUSPENSION RECONSTITUTED . . . . .	9	
		VESICARE . . . . .	23	XARELTO STARTER PACK . . . . .	9	
		vestura . . . . .	25			
		VIAGRA . . . . .	21			



XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG . . . . .	10	ZETIA . . . . .	15
XELJANZ . . . . .	27	ZETONNA . . . . .	30
XELJANZ ORAL SOLUTION . . . . .	27	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG . . . . .	15
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG . . . . .	27	ZIAC ORAL TABLET 5-6.25 MG . . . . .	15
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG . . . . .	27	ZIEXTENZO . . . . .	21
XENLETA ORAL . . . . .	9	ZILXI . . . . .	17
XEPI . . . . .	17	ZIMHI . . . . .	8
XIIDRA . . . . .	29	ZIOPTAN . . . . .	29
XOFLUZA (40 MG DOSE) . . . . .	13	ZITHROMAX ORAL SUSPENSION RECONSTITUTED . . . . .	9
XOFLUZA (80 MG DOSE) . . . . .	13	ZITHROMAX ORAL TABLET . . . . .	9
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	27	ZITHROMAX TRI-PAK . . . . .	9
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED . . . . .	27	ZITHROMAX Z-PAK . . . . .	9
XOPENEX HFA . . . . .	30	ZOCOR . . . . .	15
XTAMPZA ER . . . . .	8	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG . . . . .	11
xulane . . . . .	25	ZOLOFT ORAL TABLET . . . . .	10
XYREM . . . . .	31	zolpidem tartrate er . . . . .	31
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YAZ . . . . .	25	ZTLIDO . . . . .	8
YUPELRI . . . . .	30	ZUBSOLV . . . . .	8
yuvafem . . . . .	25	zumandimine . . . . .	25
		ZYLET . . . . .	28
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		ZYPREXA ORAL . . . . .	12

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Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

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<http://www.hhs.gov/ocr/office/file/index.html>

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

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្វែងរកលេខទូរស័ព្ទឥតគិតថ្លៃសម្រាប់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílt'go, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nit'izíí bee nééhozinígíí bine'déé> t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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