



# Your 2024 Prescription Drug List

## Texas Advantage 3-Tier

Effective May 1, 2024



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2024 and is subject to change after this date. This PDL applies to members of our and Student Resources medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

# Table of contents

Understanding your Prescription Drug List (PDL) .....	4
Medication tips .....	5
Reading your PDL .....	6
Questions .....	7
Analgesics	
Drugs for Pain .....	8
Drugs for Pain and Inflammation .....	8
Anti-Addiction / Substance Abuse Treatment Agents .....	8
Antibacterials	
Drugs for Infections .....	8
Anticoagulants	
Drugs to Treat or Prevent Blood Clots .....	9
Anticonvulsants	
Drugs for Seizures .....	9
Antidepressants	
Drugs for Depression .....	10
Antiemetics	
Drugs for Nausea and Vomiting .....	10
Antifungals	
Drugs for Fungal Infections .....	11
Antigout Agents	
Drugs for Gout .....	11
Antimigraine Agents	
Drugs for Migraines .....	11
Antineoplastics	
Drugs for Cancer .....	11
Antiparasitics	
Drugs for Parasitic Infections .....	12
Antiparkinson Agents	
Drugs for Parkinson's Disease .....	12
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention .....	12
Antipsychotics	
Drugs for Mood Disorders .....	12
Antivirals	
Drugs for Viral Infections .....	12
Anxiolytics	
Drugs for Anxiety .....	13
Bipolar Agents	
Drugs for Mood Disorders .....	13
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions .....	13
Central Nervous System Agents	
Drugs for Attention Deficit Disorder .....	14
Drugs for Multiple Sclerosis .....	15
Miscellaneous .....	15
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions .....	16
Dermatological Agents	
Drugs for Skin Conditions .....	16



Diabetes	
Glucose Monitoring and Supplies . . . . .	17
Insulin . . . . .	19
Non-Insulin Agents . . . . .	19
Drugs for Blood Disorders . . . . .	20
Drugs for Sexual Dysfunction. . . . .	21
Electrolytes / Vitamins . . . . .	21
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer. . . . .	21
Drugs for Bowel, Intestine and Stomach Conditions . . . . .	21
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment . . . . .	22
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions. . . . .	22
Drugs for Prostate Conditions . . . . .	22
Hormonal Agents	
Hormone Replacement and Birth Control . . . . .	22
Oral Steroids . . . . .	25
Other . . . . .	25
Testosterone Replacement. . . . .	25
Thyroid . . . . .	25
Immunological Agents	
Drugs for Immune System Stimulation or Suppression. . . . .	26
Drugs for Vaccination . . . . .	27
Infertility Agents. . . . .	27
Inflammatory Bowel Disease Agents. . . . .	27
Metabolic Bone Disease Agents	
Drugs for Osteoporosis. . . . .	27
Other . . . . .	27
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation . . . . .	28
Drugs for Glaucoma . . . . .	28
Drugs for Miscellaneous Eye Conditions . . . . .	28
Otic Agents	
Drugs for Ear Conditions. . . . .	29
Respiratory	
Drugs for Anaphylaxis . . . . .	29
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold . . . . .	29
Drugs for Asthma and COPD . . . . .	29
Drugs for Cystic Fibrosis. . . . .	30
Drugs for Pulmonary Fibrosis. . . . .	30
Drugs for Pulmonary Hypertension . . . . .	31
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm. . . . .	31
Sleep Disorder Agents . . . . .	31
Index. . . . .	32



# 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?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often upon your group's renewal.

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) 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). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## 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.

# 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. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	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</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>1</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> <sup>2</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</b> <sup>3</sup> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

2. Not applicable to Student Resources plans.

3. 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: 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.

- **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 oral tablet	1	
apap-caff-dihydrocodeine	3	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 %	3	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	
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	QL
celecoxib oral	2	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	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	(includes Narcan OTC) QL
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	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	
amoxicillin-potassium clavulanate oral tablet	1	

See page 6, 7 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
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	
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	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
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	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
mondoxyne nl	1	

Drug Name	Drug Tier	Requirements & Limits
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	
XACIATO	E	
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	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EPIDIOLEX	3	PA, SP
FYCOMPA	3	PA
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	
SYMPAZAN	E	
TOPAMAX	3	PA
TOPAMAX SPRINKLES	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	3	QL
doxepin hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
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	3	QL
fluoxetine hcl oral tablet 20 mg	3	
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	3	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	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	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	
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	
colchicine oral capsule	2	(generic for Mitigare)
colchicine oral tablet	2	
COLCRYS	E	
MITIGARE	2	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVI	2	PA, ST
AIMOVI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	2	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
RELPA	E	QL

Drug Name	Drug Tier	Requirements & Limits
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	E	
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
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 140 MG, 280 MG	E	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	2	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	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 ORAL CAPSULE 40 MG	3	PA, QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

#### Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	

#### Antiparkinson Agents - Drugs for Parkinson's Disease

INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	

#### Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	

#### Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral tablet	2	
LATUDA	E	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	

#### Antivirals - Drugs for Viral Infections

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	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
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
valacyclovir hcl oral	1	QL
VALTREX	E	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
bupirone 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	3	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	2	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
EXFORGE	E	
ezetimibe	2	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	3	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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 oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	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	
minoxidil oral	1	
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	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	

Drug Name	Drug Tier	Requirements & Limits
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	2	
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	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	QL
spironolactone oral tablet	1	
TEKTURNA	3	
telmisartan	2	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr	E	(generic for Mydayis), QL
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral tablet	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	E	
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
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
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, 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	
perigard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
AKLIEF	3	PA, QL
ala-cort	E	
AMZEEQ	3	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA

Drug Name	Drug Tier	Requirements & Limits
DUPIXENT	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	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
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA, QL
NORITATE	E	
OPZELURA	3	PA, QL, SP
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	3	PA, QL
SANTYL	3	QL
SOOLANTRA	3	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	2	QL
TOLAK	E	
tretinoin external cream	3	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	
triderm	1	QL
VTAMA	3	PA, QL

See page 6, 7 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
XEPI	3	QL
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 METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
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
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd ultra-fine U-500 insulin syringes	2	QL
bd ultra-fine veo insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	E	
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 KIT	E	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 2.4 )
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
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	
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
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	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	3	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
LANCETS	1	
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
NOVOTWIST PEN NEEDLE	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

Drug Name	Drug Tier	Requirements & Limits
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI BLOOD GLUCOSE METER	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	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	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER 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	E	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 TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL

Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
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	ST
ADLYXIN STARTER PACK	3	ST
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
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	E	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
saxagliptin hcl	2	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
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL

Drug Name	Drug Tier	Requirements & Limits
<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, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	PA, 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	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
UDENYCA	E	
WILATE	2	
ZARXIO	2	
<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	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	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
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium citrate er	1	
UROCIT-K 10	3	

Drug Name	Drug Tier	Requirements & Limits
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
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
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	2	QL
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	3	QL
LINZESS	2	PA, QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST

#### Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	

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

oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	2	
THIOLA	3	SP
THIOLA EC	3	SP

Drug Name	Drug Tier	Requirements & Limits
VELPHORO	2	
VESICARE	E	

#### Genitourinary Agents - Drugs for Prostate Conditions

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

#### Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
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
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
enilloring	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	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
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	3	
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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	3	
lo-zumandimine	3	
lutra	1	H
lyleq	1	H
lyllana	2	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-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	3	
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 oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	3	
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	E	
VEOZAH	3	PA, QL
vestura	3	
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	

See page 6, 7 for coverage details.





