

Your 2023 Prescription Drug List

Traditional 3-Tier

Effective May 1, 2023



United Healthcare

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

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brandname, 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.

About this PDL

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ 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 medications²). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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



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

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.

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

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



Reading your PDL (continued)

Coverage details

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

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

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

· Diabetes: continuous glucose monitors, sensors

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

• Endocrine: growth hormone

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

Infertility

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

Medications for sexual dysfunction

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

• 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. More information will be available on **myuhc.com** in early 2023. Additionally, more information is 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
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	Е	
endocet	1	
ESGIC ORAL TABLET	3	QL
GEN7T EXTERNAL PATCH	Е	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	1	PA, QL
LIDODERM	Е	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	Е	PA, QL
NALOCET	Е	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	Е	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	Е	
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	Е	QL
PERCOCET	Е	
PROLATE ORAL TABLET	Е	

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	Е	
tramadol hcl oral tablet 100 mg	Е	
tramadol hcl oral tablet 50 mg	1	
TREZIX	1	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inf	lamma	ition
CELEBREX	Е	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
DUROLANE	Е	
EUFLEXXA	Е	
GELSYN-3	Е	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Е	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	Е	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	Е	
naproxen oral tablet	1	
RELAFEN	Е	
RELAFEN DS	Е	
SUPARTZ FX	Е	
SYNOJOYNT	Е	
TRILURON	Е	
Anti-Addiction / Substance Abuse	Treatm	nent Agents
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naloxone hcl nasal naltrexone hcl oral	1	QL



Drug Name	Drug Tier	Requirements & Limits
SUBOXONE	Е	PA, QL
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infection	S	
ACTICLATE	Е	
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	
AUGMENTIN	Е	
AUGMENTIN ES-600	Е	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	Е	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LYMEPAK	Е	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	Е	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	Е	
vandazole	3	
VIBRAMYCIN ORAL CAPSULE	3	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or	Preven	t Blood Clots
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	QL
jantoven	1	
LOVENOX	Е	QL
PRADAXA	2	QL



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oxcarbazepine oral tablet roweepra subvenite TOPAMAX 3 PA topiramate oral tablet TRILEPTAL ORAL TABLET VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ZONEGRAN 3 PA zonisamide oral Antidepressants - Drugs for Depression amitriptyline hcl oral	NEURONTIN ORAL CAPSULE	3	PA
roweepra 1 subvenite 1 TOPAMAX 3 PA topiramate oral tablet 1 TRILEPTAL ORAL TABLET 3 PA VALTOCO NASAL LIQUID 3 PA, QL 10 MG/0.1ML, 5 MG/0.1ML XCOPRI ORAL TABLET 100 MG, 3 PA 150 MG, 200 MG, 50 MG ZONEGRAN 3 PA zonisamide oral 1 Antidepressants - Drugs for Depression amitriptyline hcl oral 1	NEURONTIN ORAL TABLET	3	PA
subvenite TOPAMAX T	oxcarbazepine oral tablet	1	
TOPAMAX topiramate oral tablet TRILEPTAL ORAL TABLET VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ZONEGRAN zonisamide oral Antidepressants - Drugs for Depression amitriptyline hcl oral	roweepra	1	
topiramate oral tablet TRILEPTAL ORAL TABLET VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ZONEGRAN zonisamide oral Antidepressants - Drugs for Depression amitriptyline hcl oral	subvenite	1	
TRILEPTAL ORAL TABLET VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ZONEGRAN zonisamide oral Antidepressants - Drugs for Depression amitriptyline hcl oral 1	TOPAMAX	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ZONEGRAN 2 onisamide oral Antidepressants - Drugs for Depression amitriptyline hcl oral 1	topiramate oral tablet	1	
10 MG/0.1ML, 5 MG/0.1ML XCOPRI ORAL TABLET 100 MG, 3 150 MG, 200 MG, 50 MG ZONEGRAN 3 PA zonisamide oral 1 Antidepressants - Drugs for Depression amitriptyline hcl oral 1	TRILEPTAL ORAL TABLET	3	PA
150 MG, 200 MG, 50 MG ZONEGRAN zonisamide oral Antidepressants - Drugs for Depression amitriptyline hcl oral 1		3	PA, QL
zonisamide oral 1 Antidepressants - Drugs for Depression amitriptyline hcl oral 1		3	PA
Antidepressants - Drugs for Depression amitriptyline hcl oral 1	ZONEGRAN	3	PA
amitriptyline hcl oral	zonisamide oral	1	
	Antidepressants - Drugs for Depres	ssion	
hunranian hal er (sr)	amitriptyline hcl oral	1	
	bupropion hcl er (sr)	1	

Drug Name	Drug Tier	Requirements & Limits
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	Е	
citalopram hydrobromide oral tablet	1	
CYMBALTA	Е	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	Е	
EFFEXOR XR	Е	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	Е	
fluvoxamine maleate	1	
FORFIVO XL	Е	QL
LEXAPRO	Е	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	Е	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	Е	
PRISTIQ	Е	QL
PROZAC	Е	
REMERON	Е	
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	



Drug Name	Drug Tier	Requirements & Limits
VIIBRYD	Е	QL
VIIBRYD STARTER PACK	3	
vilazodone hcl	1	QL
WELLBUTRIN SR	Е	
WELLBUTRIN XL	Е	
ZOLOFT ORAL TABLET	Е	
Antiemetics - Drugs for Nausea and	d Vomi	ting
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	Е	
Antifungals - Drugs for Fungal Infec	ctions	
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	Е	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	Е	PA
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	Е	
COLCHICINE ORAL CAPSULE	Е	
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Mi	graine	S
AIMOVIG	2	PA, ST

Drug Name	Drug Tier	Requirements & Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX ORAL	Е	QL
MAXALT	Е	QL
NURTEC	2	PA, ST, QL
RELPAX	Е	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	Е	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	Е	
bexarotene external	Е	QL, SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	Е	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL, SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
		-



Drug Name	Drug Tier	Requirements & Limits
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
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	1	QL, SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic	Infecti	ons
ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	Е	
Antiparkinson Agents - Drugs for P	arkins	on'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 Atta Prevention	ick and	Stroke
BRILINTA	3	QL
clopidogrel bisulfate oral	1	- QL
PLAVIX		
Antipsychotics - Drugs for Mood D ABILIFY		3
	E	
aripiprazole oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
LATUDA	3	QL
olanzapine oral tablet	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 150 mg	Е	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	Е	
risperidone oral tablet	1	
SAPHRIS	1	QL
SEROQUEL	Е	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	Е	
Antivirals - Drugs for Viral Infection	าร	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	Е	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	QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	Е	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	Е	



Drug Name	Drug	Requirements
	Tier	& Limits
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	Е	QL
valacyclovir hcl oral	1	QL
VALTREX	Е	QL
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	Е	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	Е	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	Е	
VISTARIL	3	
XANAX	Е	
Bipolar Agents - Drugs for Mood Di	isorder	rs .
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Conditions	Heart a	and Circulation
ALDACTONE	Е	
aliskiren fumarate	1	
ALTACE	Е	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	

Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate-valsartan- hydrochlorothiazide	Е	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	Е	
AVAPRO	Е	
benazepril hcl oral	1	
BENICAR	Е	
BENICAR HCT	Е	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	3	
CARDIZEM CD	Е	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	Е	
CORLANOR	3	PA, QL
COZAAR	Е	
CRESTOR	Е	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
DIOVAN	Е	
DIOVAN HCT	Е	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	Е	



Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
FENOGLIDE	Е	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	Е	
INDERAL LA	Е	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	Е	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	Е	
lovastatin oral	1	Н
LOVAZA	Е	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	Е	
MICARDIS	Е	
MINIPRESS	3	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	

Drug Name	Drug Tier	Requirements & Limits
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	Е	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	Е	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	Е	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORETIC 100	Е	
TENORETIC 50	Е	
TENORMIN	Е	
THALITONE	Е	
TOPROL XL	Е	
torsemide	1	
triamterene-hctz	1	
TRICOR	Е	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	



Drug Name	Drug Tier	Requirements & Limits
VASOTEC	Е	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	Е	
ZESTRIL	Е	
ZETIA	Е	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	Е	
Central Nervous System Agents - I Deficit Disorder	Orugs f	or Attention
ADDERALL	Е	
ADDERALL XR	1	QL
ADHANSIA XR	Е	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	Е	QL
APTENSIO XR	Е	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	3	
FOCALIN XR	Е	QL
guanfacine hcl er	1	
INTUNIV	Е	
JORNAY PM	Е	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm)	Е	QL
methylphenidate hcl er (xr)	Е	QL
methylphenidate hcl er oral tablet extended release	1	QL
MYDAYIS	Е	QL

Drug Name	Drug Tier	Requirements & Limits
RELEXXI	Е	QL
RITALIN	Е	
RITALIN LA	Е	QL
STRATTERA	Е	QL
VYVANSE	3	QL
Central Nervous System Agents - Description Science Science	Orugs f	or Multiple
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	Е	PA, QL, SP
EXTAVIA	Е	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
Central Nervous System Agents - M	/liscella	aneous
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
pregabalin oral capsule	1	QL
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Conditions	Mouth	and Throat
chlorhexidine gluconate mouth/ throat	1	
lidocaine hcl mouth/throat	1	



Drug Name	Drug Tier	Requirements & Limits
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	
Dermatological Agents - Drugs for	Skin C	onditions
ABSORICA	Е	PA
accutane	1	
ala-cort external cream 1 %	Е	
ala-cort external cream 2.5 %	1	
amnesteem	1	
AMZEEQ	3	PA, QL
AVITA EXTERNAL CREAM	Е	PA, QL
CARAC	Е	
CIBINQO	2	PA, QL, SP
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	Е	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	Е	QL
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	QL
DAZOMON	Е	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA	3	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	Е	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	Е	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	Е	QL
isotretinoin capsule 10 mg oral	Е	PA
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	Е	PA
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	Е	PA
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	Е	PA
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	Е	PA
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA, QL
myorisan	1	
NORITATE	Е	
OPZELURA	3	PA, QL, SP
PICATO	3	QL
PROTOPIC	Е	ST, QL
RETIN-A EXTERNAL CREAM	Е	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	



Drug Name	Drug	Requirements
Drug Name	Tier	& Limits
SANTYL	3	QL
SOOLANTRA	1	QL
TACLONEX EXTERNAL OINTMENT	Е	QL
tacrolimus external	1	ST, QL
tretinoin external cream	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	Е	
triamcinolone in absorbase	Е	
TRIANEX	Е	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tritocin	Е	
VTAMA	3	PA, QL
XEPI	3	QL
zenatane	1	
ZILXI	3	PA, ST, QL
Diabetes - Glucose Monitoring and	Suppl	ies
ACCU-CHEK AVIVA PLUS TEST STRIPS	Е	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	Е	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	

Drug Name	Drug	Requirements
	Tier	& Limits
ACCUTREND GLUCOSE	Е	QL
bd autoshield duo pen needles	2	QL
bd U-500 insulin syringes	2	QL
bd ultra-fine insulin syringes	2	QL
bd ultra-fine pen needles	2	QL
bd veo ultra-fine insulin syringes	2	QL
BLOOD GLUCOSE TEST STRIPS	Е	QL
CARETOUCH MONITOR SYSTEM	Е	
CARETOUCH TEST	Е	QL
CONTOUR MONITOR KIT W/DEVICE	Е	
CONTOUR NEXT EZ KIT W/DEVICE	Е	
CONTOUR NEXT GEN MONITOR	Е	
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	Е	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	Е	QL
CVS ADVANCED GLUCOSE TEST	Е	QL
CVS GLUCOSE METER TEST STRIPS	Е	QL
D-CARE BLOOD GLUCOSE	Е	QL
D-CARE GLUCOMETER	Е	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	Е	
DIABETES MONITOR DIGIT SOLN	Е	
EASY TOUCH TEST	Е	QL
EASYGLUCO	Е	
EASYMAX 15 TEST	Е	QL
EASYMAX NG BLOOD GLUCOSE KIT	Е	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	Е	QL



Drug Name	Drug Tier	Requirements & Limits
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA
FORTISCARE G1 TEST STRIP	Е	QL
FORTISCARE TEST	Е	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR SYSTEM	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	Е	
FREESTYLE PRECISION NEO TEST	Е	QL
FREESTYLE TEST	Е	QL
GLUCOCARD EXPRESSION TEST	Е	QL
GLUCOCARD SHINE TEST	Е	QL
GLUCOCARD VITAL TEST	Е	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
INSULIN PEN NEEDLES	2	QL
MICRODOT TEST	Е	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	Е	
NEUTEK 2TEK TEST	Е	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements & Limits
NOVOTWIST	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	3	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	Е	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PRECISION XTRA	Е	
PRECISION XTRA BLOOD GLUCOSE	Е	QL
PREMIUM BLOOD GLUCOSE TEST	Е	QL
PTS PANELS EGLU TEST	Е	QL
QUINTET AC BLOOD GLUCOSE TEST	Е	QL
QUINTET BLOOD GLUCOSE TEST	Е	QL
RELION TRUE MET AIR GLUC METER	Е	



Drug Name	Drug Tier	Requirements & Limits
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	Е	
RELION ULTIMA TEST	Е	QL
TECHLITE (ARKAY) INSULIN SYRINGES	2	QL
TECHLITE (ARKAY) PEN NEEDLES	2	QL
TRUE FOCUS BLOOD GLUCOSE STRIP	Е	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	Е	QL
TRUE METRIX GO GLUCOSE METER	Е	
TRUE METRIX METER KIT	Е	
TRUE METRIX PRO BLOOD GLUCOSE	Е	QL
TRUETRACK TEST	Е	QL
UNISTRIP1 GENERIC	Е	QL
Diabetes - Insulin		
ADMELOG	Е	QL
ADMELOG SOLOSTAR	Е	QL
BASAGLAR KWIKPEN	Е	QL
HUMALOG INJECTION	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	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

Drug Name	Drug	Requirements & Limits
INSULIN GLARGINE	Tier	& Limits QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR INSULIN LISPRO		
	E	QL
INSULIN LISPRO (1 UNIT DIAL) INSULIN LISPRO JUNIOR		QL
KWIKPEN	E	QL
INSULIN LISPRO KWIKPEN	Е	
INSULIN LISPRO PROT & LISPRO	Е	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	Е	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	Е	ST, QL
NOVOLIN 70/30 RELION	Е	ST, QL
NOVOLIN 70/30 VIAL	Е	ST, QL
NOVOLIN N FLEXPEN	Е	ST, QL
NOVOLIN N FLEXPEN RELION	Е	ST, QL
NOVOLIN N RELION	Е	ST, QL
NOVOLIN N VIAL	Е	ST, QL
NOVOLIN R FLEXPEN	Е	ST, QL
NOVOLIN R FLEXPEN RELION	Е	ST, QL
NOVOLIN R RELION	Е	ST, QL
NOVOLIN R VIAL	Е	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	Е	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	Е	QL
ALOGLIPTIN-METFORMIN HCL	Е	QL
ALOGLIPTIN-PIOGLITAZONE	Е	QL
AMARYL	Е	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	2	PA, ST, QL
BYDUREON PEN	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL



Drug Name	Drug	Requirements
	Tier	& Limits
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	3	
GLUMETZA	Е	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PREFILLED SYRINGE	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	Е	PA
metformin hcl er (osm)	Е	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	Е	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