Drug Name	Drug Tier	Requirements & Limits
yuvafem	2	
zafemy	3	H
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
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>		
cabergoline	2	
LANREOTIDE ACETATE	E	SP
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	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	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<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
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT	E	PA, SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	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
COSENTYX UNOREADY	3	PA, ST, QL, SP
CYLTEZO	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER	2	PA, QL, SP
CYLTEZO-PSORIASIS STARTER	2	PA, QL, SP
ENBREL	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA PUSH TOUCH	2	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
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER PACK	E	PA, QL, SP
HYRIMOZ-PED CROHNS STARTER	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium oral	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET	3	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
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	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	
<b>Immunological Agents - Drugs for Vaccination</b>		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H

Drug Name	Drug Tier	Requirements & Limits
<b>Infertility Agents</b>		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
budesonide rectal	2	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	3	
UCERIS RECTAL	E	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
teriparatide inj	E	PA, ST, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<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	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	

Drug Name	Drug Tier	Requirements & Limits
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	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
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	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	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
EMPAVELI	2	PA, QL, SP
RESTASIS	3	PA, QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA
XIIDRA	3	PA, QL

#### Otic Agents - Drugs for Ear Conditions

ciprofloxacin-dexamethasone	3	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	

#### Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	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-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), 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	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	

Drug Name	Drug Tier	Requirements & Limits
ciproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
LASTACAFT	3	QL
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL

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

ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic 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 nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	3	RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT HFA	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	2	
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
PERFORMIST	3	QL
PROVENTIL HFA	E	QL

Drug Name	Drug Tier	Requirements & Limits
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	3	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

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

BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tob), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

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

OFEV	3	PA, QL, SP
------	---	------------

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
<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, SP
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
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	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	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
eszopiclone	2	
LUMRYZ	E	
LUNESTA	E	
modafinil	2	QL
PROVIGIL	E	QL
RESTORIL	3	

Drug Name	Drug Tier	Requirements & Limits
SODIUM OXYBATE	3	(manufactured by Hikma) PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6, 7 for coverage details.



# Index

A					
ABILIFY	12	ADMELOG	19	ALORA	22
ACCU-CHEK AVIVA PLUS TEST STRIPS	17	ADMELOG SOLOSTAR	19	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	28
ACCU-CHEK FASTCLIX LANCET KIT	17	ADTHYZA	25	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	28
ACCU-CHEK FASTCLIX LANCETS	17	ADVAIR DISKUS	29	ALPHANATE	20
ACCU-CHEK GUIDE KIT W/DEVICE	17	ADVAIR HFA	29	alprazolam oral tablet	13
ACCU-CHEK GUIDE ME METER	17	ADVATE	20	ALPROLIX	20
ACCU-CHEK GUIDE TEST STRIPS	17	ADYNOVATE	20	ALREX	28
ACCU-CHEK MULTICLIX LANCET KIT	17	afirmelle	22	ALTACE	13
ACCU-CHEK MULTICLIX LANCETS	17	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	20	altavera	22
ACCU-CHEK SMARTVIEW TEST STRIPS	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	20	ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20
ACCU-CHEK SOFT TOUCH LANCETS	17	AIMOVIG	11	ALUNBRIG	11
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11	AMBIEN	31
ACCU-CHEK SOFTCLIX LANCETS	17	AIRDUO RESPICLICK 113/14	29	AMBIEN CR	31
ACCUTREND GLUCOSE	17	AIRDUO RESPICLICK 232/14	29	amiodarone hcl oral	13
acetaminophen-codeine oral tablet	8	AIRDUO RESPICLICK 55/14	29	amitriptyline hcl oral	10
ACIPHEX	21	AIRSUPRA	29	AMJEVITA	26
ACTEMRA ACTPEN	26	AKLIEF	16	amlodipine besylate oral	13
ACTEMRA SUBCUTANEOUS	26	ala-cort	16	amlodipine besylate-benazepril hcl	13
ACTOS	19	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	29	amlodipine besylate-valsartan	13
acyclovir oral tablet	12	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	29	amoxicillin oral capsule	8
ADALIMUMAB-ADAZ	26	ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	29	amoxicillin oral suspension reconstituted	8
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT	26	ALDACTONE	13	amoxicillin oral tablet	8
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	26	ALECENSA	11	amoxicillin-potassium clavulanate oral suspension reconstituted	8
ADBRY	26	alendronate sodium oral tablet	27	amoxicillin-potassium clavulanate oral tablet	8
ADDERALL	14	alfuzosin hcl er	22	amphet-dextroamphet 3-bead er	15
ADDERALL XR	14	aliskiren fumarate	13	amphetamine-dextroamphetamine	15
ADDYI	21	allopurinol oral tablet 100 mg, 300 mg	11	amphetamine-dextroamphetamine 3-bead cap er 24hr	15
ADEMPAS	31	ALLOPURINOL ORAL TABLET 200 MG	11	amphetamine-dextroamphetamine er	15
ADLYXIN	19	ALOGLIPTIN BENZOATE	19	AMZEEQ	16
ADLYXIN STARTER PACK	19	ALOGLIPTIN-METFORMIN HCL	19	anastrozole oral	11
		ALOGLIPTIN-PIOGLITAZONE	19	ANDRODERM	25
				ANDROGEL PUMP	25
				ANNOVERA	22
				ANORO ELLIPTA	29





apap-caff-dihydrocodeine . . . . .	8	azathioprine oral tablet 50 mg . . . . .	26	bisoprolol fumarate oral . . . . .	13
apri . . . . .	22	azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . . .	29	bisoprolol-hydrochlorothiazide . . . . .	13
APRISO . . . . .	27	azelastine hcl nasal solution 0.15 % . . . . .	29	blisovi 24 fe . . . . .	22
APTENSIO XR . . . . .	15	azithromycin oral suspension reconstituted . . . . .	9	blisovi fe 1/20 . . . . .	22
APTIOM . . . . .	9	azithromycin oral tablet . . . . .	9	blisovi fe 1.5/30 . . . . .	22
AQINJECT PEN NEEDLE . . . . .	17	AZSTARYS . . . . .	15	BLOOD GLUCOSE TEST STRIPS . . . . .	17
ARAKODA . . . . .	12			BLOOD GLUCOSE TEST STRIPS 333 . . . . .	17
ARANESP (ALBUMIN FREE) . . . . .	20			BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	27
ARIMIDEX . . . . .	11			BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT . . . . .	30
aripiprazole oral tablet . . . . .	12			BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH . . . . .	30
ARMOUR THYROID . . . . .	25			breyna . . . . .	30
ARNUITY ELLIPTA . . . . .	29			BREZTRI AEROSPHERE . . . . .	30
atenolol oral . . . . .	13			BRILINTA . . . . .	12
ATIVAN ORAL . . . . .	13			brimonidine tartrate external . . . . .	16
atomoxetine hcl . . . . .	15			brimonidine tartrate ophthalmic solution 0.1 % . . . . .	28
ATORVALIQ . . . . .	13			brimonidine tartrate ophthalmic solution 0.15 % . . . . .	28
atorvastatin calcium oral tablet 10 mg, 20 mg . . . . .	13			brimonidine tartrate ophthalmic solution 0.2 % . . . . .	28
atorvastatin calcium oral tablet 40 mg, 80 mg . . . . .	13			brimonidine tartrate-timolol . . . . .	28
ATROVENT HFA . . . . .	29			BRIVIACT ORAL TABLET . . . . .	9
aubra eq . . . . .	22			BROMFED DM . . . . .	29
AUGMENTIN . . . . .	9			BRONCHITOL . . . . .	30
AUGMENTIN ES-600 . . . . .	9			BRONCHITOL TOLERANCE TEST . . . . .	30
aurovela 1/20 . . . . .	22			budesonide inhalation . . . . .	30
aurovela 1.5/30 . . . . .	22			budesonide rectal . . . . .	27
aurovela 24 fe . . . . .	22			budesonide-formoterol fumarate . . . . .	30
aurovela fe 1/20 . . . . .	22			buprenorphine hcl sublingual . . . . .	8
aurovela fe 1.5/30 . . . . .	22			buprenorphine hcl-naloxone hcl . . . . .	8
AUSTEDO . . . . .	15			bupropion hcl er (sr) . . . . .	10
AUVI-Q . . . . .	29			bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	10
AVALIDE . . . . .	13			BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	10
AVAPRO . . . . .	13			bupropion hcl oral . . . . .	10
aviane . . . . .	22			bupirone hcl oral . . . . .	13
avidoxy . . . . .	9			butalbital-apap-caffeine oral tablet . . . . .	8
AVITA EXTERNAL CREAM 0.025 % . . . . .	16				
AVONEX PEN . . . . .	15				
AVONEX PREFILLED . . . . .	15				
ayuna . . . . .	22				
AZASAN . . . . .	26				
AZASITE . . . . .	28				
azathioprine oral tablet 100 mg, 75 mg . . . . .	26				

## B

bac . . . . .	8
baclofen oral tablet . . . . .	31
BACTRIM . . . . .	9
BACTRIM DS . . . . .	9
BAFIERTAM . . . . .	15
BAQSIMI ONE PACK . . . . .	19
BAQSIMI TWO PACK . . . . .	19
BASAGLAR KWIKPEN . . . . .	19
BASAGLAR TEMPO PEN . . . . .	19
bd autoshield duo pen needles . . . . .	17
bd ultra-fine insulin syringes . . . . .	17
BD ULTRA-FINE PEN NEEDLES . . . . .	17
bd ultra-fine U-500 insulin syringes . . . . .	17
bd ultra-fine veo insulin syringes . . . . .	17
BELBUCA . . . . .	8
BELSOMRA . . . . .	31
benazepril hcl oral . . . . .	13
BENICAR . . . . .	13
BENICAR HCT . . . . .	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	26
benzonatate oral capsule 100 mg, 200 mg . . . . .	29
benzonatate oral capsule 150 mg . . . . .	29
BESIVANCE . . . . .	28
BETASERON . . . . .	15
BETHKIS . . . . .	30
BETIMOL . . . . .	28
BEVESPI AEROSPHERE . . . . .	29
BIGFOOT UNITY PROGRAM . . . . .	17
BIJUVA . . . . .	22
BIKTARVY . . . . .	12
bimatoprost ophthalmic . . . . .	28
bis subcit-metronid-tetracyc . . . . .	21
bismuth/metronidaz/tetracyclin . . . . .	21



BYDUREON . . . . .	19	ciprofloxacin hcl ophthalmic . . . . .	28	CONTOUR NEXT GEN MONITOR KIT . . . . .	17
BYETTA 10 MCG PEN. . . . .	19	ciprofloxacin hcl oral . . . . .	9	CONTOUR NEXT GEN TEST STRIPS . . . . .	17
BYETTA 5 MCG PEN. . . . .	19	ciprofloxacin-dexamethasone . . . . .	29	CONTOUR NEXT LINK KIT W/DEVICE . . . . .	17
<b>C</b>					
cabergoline . . . . .	25	citalopram hydrobromide oral tablet . . . . .	10	CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	17
calcitriol oral capsule . . . . .	27	CLENPIQ . . . . .	21	CONTOUR NEXT ONE KIT . . . . .	17
CALQUENCE . . . . .	11	CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	9	CONTOUR TEST STRIPS . . . . .	17
camila . . . . .	22	CLEOCIN ORAL CAPSULE 75 MG . . . . .	9	COPAXONE . . . . .	15
CARAC . . . . .	16	CLEOCIN-T . . . . .	16	COREG . . . . .	13
CARAFATE ORAL TABLET . . . . .	21	CLIMARA . . . . .	22, 23	CORLANOR . . . . .	13
CARDIZEM CD . . . . .	13	CLIMARA PRO . . . . .	22	CORTEF . . . . .	25
CARDURA . . . . .	13	clindacin etz external swab . . . . .	16	CORTIFOAM . . . . .	27
CARETOUCH MONITOR SYSTEM . . . . .	17	clindacin-p . . . . .	16	COSENTYX (300 MG DOSE) . . . . .	26
CARETOUCH TEST . . . . .	17	CLINDAGEL . . . . .	16	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	26
cartia xt . . . . .	13	clindamycin hcl oral . . . . .	9	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML . . . . .	26
carvedilol . . . . .	13	clindamycin phosphate external lotion . . . . .	16	COSENTYX SENSOREADY (300 MG) . . . . .	26
cefdinir . . . . .	9	clindamycin phosphate external solution . . . . .	16	COSENTYX SENSOREADY PEN . . . . .	26
cefuroxime axetil . . . . .	9	clindamycin phosphate external swab . . . . .	16	COSENTYX UNOREADY . . . . .	26
CELEBREX . . . . .	8	clindamycin phosphate gel 1 % external . . . . .	16	COSOPT . . . . .	28
celecoxib oral . . . . .	8	CLINDESSE . . . . .	9	COSOPT PF . . . . .	28
CELEXA . . . . .	10	clobetasol propionate external cream . . . . .	16	COTELLIC . . . . .	11
CELLCEPT ORAL TABLET . . . . .	26	clobetasol propionate external ointment . . . . .	16	COZAAR . . . . .	13
cephalexin oral capsule . . . . .	9	clobetasol propionate external solution . . . . .	16	CREON . . . . .	22
cephalexin oral suspension reconstituted . . . . .	9	CLOMID . . . . .	27	CRESEMBA ORAL CAPSULE 186 MG . . . . .	11
CERDELGA . . . . .	22	clonazepam oral tablet . . . . .	13	CRESTOR . . . . .	13
chateal eq . . . . .	22	clonidine hcl oral . . . . .	13	CVS ADVANCED GLUCOSE TEST . . . . .	17
chlorhexidine gluconate mouth/ throat . . . . .	16	clopidogrel bisulfate oral . . . . .	12	CVS GLUCOSE METER TEST STRIPS . . . . .	17
chlorthalidone . . . . .	13	clotrimazole-betamethasone external cream . . . . .	16	cyanocobalamin injection solution 1000 mcg/ml . . . . .	21
CHORIONIC GONADOTROPIN INTRAMUSCULAR . . . . .	27	COLCHICINE ORAL CAPSULE . . . . .	11	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML . . . . .	21
CIALIS . . . . .	21	colchicine oral tablet . . . . .	11	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	31
CIBINQO . . . . .	16	COLCRYS . . . . .	11	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	31
ciclodan . . . . .	11	COMBIGAN . . . . .	28	CYCLOSPORINE IN KLARITY . . . . .	28
ciclopirox external solution . . . . .	11	COMBIVENT RESPIMAT . . . . .	30	cyclosporine ophthalmic . . . . .	28
CIMDUO . . . . .	12	CONCERTA . . . . .	15		
CIMZIA STARTER KIT . . . . .	26	CONTOUR MONITOR KIT W/DEVICE . . . . .	17		
CIMZIA SUBCUTANEOUS KIT . . . . .	26	CONTOUR NEXT EZ KIT W/DEVICE . . . . .	17		
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT . . . . .	26				
CINRYZE . . . . .	26				
CIPRO ORAL TABLET . . . . .	9				



CYLTEZO	26
CYLTEZO-CD/UC/HS STARTER	26
CYLTEZO-PSORIASIS STARTER	26
CYMBALTA	10
cyproheptadine hcl oral tablet	29
cyred eq	22
CYTOMEL	25
CYTOTEC	21

## D

D-CARE BLOOD GLUCOSE	17
D-CARE GLUCOMETER	17
dabigatran etexilate mesylate	9
DAYVIGO	31
DAZOMON	16
deblitane	22
delyla	22
DEPAKOTE	9
DEPAKOTE ER	9
DEPEN TITRATABS	22
DEPO-PROVERA INTRAMUSCULAR SUSPENSION REFILLED SYRINGE	22
DEPO-SUBQ PROVERA 104	22
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	25
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	25
DESCOVY	12
desvenlafaxine succinate er	10
DEXABLISS	25
dexamethasone oral tablet	25
dexamethasone oral tablet therapy pack	25
DEXCOM G6 SENSOR	17
DEXCOM G6 TRANSMITTER	17
DEXCOM G7 RECEIVER	17
DEXCOM G7 SENSOR	17
dexmethylphenidate hcl	15
dexmethylphenidate hcl er	15
DIABETES MONITOR DIGIT ADD-ON	17
DIABETES MONITOR DIGIT SOLN	17

diazepam oral tablet	13
diclofenac sodium oral	8
dicyclomine hcl oral capsule	21
dicyclomine hcl oral tablet	21
DIFICID ORAL TABLET	9
DIFLUCAN ORAL TABLET	11
DILAUDID ORAL TABLET	8
diltiazem hcl er coated beads	13
DIOVAN	13
DIOVAN HCT	13
DIPENTUM	27
divalproex sodium er	9
divalproex sodium oral tablet delayed release	9
DIVIGEL	23
DODEX	21
DOPTELET	20
dorzolamide hcl-timolol mal	28
dorzolamide hcl-timolol mal pf	28
dotti	23
DOVATO	12
doxazosin mesylate oral	13
doxepin hcl oral capsule	10
doxycycline hyclate oral capsule	9
doxycycline hyclate oral tablet 100 mg	9
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9
doxycycline hyclate oral tablet 20 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
drosiprenone-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	16