TRIJARDY XR TRULICITY TRULICITY 2 PA, ST, QL VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR Drugs for Blood Disorders ADVATE ADYNOVATE APSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 2500 UNIT AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT ALPHANATE ARANESP (ALBUMIN FREE) DOPTELET BLOCTATE HEMCIBRA PA, SP HEMCIBRA PA, SP HEMCIBRA PA, SP HEMOFIL M PHUMATE-P JIVI KOATE KOATE KOATE KOATE-DVI KOGENATE FS KOVALTRY MULPLETA NEULASTA NOVOEIGHT NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 2500 UNIT, 2500 UNIT, 2500 UNIT, 2500 UNIT, 2500 UNIT, 2000 UNIT, 2500 UNIT, 2500 UNIT, 2000 UNIT, 2500 UNIT, 2500 UNIT, 3000 UNIT, 2500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 UNIT NUWIQ INTRAVENOUS KIT 1500 UNIT RECOMBINATE 2 SP	Drug Name	Drug Tier	Requirements & Limits
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 Drugs for Blood Disorders ADYNOVATE 3 PA, SP AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT 3 PA AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT 2 QL, SP DOPTELET 3 PA, QL, SP ELOCTATE 3 PA, SP HEMCIBRA 2 PA, SP HEMOFIL M 2 SP HUMATE-P 2 SP JIVI 3 PA, SP KOATE 2 SP KOATE-DVI 2 SP KOYALTRY 2 SP MULPLETA 3 PA, QL, SP NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 2 SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 500 UNIT 2 SP	TRIJARDY XR	2	QL
INJECTOR 18 MG/3ML	TRULICITY	2	PA, ST, QL
INJECTOR 18 MG/3ML	INJECTOR 18 MG/3ML	2	, ,
Drugs for Blood Disorders	INJECTOR 18 MG/3ML	3	
ADVATE ADYNOVATE ADYNOVATE AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT ALPHANATE ARANESP (ALBUMIN FREE) DOPTELET BLOCTATE BELOCTATE BELOCTA		2	QL
ADYNOVATE AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT ALPHANATE ARANESP (ALBUMIN FREE) DOPTELET BLOCTATE HEMLIBRA HEMOFIL M HUMATE-P JIVI KOATE KOATE KOATE KOATE-DVI KOGENATE FS KOVALTRY MULPLETA NEULASTA NOVOEIGHT NUWIQ INTRAVENOUS KIT 1500 UNIT APA, SP PA, SP APA, SP PA, SP	Drugs for Blood Disorders		
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT ALPHANATE ARANESP (ALBUMIN FREE) DOPTELET BLOCTATE HEMLIBRA HEMOFIL M HUMATE-P JIVI KOATE KOATE-DVI KOGENATE FS KOVALTRY NUULPLETA NOVOEIGHT NUWIQ INTRAVENOUS KIT 1500 UNIT AFSTYLA INTRAVENOUS KIT 1500 UNIT PA PA PA PA PA PA PA PA PA P	ADVATE	2	SP
UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT ALPHANATE ARANESP (ALBUMIN FREE) DOPTELET ELOCTATE HEMLIBRA HEMOFIL M HUMATE-P JIVI KOATE KOATE-DVI KOGENATE FS KOVALTRY MULPLETA NEULASTA NOVOEIGHT NUWIQ INTRAVENOUS KIT 1500 UNIT ARP SP APA, SP APA	ADYNOVATE	3	PA, SP
UNIT, 2500 UNIT ALPHANATE ARANESP (ALBUMIN FREE) DOPTELET BLOCTATE BLOCTATE HEMLIBRA HEMOFIL M HUMATE-P JIVI KOATE KOATE-DVI KOGENATE FS KOVALTRY NEULASTA NOVOEIGHT NUWIQ INTRAVENOUS KIT 1500 UNIT NUWIQ INTRAVENOUS KIT 1500 UNIT PA, SP AP, SP AP, SP AP, SP BP AP, SP A	UNIT, 2000 UNIT, 250 UNIT, 3000	3	PA
ARANESP (ALBUMIN FREE) 2 QL, SP DOPTELET 3 PA, QL, SP ELOCTATE 3 PA, SP HEMLIBRA 2 PA, SP HEMOFIL M 2 SP HUMATE-P 2 SP JIVI 3 PA, SP KOATE 2 SP KOATE DVI 2 SP KOGENATE FS 2 SP KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2500 UNIT, 2500 UNIT, 2500 UNIT, 500 UNIT 2 SP NUWIQ INTRAVENOUS KIT 1500 UNIT 2 UNIT		3	PA, SP
DOPTELET 3 PA, QL, SP ELOCTATE 3 PA, SP HEMLIBRA 2 PA, SP HEMOFIL M 2 SP HUMATE-P 2 SP JIVI 3 PA, SP KOATE 2 SP KOATE-DVI 2 SP KOGENATE FS 2 SP KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2500 UNIT, 2500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT 2 SP NUWIQ INTRAVENOUS KIT 1500 UNIT 2 UNIT	ALPHANATE	2	SP
ELOCTATE 3 PA, SP HEMLIBRA 2 PA, SP HEMOFIL M 2 SP HUMATE-P 2 SP JIVI 3 PA, SP KOATE 2 SP KOATE-DVI 2 SP KOGENATE FS 2 SP KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT 2 SP NUWIQ INTRAVENOUS KIT 1500 UNIT 2 VINIT	ARANESP (ALBUMIN FREE)	2	QL, SP
HEMLIBRA 2	DOPTELET	3	PA, QL, SP
HEMOFIL M 2 SP HUMATE-P 2 SP JIVI 3 PA, SP KOATE 2 SP KOATE-DVI 2 SP KOGENATE FS 2 SP KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 2500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 UNIT NUWIQ INTRAVENOUS KIT 1500 UNIT	ELOCTATE	3	PA, SP
HUMATE-P	HEMLIBRA	2	PA, SP
JIVI 3	HEMOFIL M	2	SP
KOATE 2 SP KOATE-DVI 2 SP KOGENATE FS 2 SP KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2500 UNIT, 2500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT 2 SP NUWIQ INTRAVENOUS KIT 1500 UNIT 2 UNIT 2	HUMATE-P	2	SP
KOATE-DVI 2 SP KOGENATE FS 2 SP KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 2 SP SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT UNIT 2 UNIT NUWIQ INTRAVENOUS KIT 1500 UNIT 2 UNIT 2	JIVI	3	PA, SP
KOGENATE FS 2 SP KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 2 SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 2 UNIT NUWIQ INTRAVENOUS KIT 1500 2 UNIT 2 UNIT	KOATE	2	SP
KOVALTRY 2 SP MULPLETA 2 PA, QL, SP NEULASTA 3 SP NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 2 SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 2 UNIT	KOATE-DVI	2	SP
MULPLETA 2 PA, QL, SP NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 2 SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 2 UNIT	KOGENATE FS	2	SP
NEULASTA 3 NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 2 SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 2 UNIT 2	KOVALTRY	2	SP
NOVOEIGHT 2 SP NUWIQ INTRAVENOUS KIT 1000 2 SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 2 UNIT	MULPLETA	2	PA, QL, SP
NUWIQ INTRAVENOUS KIT 1000 2 SP UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 2 UNIT	NEULASTA	3	
UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT NUWIQ INTRAVENOUS KIT 1500 UNIT 2	NOVOEIGHT	2	SP
UNIT	UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500	2	SP
RECOMBINATE 2 SP		2	
	RECOMBINATE	2	SP