## E

EASY TOUCH HEALTHPRO GLUCOSE	17
EASY TOUCH TEST	17
EASYGLUCO	17
EASYMAX 15 TEST	17
EASYMAX NG BLOOD GLUCOSE KIT	17
EFFEXOR XR	10
EFUDEX	16
ELESTRIN	23
eletriptan hydrobromide	11
ELIQUIS	9
ELIQUIS DVT/PE STARTER PACK	9
ELOCTATE	20
eluryng	23
EMBRACE BLOOD GLUCOSE TEST	17
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	17
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
EMPAVELI	28
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	26
ENBREL MINI	26
ENBREL SURECLICK	26
endocet	8
ENDOMETRIN	27
enilloring	23
ENLITE GLUCOSE SENSOR	17
enoxaparin sodium injection solution prefilled syringe	9
enskyce	23
ENSTILAR	16
ENTRESTO	13
EPCLUSA ORAL TABLET	12
EPIDIOLEX	10
epinephrine solution auto-injector 0.15 mg/0.15ml injection	29



epinephrine solution auto-injector 0.15 mg/0.3ml injection. . . . .	29
epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	29
EPIPEN 2-PAK . . . . .	29
EPIPEN JR 2-PAK . . . . .	29
EQ BLOOD GLUCOSE TEST . . . . .	17
ergocalciferol oral capsule. . . . .	21
ERIVEDGE . . . . .	11
ERLEADA ORAL TABLET 240 MG . . . . .	11
ERLEADA ORAL TABLET 60 MG . . . . .	11
ERMEZA. . . . .	25
errin. . . . .	23
erythromycin ophthalmic . . . . .	28
escitalopram oxalate oral tablet. . . . .	10
ESGIC ORAL TABLET. . . . .	8
estarylla . . . . .	23
ESTRACE . . . . .	23
estradiol oral . . . . .	23
estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	23
estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	23
estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	23
estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	23
estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	23
estradiol transdermal gel . . . . .	23
estradiol transdermal patch weekly. . . . .	23
estradiol vaginal cream. . . . .	23
estradiol vaginal tablet . . . . .	23
ESTRING . . . . .	23
ESTROGEL . . . . .	23
eszopiclone . . . . .	31
etonogestrel-ethinyl estradiol. . . . .	23
EUCRISA . . . . .	16
euthyrox . . . . .	25
EVAMIST . . . . .	23
EXFORGE. . . . .	13
EXKIVITY . . . . .	11
EXTAVIA . . . . .	15
EYSUVIS. . . . .	28
ezetimibe . . . . .	13

## F

falmina . . . . .	23
famotidine oral suspension reconstituted . . . . .	21
FASENRA PEN. . . . .	30
FEMARA. . . . .	11
fenofibrate oral tablet 120 mg, 40 mg . . . . .	13
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg . . . . .	13
FENOGLIDE . . . . .	13
FEXMID. . . . .	31
FINACEA EXTERNAL FOAM . . . . .	16
finasteride oral tablet 5 mg. . . . .	22
fingolimod hcl . . . . .	15
FLAREX . . . . .	28
flecainide acetate . . . . .	13
FLOMAX. . . . .	22
FLOVENT HFA. . . . .	30
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. . . . .	27
fluconazole oral tablet. . . . .	11
FLUROPLEX . . . . .	16
FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	16
fluorouracil external cream 5 % . . . . .	16
fluoxetine hcl oral capsule . . . . .	10
fluoxetine hcl oral tablet 10 mg . . . . .	10
fluoxetine hcl oral tablet 20 mg . . . . .	10
fluoxetine hcl oral tablet 60 mg . . . . .	10
FLUTICASONE FUROATE- VILANTEROL . . . . .	30
FLUTICASONE PROPIONATE HFA . . . . .	30
fluticasone propionate nasal . . . . .	29
FLUTICASONE-SALMETEROL INHALATION AEROSOL. . . . .	30
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act. . . . .	30
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	30
flvoxamine maleate . . . . .	10
FOCALIN . . . . .	15

FOCALIN XR . . . . .	15
folic acid oral tablet 1 mg . . . . .	21
FOLLISTIM AQ. . . . .	27
FORA 6 CONNECT/GTEL TEST . . . . .	17
FORFIVO XL. . . . .	10
FORTESTA . . . . .	25
FORTISCARE G1 TEST STRIP. . . . .	17
FORTISCARE TEST . . . . .	17
FOSAMAX . . . . .	27
FREESTYLE LIBRE 14 DAY SENSOR. . . . .	17
FREESTYLE LIBRE 2 SENSOR . . . . .	17
FREESTYLE LIBRE 3 SENSOR . . . . .	18
FREESTYLE PRECISION NEO SYSTEM . . . . .	18
FREESTYLE PRECISION NEO TEST . . . . .	18
FREESTYLE TEST. . . . .	18
FUROSCIX . . . . .	13
furosemide oral tablet. . . . .	13
FYCOMPA . . . . .	10
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 . . . . .	27
gavilyte-c . . . . .	21
gavilyte-g . . . . .	21
GAVRETO. . . . .	11
gemfibrozil oral . . . . .	13
GEN7T EXTERNAL PATCH . . . . .	8
GILENYA ORAL CAPSULE 0.25 MG . . . . .	15
GILENYA ORAL CAPSULE 0.5 MG . . . . .	15
glatiramer acetate . . . . .	15
glatopa . . . . .	15
glimepiride . . . . .	19
glipizide er . . . . .	19
glipizide oral tablet 10 mg, 5 mg . . . . .	19
glipizide oral tablet 2.5 mg . . . . .	19
glipizide xl. . . . .	19



GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED.....	20	heather.....	23	hydrocortisone external ointment 1 %, 2.5 %.....	16
GLUCOCARD EXPRESSION TEST .	18	HEMADY.....	25	hydrocortisone oral.....	25
GLUCOCARD SHINE TEST.....	18	HEMANGEOL.....	13	hydromorphone hcl oral tablet.....	8
GLUCOCARD VITAL TEST.....	18	HEMLIBRA.....	20	hydroxychloroquine sulfate oral.....	12
GLUCOTROL XL.....	20	HEMOFIL M.....	20	hydroxyzine hcl oral tablet.....	13
GLUMETZA.....	20	HIDEX 6-DAY.....	25	hydroxyzine pamoate oral.....	13
glyburide oral.....	20	HUMALOG INJECTION.....	19	HYFTOR.....	26
GLYCATE.....	21	HUMALOG KWIKPEN.....	19	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML.....	26
glycopyrrolate oral tablet 1 mg, 2 mg.....	21	HUMALOG MIX 50/50 KWIKPEN ..	19	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML.....	26
GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	21	HUMALOG MIX 50/50 VIAL.....	19	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML.....	26
GLYXAMBI.....	20	HUMALOG MIX 75/25 KWIKPEN ..	19	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML.....	26
GOLYTELY.....	21	HUMALOG MIX 75/25 VIAL.....	19	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	26
guanfacine hcl.....	13, 15	HUMALOG TEMPO PEN.....	19	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	26
guanfacine hcl er.....	15	HUMALOG U-100 JUNIOR KWIKPEN.....	19	HYRIMOZ-CROHNS/UC STARTER PACK.....	26
GUARDIAN 4 GLUCOSE SENSOR .	18	HUMATE-P.....	20	HYRIMOZ-PED CROHNS STARTER.....	26
GUARDIAN 4 TRANSMITTER.....	18	HUMIRA.....	26	HYRIMOZ-PLAQUE PSORIASIS START.....	26
GUARDIAN CONNECT TRANSMITTER.....	18	HUMIRA PEDIATRIC CROHNS START.....	26	HYZAAR.....	13
GUARDIAN LINK 3 TRANSMITTER.....	18	HUMIRA PEN.....	26		
GUARDIAN SENSOR (3).....	18	HUMIRA PEN-CD/UC/HS STARTER.....	26		
GUARDIAN SENSOR 3.....	18	HUMIRA PEN-PEDIATRIC UC START.....	26		
GVOKE HYPOPEN 1-PACK.....	18	HUMIRA PEN-PS/UV/ADOL HS START.....	26		
GVOKE HYPOPEN 2-PACK.....	18	HUMIRA PEN-PSOR/UEIT STARTER.....	26		
GVOKE KIT.....	18	HUMULIN 70/30 KWIKPEN.....	19		
GVOKE PFS.....	18	HUMULIN 70/30 VIAL.....	19		
GYNAZOLE-1.....	11	HUMULIN N KWIKPEN.....	19		

## H

HADLIMA.....	26	hydrochlorothiazide oral.....	13	<b>I</b>	
HADLIMA PUSH TOUCH.....	26	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg.....	8	IBRANCE ORAL CAPSULE.....	11
HAEGARDA.....	26	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	8	ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	8
hailey 1.5/30.....	23	hydrocortisone external cream 1 %. 16		ICLUSIG ORAL TABLET 10 MG, 30 MG.....	11
hailey 24 fe.....	23	hydrocortisone external cream 2.5 %.....	16	ICLUSIG ORAL TABLET 15 MG, 45 MG.....	11
hailey fe 1/20.....	23			IDHIFA.....	11
hailey fe 1.5/30.....	23			ILEVRO.....	28
HALCION.....	13			IMBRUVICA ORAL TABLET 140 MG, 280 MG.....	11
haloette.....	23			IMITREX ORAL.....	11
HARVONI ORAL TABLET.....	12			IMPOYZ.....	16
HEALTHPRO BLOOD GLUCOSE MONITO.....	18			IMURAN.....	26



INDERAL LA . . . . .	13	KAZANO . . . . .	20	latanoprost ophthalmic. . . . .	28
indomethacin oral . . . . .	8	KEPPRA ORAL TABLET. . . . .	10	LATUDA . . . . .	12
INSULIN GLARGINE . . . . .	19	KESIMPTA . . . . .	15	LEDIPASVIR-SOFOSBUVIR . . . . .	12
INSULIN GLARGINE SOLOSTAR . . . . .	19	ketoconazole external cream. . . . .	11	lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg. . . . .	11
INSULIN LISPRO . . . . .	19	ketoconazole external shampoo . . . . .	11	lenalidomide oral capsule 2.5 mg, 20 mg . . . . .	11
INSULIN LISPRO (1 UNIT DIAL). . . . .	19	ketorolac tromethamine oral . . . . .	8	lessina. . . . .	23
INSULIN LISPRO JUNIOR KWIKPEN . . . . .	19	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	26	letrozole oral . . . . .	11
INSULIN LISPRO PROT & LISPRO . . . . .	19	KINERET . . . . .	26	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	30
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM . . . . .	18	KITABIS PAK . . . . .	30	levetiracetam oral tablet . . . . .	10
INTUNIV . . . . .	15	KLARITY-A. . . . .	28	levo-t . . . . .	25
INVELTYS. . . . .	28	KLISYRI . . . . .	16	levocetirizine dihydrochloride oral tablet. . . . .	29
ipratropium bromide nasal . . . . .	29	KLONOPIN. . . . .	13	levofloxacin oral tablet . . . . .	9
ipratropium-albuterol . . . . .	30	klor-con 10 . . . . .	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg. . . . .	23
irbesartan. . . . .	13	klor-con m10 . . . . .	21	levora 0.15/30 (28) . . . . .	24
irbesartan-hydrochlorothiazide . . . . .	13	klor-con m15. . . . .	21	levothyroxine sodium oral tablet . . . . .	25
isibloom . . . . .	23	klor-con m20 . . . . .	21	levoxy. . . . .	25
isosorbide mononitrate er . . . . .	14	klor-con oral tablet extended release . . . . .	21	LEXAPRO. . . . .	10
ISTALOL . . . . .	28	KLOXXADO . . . . .	8	LIALDA . . . . .	27
IYUZEH . . . . .	28	KOATE . . . . .	20	lidocaine external patch 5 % . . . . .	8
<b>J</b>					
jantoven . . . . .	9	KOATE-DVI . . . . .	20	lidocaine hcl mouth/throat . . . . .	16
JARDIANCE. . . . .	20	KOGENATE FS. . . . .	20	lidocaine viscous hcl. . . . .	16
jasmiel. . . . .	23	KOSELUGO . . . . .	11	LIDODERM. . . . .	8
jencycla. . . . .	23	KOVALTRY . . . . .	20	LINZESS. . . . .	21
JENTADUETO . . . . .	20	KRINTAFEL . . . . .	12	liothyronine sodium oral . . . . .	25
JENTADUETO XR . . . . .	20	kurvelo . . . . .	23	LIPITOR . . . . .	14
JIVI . . . . .	20	KYNMOBI. . . . .	12	lisdexamfetamine dimesylate. . . . .	15
JORNAY PM. . . . .	15	<b>L</b>			
juleber. . . . .	23	labetalol hcl oral . . . . .	14	lisinopril oral. . . . .	14
JULUCA . . . . .	12	LAMICTAL ORAL TABLET . . . . .	10	lisinopril-hydrochlorothiazide. . . . .	14
junel 1/20 . . . . .	23	lamotrigine oral tablet . . . . .	10	LITFULO . . . . .	26
junel 1.5/30 . . . . .	23	LANCETS. . . . .	17, 18	lithium carbonate er . . . . .	13
junel fe 1/20 . . . . .	23	LANREOTIDE ACETATE. . . . .	25	lithium carbonate oral capsule. . . . .	13
junel fe 1.5/30 . . . . .	23	LANTUS SOLOSTAR . . . . .	19	LITHOBID . . . . .	13
junel fe 24. . . . .	23	LANTUS U-100 VIAL . . . . .	19	LO LOESTRIN FE. . . . .	24
<b>K</b>					
K-TAB . . . . .	21	larin 1/20 . . . . .	23	lo-zumandimine . . . . .	24
kalliga . . . . .	23	larin 1.5/30. . . . .	23	LOESTRIN 1/20 (21) . . . . .	24
		larin 24 fe . . . . .	23	LOESTRIN 1.5/30 (21). . . . .	24
		larin fe 1/20 . . . . .	23	LOESTRIN FE 1/20 . . . . .	24
		larin fe 1.5/30. . . . .	23	LOESTRIN FE 1.5/30. . . . .	24
		LASIX . . . . .	14	LOKELMA. . . . .	21
		LASTACFT . . . . .	29		