Drug Name	Drug Tier	Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
WILATE	2	
ZARXIO	2	
ZIEXTENZO	3	SP
Drugs for Pregnancy Termination		
mifepristone	1	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	Е	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
VIAGRA	Е	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
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	3	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA GUMMIES	Е	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for	Acid F	Reflux and Ulcer
ACIPHEX	Е	QL
CARAFATE ORAL TABLET	Е	
CYTOTEC	3	
DEXILANT	Е	QL
DEXLANSOPRAZOLE	Е	QL
famotidine oral suspension reconstituted	1	

misoprostol oral



1

Drug Name	Drug Tier	Requirements & Limits
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	Е	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Stomach Conditions	Bowe	, Intestine and
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
GLYCATE	Е	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Е	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
ROBINUL	Е	
ROBINUL-FORTE	Е	
sodium sulfate-potassium sulfate- magnesium sulfate	1	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drug Modification, Treatment	s for R	eplacement,
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Requirements & Limits
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for B Kidney Conditions	ladder	, Genital and
DITROPAN XL	Е	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	Е	
Genitourinary Agents - Drugs for P	rostate	Conditions
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	Е	
PROSCAR	Е	
tamsulosin hcl	1	
UROXATRAL	Е	
Hormonal Agents - Hormone Repla Control	cemer	nt and Birth
afirmelle	1	Н
ALORA	3	QL
altavera	1	Н
ANNOVERA	3	QL
apri	1	Н
aubra	1	Н
aubra eq	1	Н
aurovela 1.5/30	1	Н

aurovela 1/20



Н

1

Drug Name	Drug Tier	Requirements & Limits
aurovela 24 fe	1	Н
aurovela fe 1.5/30	1	Н
aurovela fe 1/20	1	Н
aviane	1	Н
AYGESTIN	3	
ayuna	1	Н
BIJUVA	3	
blisovi 24 fe	1	Н
blisovi fe 1.5/30	1	Н
blisovi fe 1/20	1	Н
camila	1	Н
chateal	1	Н
chateal eq	1	Н
CLIMARA	Е	QL
CLIMARA PRO	3	QL
cryselle-28	1	Н
cyred	1	Н
cyred eq	1	Н
deblitane	1	Н
delyla	1	Н
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	Н
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	Н
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	Н
eluryng	1	Н
enskyce	1	Н
errin	1	Н
estarylla	1	Н
ESTRACE	Е	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	Н
EVAMIST	2	
falmina	1	Н
femynor	1	Н
hailey 1.5/30	1	Н
hailey 24 fe	1	Н
hailey fe 1.5/30	1	Н
hailey fe 1/20	1	Н
heather	1	Н
incassia	1	Н
isibloom	1	Н
jasmiel	1	Н
jencycla	1	Н
juleber	1	Н
junel 1.5/30	1	Н
junel 1/20	1	Н
junel fe 1.5/30	1	Н
junel fe 1/20	1	Н
junel fe 24	1	Н
kalliga	1	Н
kurvelo	1	Н
larin 1.5/30	1	Н
larin 1/20	1	Н
larin 24 fe	1	Н



Drug Name	Drug Tier	Requirements & Limits
larin fe 1.5/30	1	Н
larin fe 1/20	1	Н
lessina	1	Н
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	Н
levora 0.15/30 (28)	1	Н
LO LOESTRIN FE	1	Н
LOESTRIN 1.5/30 (21)	Е	
LOESTRIN 1/20 (21)	Е	
LOESTRIN FE 1.5/30	Е	
LOESTRIN FE 1/20	Е	
loryna	1	Н
low-ogestrel	1	Н
lo-zumandimine	1	Н
lutera	1	Н
lyleq	1	Н
lyllana	3	QL
lyza	1	Н
marlissa	1	Н
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	Н
microgestin 1/20	1	Н
microgestin 24 fe	1	Н
microgestin fe 1.5/30	1	Н
microgestin fe 1/20	1	Н
mili	1	Н
MINIVELLE	Е	QL
mono-linyah	1	Н
MYFEMBREE	2	PA, QL
NATAZIA	2	
nikki	1	Н
nora-be	1	Н
norethin ace-eth estrad-fe oral tablet	1	Н
norethindrone acetate oral	1	

Drug Name	Drug Tier	Requirements & Limits
norethindrone acet-ethinyl est	1	Н
norethindrone oral	1	Н
norgestimate-eth estradiol	1	Н
norgestimate-ethinyl estradiol triphasic	1	Н
norlyroc	1	Н
NUVARING	Е	
nymyo	1	Н
ocella	1	Н
portia-28	1	Н
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	1	
PROMETRIUM	Е	
PROVERA	3	
reclipsen	1	Н
sharobel	1	Н
sprintec 28	1	Н
sronyx	1	Н
syeda	1	Н
tarina 24 fe	1	Н
tarina fe 1/20	1	Н
tarina fe 1/20 eq	1	Н
tri femynor	1	Н
tri-estarylla	1	Н
tri-linyah	1	H
tri-lo-estarylla	1	Н
tri-lo-marzia	1	Н
tri-lo-mili	1	Н
tri-lo-sprintec	1	Н
tri-mili	1	H
tri-nymyo	1	Н
tri-sprintec	1	Н
tri-vylibra	1	Н
tri-vylibra lo	1	Н
VAGIFEM	Е	
vestura	1	Н



Drug Name	Drug Tier	Requirements & Limits
vienva	1	Н
VIVELLE-DOT	Е	QL
vylibra	1	Н
xulane	1	Н
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	Н
zumandimine	1	Н
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	Е	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	Е	
HEMADY	Е	
HIDEX 6-DAY	Е	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	Е	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	
ZCORT 7-DAY	Е	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	Е	SP
leuprolide acetate injection	1	PA
LUPRON DEPOT (1-MONTH)	Е	
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone R	eplace	ment
ANDRODERM	2	PA, QL
ANDROGEL	Е	PA, QL
ANDROGEL PUMP	Е	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	Е	PA, QL
NATESTO	Е	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	Е	
testosterone cypionate intramuscular	1	
VOGELXO	Е	PA, QL
VOGELXO PUMP	Е	PA, QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	Е	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	

levoxyl



1

Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	Е	
THYQUIDITY	Е	PA
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for I Stimulation or Suppression	lmmun	e System
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	Е	
CIMZIA	Е	PA
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	Е	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, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
FIRAZYR	Е	PA, QL, SP
HAEGARDA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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/UVEIT STARTER	2	PA, QL, SP
IMURAN	Е	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	Е	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 SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Е	PA, ST, QL, SP
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



Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Е	SP
Immunological Agents - Drugs for V	Vaccina	ation
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	Н
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	Н
COMIRNATY	3	Н
FLUARIX QUADRIVALENT	3	Н
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	Н
FLULAVAL QUADRIVALENT	3	Н
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	Н
MODERNA COVID-19 VAC (BOOSTER)	3	Н
MODERNA COVID-19 VACC 6M-5Y	3	Н
MODERNA COVID-19 VACCINE	3	Н
PFIZER COVID-19 VAC BIVAL 5-11	3	Н
PFIZER COVID-19 VAC BIVALENT	3	Н
PFIZER COVID-19 VAC-TRIS 5-11Y	3	Н
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	Н
PFIZER-BIONT COVID-19 VAC-TRIS	3	Н
PFIZER-BIONTECH COVID-19 VACC	3	Н
SHINGRIX	3	Н
SPIKEVAX COVID-19 VACCINE	3	Н
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP

Drug Name	Drug Tier	Requirements & Limits
fyremadel	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Ager	nts	
APRISO	1	
ASACOL HD	Е	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	1	
mesalamine oral tablet delayed release	Е	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents -	Drugs f	or Osteoporosis
alendronate sodium oral tablet	1	
FORTEO	Е	PA, ST, SP
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents -	Other	
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	
Ophthalmic Agents - Drugs for Eye Inflammation	e Allerg	y, Infection and
ALREX	3	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
H EV /D O	_	

ILEVRO



Drug Name	Drug	Requirements
INVELTYS	Tier 3	& Limits
KLARITY-A		
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL		QL
LOTEMAX OPHTHALMIC GLL LOTEMAX OPHTHALMIC	3	
OINTMENT		
LOTEMAX OPHTHALMIC SUSPENSION	Е	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	Е	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	Е	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	Е	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	Е	
tobramycin-dexamethasone	1	
VIGAMOX	Е	
ZYLET	3	
Ophthalmic Agents - Drugs for Gla	ucoma	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL

Drug Name	Drug	Requirements
Drug Name	Tier	& Limits
BETIMOL	2	QL
bimatoprost ophthalmic	Е	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	Е	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	Е	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	Е	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
XALATAN	Е	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Mis Conditions	cellane	eous Eye
CYCLOSPORINE IN KLARITY	Е	PA
cyclosporine ophthalmic	Е	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	Е	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic Agents - Drugs for Ear Conditi	ions	
CIPRODEX	1	
ciprofloxacin-dexamethasone	Е	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
-		



Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylax		α Limits
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-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	Е	QL
EPIPEN JR 2-PAK	Е	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Age Allergies, Cough, Cold	ents - D	rugs for
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	Е	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	Е	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
Respiratory Tract / Pulmonary Age Asthma and COPD	ents - D	rugs for
ADVAIR DISKUS	1	QL

Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 113/14	Е	QL
AIRDUO RESPICLICK 232/14	Е	QL
AIRDUO RESPICLICK 55/14	Е	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Е	(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 NEBULIZATION SOLUTION (5 MG/ ML) 0.5% INHALATION	Е	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	Е	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE- VILANTEROL	Е	QL, RS
FLUTICASONE PROPIONATE HFA	Е	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL

QL, RS

3



ADVAIR HFA

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

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

LUNESTA



Ε

Drug Name	Drug Tier	Requirements & Limits
modafinil	1	PA, QL
PROVIGIL	Е	PA, QL
RESTORIL	3	
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral	1	



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ACCU-CHEK GUIDE TEST STRIPS 17	AFSTYLA INTRAVENOUS KIT 1500	AMBIEN30
ACCU-CHEK MULTICLIX LANCET	UNIT, 2500 UNIT	AMBIEN CR30
KIT	AIMOVIG	amiodarone hcl oral
ACCU-CHEK MULTICLIX LANCETS . 17	AIMOVIG SUBCUTANEOUS	amitriptyline hcl oral10
ACCU-CHEK SMARTVIEW TEST	SOLUTION AUTO-INJECTOR	amlodipine besylate oral
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ACCU-CHEK SOFT TOUCH	AIRDUO RESPICLICK 113/14 29	amlodipine besylate-valsartan13
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ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	AIRDUO RESPICLICK 55/1429	hydrochlorothiazide
ACCU-CHEK SOFTCLIX LANCETS 17	ala-cort external cream 1 %16	amnesteem
accutane	ala-cort external cream 2.5 % 16	amoxicillin oral capsule
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ADBRY	aliskiren fumarate13	ANDROGEL25
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ADLYXIN STARTER PACK19	ALOGLIPTIN-PIOGLITAZONE19	APTENSIO XR
ADMELOG	ALORA22	APTIOM10
ADMELOG SOLOSTAR	ALPHAGAN P OPHTHALMIC	ARAKODA12
ADVAIR DISKUS29	SOLUTION 0.1 %	ARANESP (ALBUMIN FREE) 20



ARCAPTA NEOHALER29	В	brimonidine tartrate ophthalmic
ARIMIDEX	bac8	solution 0.15 %
aripiprazole oral tablet	baclofen oral tablet	brimonidine tartrate ophthalmic solution 0.2 %
ARMOUR THYROID25	BACTRIM9	
ARNUITY ELLIPTA29	BACTRIM DS	brimonidine tartrate-timolol28
ASACOL HD	BAFIERTAM15	BRIVIACT ORAL TABLET10
atenolol oral13	BAQSIMI ONE PACK	BRONCHITOL30
atenolol-chlorthalidone		BRONCHITOL TOLERANCE TEST30
ATIVAN ORAL13	BAQSIMI TWO PACK	budesonide inhalation
atomoxetine hcl15	BASAGLAR KWIKPEN19	BUDESONIDE-FORMOTEROL
atorvastatin calcium oral tablet	bd autoshield duo pen needles 17	FUMARATE
10 mg, 20 mg	bd U-500 insulin syringes 17	buprenorphine hol sublingual
atorvastatin calcium oral tablet	bd ultra-fine insulin syringes 17	buprenorphine hcl-naloxone hcl8
40 mg, 80 mg	bd ultra-fine pen needles17	bupropion hcl er (sr)10
ATROVENT HFA	bd veo ultra-fine insulin syringes 17	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg,
AUBAGIO15	BELBUCA	300 mg10
aubra	BELSOMRA30	BUPROPION HCL ER (XL) ORAL
aubra eq22	benazepril hcl oral13	TABLET EXTENDED RELEASE
AUGMENTIN9	BENICAR13	24 HOUR 450 MG
AUGMENTIN ES-6009	BENICAR HCT	bupropion hcl oral10
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aurovela 1.5/3022	SOLUTION AUTO-INJECTOR 26	butalbital-apap-caffeine oral tablet8
aurovela 24 fe	benzonatate oral capsule 100 mg,	BYDUREON BCISE19
aurovela fe 1/2023	200 mg	BYDUREON PEN19
aurovela fe 1.5/3023	benzonatate oral capsule 150 mg 29	BYETTA 10 MCG PEN
AUSTEDO	BESIVANCE	BYETTA 5 MCG PEN 20
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AVALIDE	BETIMOL28	С
	BEVESPI AEROSPHERE	
AVAPRO13	BEVESPI AEROSPHERE	CALAN SR13
AVAPRO	BEVESPI AEROSPHERE	CALAN SR
AVAPRO	BEVESPI AEROSPHERE 29 bexarotene external 11 BIDIL 13 BIJUVA 23	CALAN SR
AVAPRO 13 aviane 23 avidoxy 9 AVITA EXTERNAL CREAM 16	BEVESPI AEROSPHERE.29bexarotene external.11BIDIL.13BIJUVA.23BIKTARVY.12	CALAN SR
AVAPRO 13 aviane 23 avidoxy 9 AVITA EXTERNAL CREAM 16 AVONEX PEN 15	BEVESPI AEROSPHERE 29 bexarotene external 11 BIDIL 13 BIJUVA 23	CALAN SR. .13 calcitriol oral capsule .27 CALQUENCE .11 camila .23 CARAC .16
AVAPRO 13 aviane 23 avidoxy 9 AVITA EXTERNAL CREAM 16 AVONEX PEN 15 AVONEX PREFILLED 15	BEVESPI AEROSPHERE.29bexarotene external.11BIDIL.13BIJUVA.23BIKTARVY.12	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21
AVAPRO 13 aviane 23 avidoxy 9 AVITA EXTERNAL CREAM 16 AVONEX PEN 15 AVONEX PREFILLED 15 AYGESTIN 23	BEVESPI AEROSPHERE.29bexarotene external.11BIDIL.13BIJUVA.23BIKTARVY.12bimatoprost ophthalmic.28	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13
AVAPRO	BEVESPI AEROSPHERE 29 bexarotene external 11 BIDIL 13 BIJUVA 23 BIKTARVY 12 bimatoprost ophthalmic 28 bisoprolol fumarate oral 13	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13
AVAPRO	BEVESPI AEROSPHERE	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17
AVAPRO	BEVESPI AEROSPHERE	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17 CARETOUCH TEST 17
AVAPRO	BEVESPI AEROSPHERE	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17 CARETOUCH TEST 17 carisoprodol oral tablet 250 mg 30
AVAPRO	BEVESPI AEROSPHERE .29 bexarotene external .11 BIDIL .13 BIJUVA .23 BIKTARVY .12 bimatoprost ophthalmic .28 bisoprolol fumarate oral .13 bisoprolol-hydrochlorothiazide .13 blisovi 24 fe .23 blisovi fe 1/20 .23 blisovi fe 1.5/30 .23 BLOOD GLUCOSE TEST STRIPS .17 BOOSTRIX INTRAMUSCULAR	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17 CARETOUCH TEST 17 carisoprodol oral tablet 250 mg 30 carisoprodol oral tablet 350 mg 30
AVAPRO	BEVESPI AEROSPHERE	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17 CARETOUCH TEST 17 carisoprodol oral tablet 250 mg 30 cartia xt 13 cartia xt 13
AVAPRO	BEVESPI AEROSPHERE	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17 CARETOUCH TEST 17 carisoprodol oral tablet 250 mg 30 cartia xt 13 carvedilol 13
AVAPRO	BEVESPI AEROSPHERE	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17 CARETOUCH TEST 17 carisoprodol oral tablet 250 mg 30 cartia xt 13 carvedilol 13 cefdinir 9
AVAPRO	BEVESPI AEROSPHERE	CALAN SR. 13 calcitriol oral capsule 27 CALQUENCE 11 camila 23 CARAC 16 CARAFATE ORAL TABLET 21 CARDIZEM CD 13 CARDURA 13 CARETOUCH MONITOR SYSTEM 17 CARETOUCH TEST 17 carisoprodol oral tablet 250 mg 30 cartia xt 13 carvedilol 13