LOPID . . . . .	14	MAXALT . . . . .	11	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG . . . . .	15
LOPRESSOR . . . . .	14	MAXITROL OPHTHALMIC SUSPENSION 0.1 % . . . . .	28	methylphenidate hcl er (osm) oral tablet extended release 72 mg. . . . .	15
lorazepam oral tablet . . . . .	13	MAXZIDE . . . . .	14	methylphenidate hcl er (xr) . . . . .	15
loryna . . . . .	24	MAXZIDE-25 . . . . .	14	methylphenidate hcl er oral tablet extended release . . . . .	15
losartan potassium oral . . . . .	14	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG . . . . .	15	methylphenidate hcl oral tablet . . . . .	15
losartan potassium-hctz . . . . .	14	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG . . . . .	15	methylprednisolone oral tablet therapy pack . . . . .	25
LOTEMAX OPHTHALMIC GEL . . . . .	28	MEDROL ORAL TABLET THERAPY PACK . . . . .	25	metoclopramide hcl oral tablet . . . . .	10
LOTEMAX OPHTHALMIC OINTMENT . . . . .	28	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	24	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	14
LOTEMAX OPHTHALMIC SUSPENSION . . . . .	28	medroxyprogesterone acetate oral . . . . .	24	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	14
LOTEMAX SM . . . . .	28	meloxicam oral tablet . . . . .	8	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	14
LOTENSIN . . . . .	14	MENOPUR . . . . .	27	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	14
loteprednol etabonate ophthalmic gel . . . . .	28	MENOSTAR . . . . .	24	METROCREAM . . . . .	16
loteprednol etabonate ophthalmic suspension . . . . .	28	mesalamine oral tablet delayed release 1.2 gm . . . . .	27	metronidazole external cream . . . . .	16
LOTREL . . . . .	14	mesalamine oral tablet delayed release 800 mg . . . . .	27	metronidazole oral tablet . . . . .	9
lovastatin oral . . . . .	14	metformin hcl er . . . . .	20	metronidazole vaginal . . . . .	9
LOVAZA . . . . .	14	metformin hcl er (mod) . . . . .	20	MICARDIS . . . . .	14
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE . . . . .	9	metformin hcl er (osm) . . . . .	20	MICRODOT TEST . . . . .	18
LUMAKRAS . . . . .	11	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	20	microgestin 1/20 . . . . .	24
LUMIGAN . . . . .	28	metformin hcl oral tablet 625 mg. . . . .	20	microgestin 1.5/30 . . . . .	24
LUMRYZ . . . . .	31	methimazole oral . . . . .	25	microgestin 24 fe . . . . .	24
LUNESTA . . . . .	31	methocarbamol oral tablet 1000 mg . . . . .	31	microgestin fe 1/20 . . . . .	24
LUPKYNIS . . . . .	26	methocarbamol oral tablet 500 mg, 750 mg . . . . .	31	microgestin fe 1.5/30 . . . . .	24
lurasidone hcl . . . . .	12	methotrexate sodium oral . . . . .	26	mili. . . . .	24
lutera . . . . .	24	methylphenidate hcl er (cd) . . . . .	15	MINILINK REAL-TIME TRANSMITTER . . . . .	18
lyleq . . . . .	24	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	15	MINIMED 630G GUARDIAN PRESS . . . . .	18
lyllana . . . . .	24	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	15	MINIPRESS . . . . .	14
LYNPARZA . . . . .	11	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg . . . . .	15	MINIVELLE . . . . .	23, 24
LYRICA ORAL CAPSULE . . . . .	15	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG . . . . .	15	minocycline hcl oral capsule . . . . .	9
LYUMJEV KWIKPEN . . . . .	19			minoxidil oral . . . . .	14
LYUMJEV TEMPO PEN . . . . .	19			mirtazapine oral tablet . . . . .	10
LYUMJEV VIAL . . . . .	19			MIRVASO . . . . .	16
lyza . . . . .	24			misoprostol oral . . . . .	21
				MITIGARE . . . . .	11
				MM EASY TOUCH GLUCOSE METER . . . . .	18
<b>M</b>					
MACROBID . . . . .	9				
MACRODANTIN . . . . .	9				
marlissa . . . . .	24				
MAVENCLAD . . . . .	15				
MAVYRET ORAL PACKET . . . . .	12				



modafinil . . . . .	31	NEURONTIN ORAL CAPSULE . . . . .	10	NOVOLIN 70/30 VIAL . . . . .	19
mondoxyne nl . . . . .	9	NEURONTIN ORAL TABLET . . . . .	10	NOVOLIN N FLEXPEN . . . . .	19
mono-linyah . . . . .	24	NEUTEK 2TEK TEST . . . . .	18	NOVOLIN N FLEXPEN RELION . . . . .	19
montelukast sodium oral tablet . . . . .	30	NEVANAC . . . . .	28	NOVOLIN N RELION . . . . .	19
montelukast sodium oral tablet chewable . . . . .	30	NEXLETOL . . . . .	14	NOVOLIN N VIAL . . . . .	19
morphine sulfate er oral tablet extended release . . . . .	8	NEXLIZET . . . . .	14	NOVOLIN R FLEXPEN . . . . .	19
MOTEGRITY . . . . .	22	NGENLA . . . . .	25	NOVOLIN R FLEXPEN RELION . . . . .	19
MOUNJARO . . . . .	20	nifedipine er . . . . .	14	NOVOLIN R RELION . . . . .	19
MOVIPREP . . . . .	22	nifedipine er osmotic release . . . . .	14	NOVOLIN R VIAL . . . . .	19
MOXEZA . . . . .	28	nikki . . . . .	24	NOVOTWIST PEN NEEDLE . . . . .	18
moxifloxacin hcl (2x day) . . . . .	28	nitrofurantoin macrocrystal . . . . .	9	np thyroid . . . . .	25
moxifloxacin hcl ophthalmic . . . . .	28	nitrofurantoin monohydrate macrocrystals . . . . .	9	NUBEQA . . . . .	11
MS CONTIN . . . . .	8	nitroglycerin sublingual . . . . .	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	30
MULPLETA . . . . .	20	NITROSTAT . . . . .	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	30
MULTAQ . . . . .	14	NIVA THYROID . . . . .	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	30
mupirocin external . . . . .	9	NOCDURNA . . . . .	25	NUCYNTA . . . . .	8
mycophenolate mofetil oral tablet . . . . .	27	nora-be . . . . .	24	NUCYNTA ER . . . . .	8
MYFEMBREE . . . . .	24	NORDITROPIN FLEXPEN . . . . .	25	NURTEC . . . . .	11
		norethin ace-eth estrad-fe oral tablet	24	NUTROPIN AQ NUSPIN 10 . . . . .	25
		norethindrone acet-ethinyl est . . . . .	24	NUTROPIN AQ NUSPIN 20 . . . . .	25
		norethindrone acetate oral . . . . .	24	NUTROPIN AQ NUSPIN 5 . . . . .	25
		norethindrone oral . . . . .	24	NUVARING . . . . .	24
		norgestimate-eth estradiol . . . . .	24	NUVESSA . . . . .	9
		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg . . . . .	24	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	20
		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg . . . . .	24	NUWIQ INTRAVENOUS KIT 1500 UNIT . . . . .	20
		NORITATE . . . . .	16	NUZYRA ORAL . . . . .	9
		NORLIQVA . . . . .	14	nymyo . . . . .	24
		norlyroc . . . . .	24	nystatin external cream . . . . .	11
		nortriptyline hcl oral capsule . . . . .	10	nystatin mouth/throat . . . . .	11
		NORVASC . . . . .	14		
		NOURIANZ . . . . .	12		
		NOVAREL . . . . .	27		
		NOVOEIGHT . . . . .	20		
		NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	18		
		NOVOFINE PEN NEEDLE . . . . .	18		
		NOVOFINE PLUS PEN NEEDLE . . . . .	18		
		NOVOLIN 70/30 FLEXPEN . . . . .	19		
		NOVOLIN 70/30 FLEXPEN RELION . . . . .	19		
		NOVOLIN 70/30 RELION . . . . .	19		