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CELLCEPT ORAL TABLET 26	clindamycin phosphate gel 1 %	COSOPT PF	28
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CINRYZE26	W/DEVICE17	cyred eq	
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clindacin-p	PREFILLED SYRINGE 150 MG/ML 26	DEPO-PROVERA INTRAMUSCULAR SUSPENSION	
CLINDAGEL	COSENTYX 150 MG/ML	PREFILLED SYRINGE	23
clindamycin hcl oral	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	DEPO-SUBQ PROVERA 104	
clindamycin phosphate external	75 MG/0.5ML	DEPO-TESTOSTERONE	
lotion			
clindamycin phoephato oytornal	COSENTYX SENSOREADY	INTRAMUSCULAR SOLUTION	
clindamycin phosphate external solution	COSENTYX SENSOREADY (300 MG)	INTRAMUSCULAR SOLUTION 100 MG/ML	25



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INTRAMUSCULAR SOLUTION 200 MG/ML25	doxycycline hyclate oral tablet 100 mg, 20 mg	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR
DESCOVY	doxycycline hyclate oral tablet	120 MG/ML1
desogestrel-ethinyl estradiol oral	150 mg, 50 mg, 75 mg9	EMPAVELI26
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DEXABLISS25	doxycycline monohydrate oral	167-250 mg
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diclofenac sodium oral8	DUPIXENT SUBCUTANEOUS	ENSTILAR16
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dicyclomine hcl oral tablet22	200 MG/1.14ML, 300 MG/2ML16	EPCLUSA ORAL TABLET
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DIFLUCAN ORAL TABLET11	DXEVO 11-DAY	epinephrine solution auto-injector
DILAUDID ORAL TABLET	T.	0.15 mg/0.15ml injection
diltiazem hcl er coated beads oral	E	epinephrine solution auto-injector
	EASY/FOLIOUITEST 43	0.15 mg/0.3ml injection
capsule extended release 24 hour 13	EASY TOUCH TEST17	epinephrine solution auto-injector
capsule extended release 24 hour 13 DIOVAN	EASYGLUCO17	
DIOVAN	EASYGLUCO	epinephrine solution auto-injector
DIOVAN	EASYGLUCO	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN	EASYGLUCO	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27	EASYGLUCO	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet	EASYGLUCO	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN	EASYGLUCO .17 EASYMAX 15 TEST .17 EASYMAX NG BLOOD GLUCOSE .17 EDARBI .13 EDARBYCLOR .13 EFFEXOR XR .10	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet	EASYGLUCO .17 EASYMAX 15 TEST .17 EASYMAX NG BLOOD GLUCOSE .17 EDARBI .13 EDARBYCLOR .13 EFFEXOR XR .10 EFUDEX .16	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN	EASYGLUCO .17 EASYMAX 15 TEST .17 EASYMAX NG BLOOD GLUCOSE .17 KIT .17 EDARBI .13 EDARBYCLOR .13 EFFEXOR XR .10 EFUDEX .16 ELESTRIN .23	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet 10 delayed release 10 DIVIGEL 23	EASYGLUCO .17 EASYMAX 15 TEST .17 EASYMAX NG BLOOD GLUCOSE .17 EDARBI .13 EDARBYCLOR .13 EFFEXOR XR .10 EFUDEX .16 ELESTRIN .23 eletriptan hydrobromide .11	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet 10 delayed release 10 DIVIGEL 23 DODEX 21	EASYGLUCO .17 EASYMAX 15 TEST .17 EASYMAX NG BLOOD GLUCOSE .17 KIT .17 EDARBI .13 EDARBYCLOR .13 EFFEXOR XR .10 EFUDEX .16 ELESTRIN .23 eletriptan hydrobromide .11 ELIGARD SUBCUTANEOUS KIT	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet 10 delayed release 10 DIVIGEL 23 DODEX 21 DOPTELET 20	EASYGLUCO .17 EASYMAX 15 TEST .17 EASYMAX NG BLOOD GLUCOSE .17 KIT .17 EDARBI .13 EDARBYCLOR .13 EFFEXOR XR .10 EFUDEX .16 ELESTRIN .23 eletriptan hydrobromide .11 ELIGARD SUBCUTANEOUS KIT 7.5 MG .25	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet 10 delayed release 10 DIVIGEL 23 DODEX 21 DOPTELET 20 dorzolamide hcl-timolol mal 28	EASYGLUCO .17 EASYMAX 15 TEST .17 EASYMAX NG BLOOD GLUCOSE .17 KIT .17 EDARBI .13 EDARBYCLOR .13 EFFEXOR XR .10 EFUDEX .16 ELESTRIN .23 eletriptan hydrobromide .11 ELIGARD SUBCUTANEOUS KIT 7.5 MG .25 elinest .23	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet 10 delayed release 10 DIVIGEL 23 DODEX 21 DOPTELET 20 dorzolamide hcl-timolol mal 28 dorzolamide hcl-timolol mal pf 28	EASYGLUCO 17 EASYMAX 15 TEST 17 EASYMAX NG BLOOD GLUCOSE 17 KIT 17 EDARBI 13 EDARBYCLOR 13 EFFEXOR XR 10 EFUDEX 16 ELESTRIN 23 eletriptan hydrobromide 11 ELIGARD SUBCUTANEOUS KIT 7.5 MG 25 elinest 23 ELIQUIS .9	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet 10 delayed release 10 DIVIGEL 23 DODEX 21 DOPTELET 20 dorzolamide hcl-timolol mal 28 dorzolamide hcl-timolol mal pf 28 dotti 23	EASYGLUCO 17 EASYMAX 15 TEST 17 EASYMAX NG BLOOD GLUCOSE 17 KIT 17 EDARBI 13 EDARBYCLOR 13 EFFEXOR XR 10 EFUDEX 16 ELESTRIN 23 eletriptan hydrobromide 11 ELIGARD SUBCUTANEOUS KIT 7.5 MG 25 elinest 23 ELIQUIS .9 ELIQUIS DVT/PE STARTER PACK .9	epinephrine solution auto-injector 0.3 mg/0.3ml injection
DIOVAN 13 DIOVAN HCT 13 DIPENTUM 27 DITROPAN XL 22 divalproex sodium er 10 divalproex sodium oral tablet 10 delayed release 10 DIVIGEL 23 DODEX 21 DOPTELET 20 dorzolamide hcl-timolol mal 28 dorzolamide hcl-timolol mal pf 28 dotti 23 DOVATO 12	EASYGLUCO 17 EASYMAX 15 TEST 17 EASYMAX NG BLOOD GLUCOSE 17 KIT 17 EDARBI 13 EDARBYCLOR 13 EFFEXOR XR 10 EFUDEX 16 ELESTRIN 23 eletriptan hydrobromide 11 ELIGARD SUBCUTANEOUS KIT 7.5 MG 25 elinest 23 ELIQUIS .9	epinephrine solution auto-injector 0.3 mg/0.3ml injection



estradioi patchi twice weekiy	FLUMAX22	FREESTYLE LIBRE 2 READER
0.0375 mg/24hr transdermal23	FLOVENT DISKUS29	FREESTYLE LIBRE 2 SENSOR 18
estradiol patch twice weekly 0.05 mg/24hr transdermal23	FLOVENT HFA	FREESTYLE LIBRE 3 SENSOR18
estradiol patch twice weekly	FLUARIX QUADRIVALENT27	FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR
0.075 mg/24hr transdermal23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	SYSTEM18
estradiol patch twice weekly	PREFILLED SYRINGE27	FREESTYLE LIBRE READER 18
0.1 mg/24hr transdermal	fluconazole oral tablet	FREESTYLE PRECISION NEO
estradiol transdermal gel23	FLULAVAL QUADRIVALENT27	SYSTEM18
estradiol transdermal patch weekly23	FLUOROPLEX16	FREESTYLE PRECISION NEO
estradiol vaginal	FLUOROURACIL EXTERNAL	TEST18
ESTRING	CREAM 0.5 %	FREESTYLE TEST18
ESTROGEL	fluorouracil external cream 5 %16	furosemide oral tablet
eszopiclone30	fluoxetine hcl oral capsule10	fyremadel27
etonogestrel-ethinyl estradiol 23	fluoxetine hcl oral tablet 10 mg10	G
EUCRISA16	fluoxetine hcl oral tablet 20 mg10	G
EUFLEXXA8	fluoxetine hcl oral tablet 60 mg10	gabapentin oral capsule10
euthyrox25	FLUTICASONE FUROATE-	GABAPENTIN ORAL TABLET
EVAMIST23	VILANTEROL	25 MG, 50 MG
EVERSENSE SENSOR/HOLDER 18	FLUTICASONE PROPIONATE HFA 29	gabapentin oral tablet 600 mg,
EVERSENSE SMART	fluticasone propionate nasal29	800 mg
TRANSMITTER18	fluticasone-salmeterol inhalation	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml
EXKIVITY11	aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act,	subcutaneous27
EXTAVIA	500-50 mcg/act	GAVRETO
EYSUVIS	FLUTICASONE-SALMETEROL	GELSYN-38
ezetimibe13	INHALATION AEROSOL POWDER	gemfibrozil oral14
F	BREATH ACTIVATED 113-14 MCG/	GEN7T EXTERNAL PATCH
P	ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	glatiramer acetate15
falmina23	fluvoxamine maleate	glatopa15
famotidine oral suspension	FLUZONE QUADRIVALENT	glimepiride20
reconstituted21	INTRAMUSCULAR SUSPENSION	glipizide er20
FASENRA PEN	PREFILLED SYRINGE27	glipizide ir20
FEMARA	FOCALIN15	glipizide xl
femynor	FOCALIN XR15	GLUCAGON EMERGENCY
fenofibrate oral tablet 120 mg,	folic acid oral tablet 1 mg21	KIT INJECTION SOLUTION
40 mg	FOLLISTIM AQ	RECONSTITUTED20
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	FORFIVO XL	GLUCOCARD EXPRESSION TEST 18
FENOGLIDE	FORTEO27	GLUCOCARD SHINE TEST18
FEXMID	FORTESTA25	GLUCOCARD VITAL TEST18
FINACEA	FORTISCARE G1 TEST STRIP 18	GLUCOTROL XL20
finasteride oral tablet 5 mg	FORTISCARE TEST	GLUMETZA20
fingolimod hel	FOSAMAX27	glyburide oral20
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FLAREX	READER18	glycopyrrolate oral tablet 1 mg,
flecainide acetate	FREESTYLE LIBRE 14 DAY	2 mg22
	SENSUR 18	



GLYCOPYRROLATE ORAL	HUMIRA PEN-PS/UV/ADOL HS	IMVEXXY MAINTENANCE PACK 21
TABLET 1.5 MG22	START26	IMVEXXY STARTER PACK
GLYXAMBI20	HUMIRA PEN-PSOR/UVEIT	INBRIJA12
guanfacine hcl er15	STARTER	incassia
GUARDIAN CONNECT	HUMULIN 70/30 KWIKPEN19	INDERAL LA
TRANSMITTER18	HUMULIN 70/30 VIAL 19	INDOMETHACIN ORAL CAPSULE
GUARDIAN LINK 3 TRANSMITTER 18	HUMULIN N KWIKPEN19	20 MG8
GUARDIAN REAL-TIME REPLACE	HUMULIN N VIAL19	indomethacin oral capsule 25 mg,
PED	HUMULIN R U-500 KWIKPEN19	50 mg8
GUARDIAN SENSOR (3) 18	HUMULIN R U-500 VIAL 19	INSULIN GLARGINE19
GVOKE HYPOPEN 1-PACK 20	HUMULIN R VIAL	INSULIN GLARGINE SOLOSTAR19
GVOKE HYPOPEN 2-PACK 20	HYALGAN INTRA-ARTICULAR	INSULIN LISPRO19
GVOKE PREFILLED SYRINGE 20	SOLUTION PREFILLED SYRINGE 8	INSULIN LISPRO (1 UNIT DIAL) 19
GYNAZOLE-111	hydralazine hcl oral14	INSULIN LISPRO JUNIOR
	hydrochlorothiazide oral14	KWIKPEN19
Н	hydrocodone-acetaminophen oral	INSULIN LISPRO KWIKPEN19
HAEGARDA26	tablet 10-300 mg, 5-300 mg,	INSULIN LISPRO PROT & LISPRO19
hailey 1.5/30	7.5-300 mg	INSULIN PEN NEEDLES18
hailey 24 fe	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg,	INTUNIV15
hailey fe 1/2023	7.5-325 mg	INVELTYS
hailey fe 1.5/30	hydrocortisone external cream 1 %16	ipratropium bromide nasal29
HALCION13	hydrocortisone external cream	ipratropium-albuterol
HARVONI ORAL TABLET	2.5 %	irbesartan14
heather23	hydrocortisone external ointment	irbesartan-hydrochlorothiazide14
	1 %, 2.5 %	isibloom
HEMADY25	hydrocortisone oral25	isosorb dinitrate-hydralazine14
HEMLIBRA	hydromorphone hcl oral tablet 8	isosorbide mononitrate er
HEMOFIL M	hydroxychloroquine sulfate oral 12	
HIDEX 6-DAY25	hydroxyzine hcl oral tablet13	isotretinoin capsule 10 mg oral16
HUMALOG INJECTION 19	hydroxyzine pamoate oral	isotretinoin capsule 20 mg oral16
HUMALOG KWIKPEN19	HYZAAR14	isotretinoin capsule 30 mg oral16
HUMALOG MIX 50/50 KWIKPEN 19		isotretinoin capsule 40 mg oral16
HUMALOG MIX 50/50 VIAL19	I	isotretinoin oral capsule 25 mg, 35 mg
HUMALOG MIX 75/25 KWIKPEN 19	IBBANIOS OBAL CAROLIUS	ISTALOL28
HUMALOG MIX 75/25 VIAL 19	IBRANCE ORAL CAPSULE11	ISTALOL28
HUMALOG SUBCUTANEOUS 19	ibuprofen oral tablet 400 mg, 600 mg, 800 mg8	J
HUMALOG U-100 JUNIOR	ICLUSIG ORAL TABLET 10 MG,	Ü
KWIKPEN19	30 MG11	jantoven9
HUMATE-P	ICLUSIG ORAL TABLET 15 MG,	JARDIANCE20
HUMIRA26	45 MG	jasmiel
HUMIRA PEDIATRIC CROHNS	IDHIFA	jencycla
START26	ILEVRO27	JENTADUETO20
HUMIRA PEN	IMBRUVICA11	JENTADUETO XR20
HUMIRA PEN-CD/UC/HS	IMITREX ORAL11	JIVI20
STARTER26	IMPOYZ16	JORNAY PM
HUMIRA PEN-PEDIATRIC UC	IMURAN	juleber
START	IIVIOTI/AIN	•