## N

## O





olanzapine oral tablet . . . . .	12	OTEZLA ORAL TABLET . . . . .	27	perigard . . . . .	16	
olmesartan medoxomil oral . . . . .	14	OTREXUP . . . . .	27	PERTZYE . . . . .	22	
olmesartan medoxomil-hctz . . . . .	14	OVIDREL . . . . .	27	phenazo oral tablet 200 mg . . . . .	22	
OLUMIANT ORAL TABLET . . . . .	27	OXAYDO . . . . .	8	phenazopyridine hcl oral . . . . .	22	
OMECLAMOX-PAK . . . . .	21	oxcarbazepine oral tablet . . . . .	10	pioglitazone hcl . . . . .	20	
omega-3-acid ethyl esters . . . . .	14	oxybutynin chloride er . . . . .	22	PIP BLOOD GLUCOSE TEST STRIP . . . . .	18	
omeprazole oral capsule delayed release . . . . .	21	oxybutynin chloride oral tablet 2.5 mg . . . . .	22	PLAQUENIL . . . . .	12	
OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	18	oxybutynin chloride oral tablet 5 mg . . . . .	22	PLAVIX . . . . .	12	
OMNIPOD 5 G6 POD (GEN 5) . . . . .	18	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8	PLEGRIDY INTRAMUSCULAR . . . . .	15	
ON CALL EXPRESS BLOOD GLUCOSE . . . . .	18	oxycodone hcl oral tablet 5 mg . . . . .	8	PLEGRIDY STARTER PACK . . . . .	15	
ON CALL EXPRESS MONITORING SYS . . . . .	18	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG . . . . .	8	PLEGRIDY SUBCUTANEOUS . . . . .	15	
ondansetron hcl oral tablet . . . . .	10	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	PLENVU . . . . .	22	
ondansetron odt . . . . .	10	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8	polymyxin b-trimethoprim . . . . .	28	
ONETOUGH DELICA PLUS LANCETS . . . . .	18	OZEMPIC . . . . .	20	POMALYST . . . . .	11	
ONETOUGH ULTRA 2 KIT W/DEVICE . . . . .	18	<b>P</b>			portia-28 . . . . .	24
ONETOUGH ULTRA IN VITRO STRIP . . . . .	18	PACERONE ORAL TABLET 100 MG, 400 MG . . . . .	14	potassium chloride crys er . . . . .	21	
ONETOUGH ULTRA MINI BLOOD GLUCOSE METER . . . . .	18	PACERONE ORAL TABLET 200 MG . . . . .	14	potassium chloride er oral capsule extended release . . . . .	21	
ONETOUGH ULTRASOFT LANCETS . . . . .	18	PAMELOR . . . . .	10	potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq . . . . .	21	
ONETOUGH VERIO FLEX SYSTEM KIT . . . . .	18	PANCREAZE . . . . .	22	potassium citrate er . . . . .	21	
ONETOUGH VERIO IQ BLOOD GLUCOSE METER . . . . .	18	pantoprazole sodium oral tablet delayed release . . . . .	21	PRADAXA ORAL CAPSULE . . . . .	9	
ONETOUGH VERIO REFLECT KIT W/DEVICE . . . . .	18	PARADIGM REAL-TIME TRANSMITTER . . . . .	18	pramipexole dihydrochloride . . . . .	12	
ONETOUGH VERIO TEST STRIPS . . . . .	18	paroxetine hcl oral tablet . . . . .	10	pravastatin sodium . . . . .	14	
ONGLYZA . . . . .	20	PAXIL ORAL TABLET . . . . .	10	prazosin hcl oral . . . . .	14	
OPSUMIT . . . . .	31	PAXLOVID (150/100) . . . . .	12	PRECISION XTRA . . . . .	18	
OPTIUMEZ TEST . . . . .	18	PAXLOVID (300/100) . . . . .	12	PRECISION XTRA BLOOD GLUCOSE . . . . .	18	
OPZELURA . . . . .	16	PEDIAPRED . . . . .	25	PRED FORTE . . . . .	28	
ORENCIA CLICKJECT . . . . .	27	peg 3350-kcl-na bicarb-nacl . . . . .	22	PRED MILD . . . . .	28	
ORENCIA SUBCUTANEOUS . . . . .	27	peg-3350/electrolytes . . . . .	22	prednisolone acetate ophthalmic . . . . .	28	
ORFADIN . . . . .	22	peg-3350/electrolytes/ascorbat . . . . .	22	PREDNISOLONE ACETATE P-F . . . . .	28	
ORGOVYX . . . . .	11	peg-kcl-nacl-nasulf-na asc-c . . . . .	22	prednisolone oral solution . . . . .	25	
ORIAHNN . . . . .	25	penicillin v potassium oral tablet . . . . .	9	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	25	
ORILISSA . . . . .	25	PERCOCET . . . . .	8	prednisolone sodium phosphate oral solution 15 mg/5ml . . . . .	25	
oseltamivir phosphate oral capsule . . . . .	12	PERFOROMIST . . . . .	30	prednisolone sodium phosphate oral solution 20 mg/5ml . . . . .	25	
OSENI . . . . .	20	PERIDEX . . . . .	16	prednisone oral tablet . . . . .	25	
OSPHENA . . . . .	21			prednisone oral tablet therapy pack . . . . .	25	
				pregabalin oral capsule . . . . .	15	
				PREGNYL . . . . .	27	



PREMARIN ORAL . . . . .	24	RADICAVA ORS STARTER KIT . . . . .	15	RIGHTEST GT333 GLUCOSE TEST . . . . .	18
PREMARIN VAGINAL . . . . .	24	ramipril . . . . .	14	RINVOQ . . . . .	27
PREMIUM BLOOD GLUCOSE TEST . . . . .	18	RASUVO . . . . .	27	RISPERDAL ORAL TABLET . . . . .	12
PREMPHASE . . . . .	24	REBIF . . . . .	15	risperidone oral tablet . . . . .	12
PREMPRO . . . . .	24	REBIF TITRATION PACK . . . . .	15	RITALIN . . . . .	15
PREZCOBIX . . . . .	12	reclipsen . . . . .	24	RITALIN LA . . . . .	15
PRISTIQ . . . . .	10	RECOMBINATE . . . . .	20	rizatriptan benzoate . . . . .	11
PROCARDIA XL . . . . .	14	REGLAN . . . . .	11	ROBINUL . . . . .	22
prochlorperazine maleate oral . . . . .	10	RELAFEN DS . . . . .	8	ROBINUL-FORTE . . . . .	22
PROCTOFOAM HC . . . . .	27	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG . . . . .	15	ROCALTROL ORAL CAPSULE . . . . .	27
progesterone oral . . . . .	24	RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG . . . . .	15	ROCKLATAN . . . . .	28
PROGRAF ORAL CAPSULE . . . . .	27	RELION TRUE MET AIR GLUC METER . . . . .	18	ropinirole hcl . . . . .	12
PROLATE ORAL TABLET . . . . .	8	RELION TRUE METRIX TEST STRIPS . . . . .	18	rosuvastatin calcium . . . . .	14
promethazine hcl oral tablet . . . . .	10	RELION ULTIMA GLUCOSE SYSTEM . . . . .	18	roweepra . . . . .	10
promethazine-dm . . . . .	29	RELION ULTIMA TEST . . . . .	18	ROXICODONE . . . . .	8
PROMETRIUM . . . . .	24	RELPAK . . . . .	11	RUCONEST . . . . .	27
propranolol hcl er . . . . .	14	REMERON . . . . .	10	RUKOBIA . . . . .	12
propranolol hcl oral tablet . . . . .	14	REMODULIN . . . . .	31	RYBELSUS . . . . .	20
PROSCAR . . . . .	22	REPATHA . . . . .	14		
PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	21	REPATHA PUSHTRONEX SYSTEM . . . . .	14	<b>S</b>	
PROVENTIL HFA . . . . .	29, 30	REPATHA SURECLICK . . . . .	14	SANTYL . . . . .	16
PROVERA . . . . .	22, 24	RESTASIS . . . . .	28, 29	saxagliptin hcl . . . . .	20
PROVIGIL . . . . .	31	RESTASIS MULTIDOSE . . . . .	29	scopolamine . . . . .	11
PROZAC . . . . .	10	RESTORIL . . . . .	31	SEREVENT DISKUS . . . . .	30
pseudoephedrine-bromphen-dm . . . . .	29	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML . . . . .	20	SEROQUEL . . . . .	12
PTS PANELS EGLU TEST . . . . .	18	RETACRIT INJECTION SOLUTION 20000 UNIT/ML . . . . .	20	sertraline hcl oral tablet . . . . .	10
PULMICORT SUSPENSION . . . . .	30	RETEVMO ORAL CAPSULE 40 MG . . . . .	11	sharobel . . . . .	24
PULMOZYME . . . . .	30	RETEVMO ORAL CAPSULE 80 MG . . . . .	12	SHINGRIX . . . . .	27
PYLERA . . . . .	21	RETIN-A EXTERNAL CREAM . . . . .	16	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	21
PYRIDIUM . . . . .	22	REVATIO ORAL TABLET . . . . .	31	sildenafil citrate oral tablet 20 mg . . . . .	31
		REVLIMID . . . . .	12	SIMPONI . . . . .	27
<b>Q</b>		REXULTI . . . . .	12	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	14
quetiapine fumarate . . . . .	12	RHOFADE . . . . .	16	simvastatin oral tablet 80 mg . . . . .	14
QUINTET AC BLOOD GLUCOSE TEST . . . . .	18	RHOPRESSA . . . . .	28	SINGULAIR ORAL TABLET . . . . .	30
QUINTET BLOOD GLUCOSE TEST . . . . .	18			SINGULAIR ORAL TABLET CHEWABLE . . . . .	30
QVAR REDHALER . . . . .	30			SITAVIG . . . . .	12
				SKYRIZI PEN . . . . .	27
<b>R</b>				SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	27
rabeprazole sodium oral tablet delayed release . . . . .	21			SKYTROFA . . . . .	25
RADICAVA ORS . . . . .	15			SOANZ . . . . .	14