junel for 1/20	JULUCA12	larin 1.5/30	LOESTRIN FE 1.5/30 24
Junel fe 1,/20	junel 1/2023	larin 24 fe23	LOKELMA
Junel fe 1.5/30	junel 1.5/30	larin fe 1/2024	LOPID14
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Isinopril-hydrochlorothiazide			
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LANREOTIDE ACETATE .25 lo-zumandimine .24 marlissa LANTUS SOLOSTAR .19 LOESTRIN 1/20 (21) .24 MAVENCLAD LANTUS U-100 VIAL .19 LOESTRIN 1.5/30 (21) .24 MAVYRET ORAL PACKET	LAMICTAL ORAL TABLET10	LITHOBID	MACROBID9
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methocarbamol oral tablet 500 mg, 750 mg	METER18	NATAZIA
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methotrexate sodium oral	MODERNA COVID-19 VAC	NAYZILAM10
	(BOOSTER)27	neomycin-polymyxin-dexameth
methylphenidate hol er (cd)15	MODERNA COVID-19 VACC 6M-5Y27	ophthalmic suspension
methylphenidate hcl er (la) oral capsule extended release 24 hour	MODERNA COVID-19 VACCINE27	3.5-10000-0.1
10 mg, 20 mg, 30 mg, 40 mg 15	mondoxyne nl	neomycin-polymyxin-hc otic suspension
methylphenidate hcl er (la) oral	mono-linyah24	NESINA
capsule extended release 24 hour	montelukast sodium oral tablet 30	NEULASTA20
60 mg15	montelukast sodium oral tablet	
methylphenidate hcl er (osm) 15	chewable30	NEUPRO
methylphenidate hcl er (xr)15	morphine sulfate er oral tablet	NEURONTIN ORAL CAPSULE 10
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extended release	MOTEGRITY22	NEUTEK 2TEK TEST
methylprednisolone oral tablet	MOUNJARO	NEVANAC
therapy pack	MOVIPREP	NEXLETOL
metoclopramide hel oral tablet 11	MOXEZA28	NEXLIZET
metoprolol succinate er	moxifloxacin hcl (2x day)28	nifedipine er14
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nitrofurantoin macrocrystal .9 nitrofurantoin monohydrate .9 macrocrystals .9 nitroglycerin sublingual .14 NITROSTAT .14 NOCDURNA .25 nora-be .24 NORDITROPIN FLEXPRO .25 norethin ace-eth estrad-fe oral .24 norethindrone acet-ethinyl est .24 norethindrone acetate oral .24 norgestimate-eth estradiol .24 norgestimate-ethinyl estradiol .24 norgestimate-ethinyl estradiol .24 NORITATE .16 NORLIQVA .14 norlyroc .24	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	ONETOUCH CLUB LANCETS FINE PT
nortriptyline hcl oral capsule. .10 NORVASC. .14 NOURIANZ. .12 NOVAREL. .27 NOVOEIGHT. .20	NUZYRA ORAL .9 nymyo .24 nystatin external cream .11 nystatin mouth/throat .11	ONETOUCH VERIO IQ SYSTEM18 ONETOUCH VERIO KIT W/DEVICE18 ONETOUCH VERIO REFLECT KIT W/DEVICE
NOVOFINE AUTOCOVER PEN NEEDLE	ocella .24 OCUFLOX .28 ODOMZO .12 OFEV .30 ofloxacin ophthalmic .28 ofloxacin otic .28 olanzapine oral tablet .12 olmesartan medoxomil oral .14 olmesartan medoxomil-hctz .14 OLUMIANT ORAL TABLET 1 MG, .4 MG A MG .26 OLUMIANT ORAL TABLET 2 MG .26 OMECLAMOX-PAK .22 omega-3-acid ethyl esters .14	OPSUMIT 30 OPTIUMEZ TEST 18 OPZELURA 16 ORENCIA CLICKJECT 26 ORENCIA SUBCUTANEOUS 26 ORFADIN ORAL CAPSULE 22 ORFADIN ORAL SUSPENSION 22 ORGOVYX 12 ORILISSA 25 oseltamivir phosphate oral capsule 12 OSENI 20 OSPHENA 21 OTEZLA ORAL TABLET 26 OTREXUP 26
NOVOTINA VIAL 19 NOVOTWIST 18 np thyroid 26 NUBEQA 12 NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30	omeprazole oral capsule delayed release	OVIDREL



oxycodone hol oral tablet 10 mg, 15 mg, 20 mg, 30 mg8	phenazopyridine hcl oral tablet 100 mg, 200 mg	PREMIUM BLOOD GLUCOSE TEST .18 PREMPHASE24
oxycodone hcl oral tablet 5 mg 8	PICATO16	PREMPRO24
OXYCODONE-ACETAMINOPHEN	pioglitazone hcl20	
ORAL TABLET 10-300 MG,	PLAQUENIL	PREZCOBIX
5-300 MG, 7.5-300 MG8	PLAVIX12	PROCARDIA XL
oxycodone-acetaminophen oral	PLEGRIDY INTRAMUSCULAR15	prochlorperazine maleate oral
tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	PLEGRIDY STARTER PACK15	PROCTOFOAM HC27
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OZEMPIC20	POLY-VI-FLOR ORAL TABLET	PROLATE ORAL TABLET8
_	CHEWABLE21	promethazine hcl oral tablet 11
P	polymyxin b-trimethoprim 28	promethazine-dm29
PACERONE ORAL TABLET	POLYTRIM28	PROMETRIUM
100 MG, 400 MG	POMALYST12	propranolol hcl er14
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PAMELOR	potassium chloride crys er oral	PROSCAR22
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pantoprazole sodium oral tablet	potassium chloride crys er oral	DELAYED RELEASE22
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PERFOROMIST30	prednisolone acetate p-f28	Q
PERIDEX	prednisolone acetate p-1prednisolone sodium phosphate	
periogard16	oral solution 10 mg/5ml,	quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg,
PERTZYE22	25 mg/5ml, 6.7 (5 base) mg/5ml25	400 mg, 50 mg
PFIZER COVID-19 VAC BIVAL 5-1127	prednisolone sodium phosphate	quetiapine fumarate oral tablet
PFIZER COVID-19 VAC BIVALENT 27	oral solution 15 mg/5ml25	150 mg
PFIZER COVID-19 VAC-TRIS 5-11Y27	prednisolone sodium phosphate oral solution 20 mg/5ml25	QUFLORA GUMMIES21
PFIZER COVID-19 VAC-TRIS 6M-4Y27	prednisone oral tablet	QUFLORA PEDIATRIC ORAL
PFIZER-BIONT COVID-19 VAC-TRIS27	prednisone oral tablet therapy pack25	TABLET CHEWABLE
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3000 UNIT/ML, 4000 UNIT/ML,	SINGULAIR ORAL TABLET30	SYMPROIC
40000 UNIT/ML	SINGULAIR ORAL TABLET	SYNJARDY20
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Multi-language interpreter services

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

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

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

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

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.

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

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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 شناسابی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, 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.

ចំណាប់អារម្មមណ៍: បរើសិនអ្នកនិយាយ**ភាសាខ្មម៉ែ(Khmer)**សជាជំនួយភាសាដ**ោយឥតគិតថ្**លៃ គឺមានសំរាប់អ្**នក។** សូមទូរស័ព្ទទទៅលខេឥតគិតថ្លៃ ដំលែមានន**ៅល**ើអត្តដសញ្ញញាណប័ណ្ណរបស់អ្**ន**ក។

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.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí ninaaltsoos nitl'izí bee nééhozinígíí bine'dée> t'áá 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.

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