SODIUM OXYBATE . . . . .	31	TACLONEX EXTERNAL OINTMENT . . . . .	16	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	30
SOFOSBUVIR-VELPATASVIR . . . . .	12	tacrolimus external . . . . .	16	THALITONE . . . . .	14
solifenacin succinate . . . . .	22	tacrolimus oral . . . . .	27	THIOLA . . . . .	22
SOLQUA . . . . .	20	tadalafil oral . . . . .	21	THIOLA EC . . . . .	22
SOMATULINE DEPOT . . . . .	25	TADLIQ . . . . .	31	THYQUIDITY . . . . .	25
SOOLANTRA . . . . .	16	tafluprost (pf) . . . . .	28	thyroid oral . . . . .	25
SPIRIVA HANDIHALER . . . . .	30	TAGRISSE . . . . .	12	TIGLUTIK . . . . .	15
SPIRIVA RESPIMAT . . . . .	30	TAKHZYRO . . . . .	27	timolol maleate (once-daily) . . . . .	28
spironolactone oral tablet . . . . .	14	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	27	timolol maleate ophthalmic solution . . . . .	28
sprintec 28 . . . . .	24	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	27	timolol maleate pf . . . . .	28
sronyx . . . . .	24	TAMIFLU ORAL CAPSULE . . . . .	12	TIMOPTIC OCUDOSE . . . . .	28
STELARA SUBCUTANEOUS . . . . .	27	tamoxifen citrate oral tablet 10 mg . . . . .	12	tiotropium bromide monohydrate . . . . .	30
STENDRA . . . . .	21	tamoxifen citrate oral tablet 20 mg . . . . .	12	TIROSINT-SOL . . . . .	25
STIOLTO RESPIMAT . . . . .	30	tamsulosin hcl . . . . .	22	TIVICAY . . . . .	12
STIVARGA . . . . .	12	TAPERDEX 12-DAY . . . . .	25	tizanidine hcl oral tablet . . . . .	31
STRATTERA . . . . .	15	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	25	TOBI NEBULIZER . . . . .	30
STRENSIQ . . . . .	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	25	TOBI PODHALER . . . . .	30
STRIVERDI RESPIMAT . . . . .	30	TAPERDEX 7-DAY . . . . .	25	TOBRADEX ST . . . . .	28
SUBOXONE . . . . .	8	TARGADOX . . . . .	9	tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	30
subvenite . . . . .	10	tarina 24 fe . . . . .	24	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	30
sucralfate oral tablet . . . . .	21	tarina fe 1/20 eq . . . . .	24	tobramycin ophthalmic . . . . .	28
SUFLAVE . . . . .	22	TASIGNA . . . . .	12	tobramycin-dexamethasone . . . . .	28
sulfamethoxazole-trimethoprim oral tablet . . . . .	9	TAVALISSE . . . . .	20	TOLAK . . . . .	16
sumatriptan succinate oral . . . . .	11	TECHLITE INSULIN SYRINGES . . . . .	18	TOPAMAX . . . . .	10
SUNOSI . . . . .	31	TECHLITE PEN NEEDLES . . . . .	18	TOPAMAX SPRINKLES . . . . .	10
SUPREP BOWEL PREP KIT . . . . .	22	TEGSEDI . . . . .	22	topiramate oral tablet . . . . .	10
SUTAB . . . . .	22	TEKTURNA . . . . .	14	TOPROL XL . . . . .	14
syeda . . . . .	24	telmisartan . . . . .	14	torse mide . . . . .	14
SYMBICORT . . . . .	30	temazepam . . . . .	31	TOUJEO MAX SOLOSTAR . . . . .	19
SYMFI . . . . .	12	TEMPO REFILL . . . . .	19	TOUJEO SOLOSTAR . . . . .	19
SYMFI LO . . . . .	12	TEMPO WELCOME . . . . .	19	TRACLEER 62.5 MG, 125 MG . . . . .	31
SYMJEPI . . . . .	29	TENORMIN . . . . .	14	TRADJENTA . . . . .	20
SYMLINPEN 120 . . . . .	20	terbinafine hcl oral . . . . .	11	tramadol hcl oral tablet 100 mg . . . . .	8
SYMLINPEN 60 . . . . .	20	TERIPARATIDE (RECOMBINANT) . . . . .	27	tramadol hcl oral tablet 50 mg . . . . .	8
SYMPAZAN . . . . .	10	teriparatide inj . . . . .	27	TRANSDERM-SCOP . . . . .	11
SYMPROIC . . . . .	22	TESTIM . . . . .	25	trazodone hcl oral . . . . .	10
SYNJARDY . . . . .	20	testosterone cypionate intramuscular . . . . .	25	TRELEGY ELLIPTA . . . . .	30
SYNJARDY XR . . . . .	20	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	30	TREMFYA . . . . .	27
SYNTHROID . . . . .	25			treprostinil . . . . .	31
				tretinoin external cream . . . . .	16
				TREXALL . . . . .	27

## T

TABRECTA . . . . .	12
--------------------	----





XARELTO . . . . .	9	ZEPOSIA STARTER KIT . . . . .	16
XARELTO STARTER PACK. . . . .	9	ZESTORETIC . . . . .	14
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG . . . . .	10	ZESTRIL . . . . .	14
XELJANZ . . . . .	27	ZETIA . . . . .	14
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG . . . . .	27	ZETONNA. . . . .	29
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG. . . . .	27	ZILXI . . . . .	17
XENLETA ORAL . . . . .	9	ZIMHI . . . . .	8
XEPI . . . . .	17	ZIOPTAN . . . . .	28
XIIDRA . . . . .	29	ZITHROMAX ORAL SUSPENSION RECONSTITUTED. . . . .	9
XOFLUZA (40 MG DOSE). . . . .	13	ZITHROMAX ORAL TABLET . . . . .	9
XOFLUZA (80 MG DOSE). . . . .	13	ZITHROMAX TRI-PAK. . . . .	9
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	27	ZITHROMAX Z-PAK. . . . .	9
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED. . . . .	27	ZOCOR. . . . .	14
XOPENEX HFA. . . . .	30	ZOLOFT ORAL TABLET. . . . .	10
XTAMPZA ER. . . . .	8	zolpidem tartrate er . . . . .	31
XTANDI. . . . .	12	zolpidem tartrate oral tablet . . . . .	31
xulane . . . . .	24	ZOMIG NASAL SOLUTION 2.5 MG. . . . .	11
XYWAV . . . . .	31	ZOMIG NASAL SOLUTION 5 MG . . . . .	11

## Y

YASMIN 28. . . . .	24
YAZ . . . . .	24
YUPELRI. . . . .	30
yuvafem . . . . .	25

## Z

zafemy . . . . .	25
ZANAFLEX ORAL TABLET . . . . .	31
ZARXIO . . . . .	21
ZAVZPRET. . . . .	11
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	20
ZEJULA . . . . .	12
ZELBORAF. . . . .	12
ZELNORM . . . . .	22
ZENPEP . . . . .	22
ZEPOSIA . . . . .	15, 16
ZEPOSIA 7-DAY STARTER PACK . . . . .	16



# Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
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.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll-free **1-800-368-1019, 800-537-7697 (TDD)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខតតតតតតតត ដល់មាន់លើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. UnitedHealthcare Freedom Plans are underwritten by Tufts Health Freedom Insurance Company. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc., Oxford Health Plans LLC or their affiliates, and UnitedHealthcare Service LLC in NY. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company. UnitedHealthOne plans provided by or through Oxford Health Plans (NJ), Inc.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.