



Your 2023 Prescription Drug List

Texas Advantage 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 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	9
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	9
Anticonvulsants	
Drugs for Seizures	10
Antidepressants	
Drugs for Depression	10
Antiemetics	
Drugs for Nausea and Vomiting	11
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	15
Drugs for Multiple Sclerosis	15
Miscellaneous	15
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	15
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 Pregnancy Termination	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	22
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	25
Drugs for Vaccination	26
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	27
Drugs for Glaucoma	28
Drugs for Miscellaneous Eye Conditions	28
Otic Agents	
Drugs for Ear Conditions	28
Respiratory	
Drugs for Anaphylaxis	28
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	30
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	30
Sleep Disorder Agents	30
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. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
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. A mix of brand name and generic 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. 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.

E	May be excluded from coverage —Lower-cost options are available and covered.
H	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) ¹ —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ² —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 ³ —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. 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	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	

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
DUROLANE	E	
EUFLEXXA	E	
GELSYN-3	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN	E	
RELAFEN DS	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
TRILURON	E	
Anti-Addiction / Substance Abuse Treatment Agents		
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	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
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	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefдинир	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	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	

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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	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	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	PA
LAMICTAL ORAL TABLET	3	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	3	PA
NEURONTIN ORAL TABLET	3	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	3	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
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	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VIIBRYD STARTER PACK	3	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
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	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	E	PA
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
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
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	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, 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 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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
TAGRISSE	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	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 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	3	QL
olanzapine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 150 mg	E	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SAPHRIS	3	QL
SEROQUEL	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	QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	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	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	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine besylate-valsartan- hydrochlorothiazide	E	
atenolol oral	1	

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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
gemfibrozil oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	2	
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	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	

Drug Name	Drug Tier	Requirements & Limits
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
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	
SOAANZ	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	E	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)	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	3	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL
RELEXXI	E	QL
RITALIN	E	

Drug Name	Drug Tier	Requirements & Limits
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	2	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 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 - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
pregabalin oral capsule	2	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 Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
perigard	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
accutane	2	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
amnestem	2	
AMZEEQ	3	PA, QL
AVITA EXTERNAL CREAM	E	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	2	
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	QL
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	QL
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	

Drug Name	Drug Tier	Requirements & Limits
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA	3	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	PA
isotretinoin capsule 10 mg oral	2	
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	2	
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	2	
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA, QL
myorisan	2	
NORITATE	E	
OPZELURA	3	PA, QL, SP
PICATO	3	QL
PROTOPIC	E	ST, QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
SANTYL	3	QL
SOOLANTRA	3	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	2	ST, QL
tretinoin external cream	3	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tritocin	E	
VTAMA	3	PA, QL
XEPI	3	QL
zenatane	2	
ZILXI	3	PA, ST, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE 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	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	QL
bd U-500 insulin syringes	2	QL
bd ultra-fine insulin syringes	2	QL
bd ultra-fine pen needles	2	QL

Drug Name	Drug Tier	Requirements & Limits
bd veo ultra-fine insulin syringes	2	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(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	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 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
INSULIN PEN NEEDLES	2	QL
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
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	

Drug Name	Drug Tier	Requirements & Limits
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	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
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
TECHLITE (ARKAY) INSULIN SYRINGES	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TECHLITE (ARKAY) PEN NEEDLES	2	QL
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	QL
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
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	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
INSULIN GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO KWIKPEN	E	

Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	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
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
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
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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
GLUCOTROL XL	3	
GLUMETZA	E	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)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL

Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
WILATE	2	
ZARXIO	2	
ZIEXTENZO	3	SP
Drugs for Pregnancy Termination		
mifepristone	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Drugs for Sexual Dysfunction		
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
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
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	

Drug Name	Drug Tier	Requirements & Limits
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	E	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROKIT-K 10	3	
UROKIT-K 15	3	
UROKIT-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 Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
peg 3350-kcl-na bicarb-nacl	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	
sodium sulfate-potassium sulfate-magnesium sulfate	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL
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		
DITROPAN XL	E	
oxybutynin chloride er	2	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin succinate	3	
THIOLA	3	SP
THIOLA EC	3	SP
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	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION REFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor	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
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
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	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
loryna	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	3	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	2	
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
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	3	
portia-28	1	H

Drug Name	Drug Tier	Requirements & Limits
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	1	H
tarina fe 1/20 eq	1	H
tri femynor	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	
vestura	3	
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	3	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	E	SP
leuprolide acetate injection	1	PA
LUPRON DEPOT (1-MONTH)	E	
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

Drug Name	Drug Tier	Requirements & Limits
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	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 INJECTION	E	
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	E	PA
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER 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, 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	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UVEIT STARTER	2	PA, QL, SP
IMURAN	E	

Drug Name	Drug Tier	Requirements & Limits
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	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 SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ 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, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
Immunological Agents - Drugs for Vaccination		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUGELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PFIZER-BIONT COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	(manufactured by Ferring), 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
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	1	SP

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	2	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	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 Allergy, Infection and Inflammation		
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	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin-dexamethasone	2	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL

Drug Name	Drug Tier	Requirements & Limits
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
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-Single Pack), QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
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	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
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	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL

Drug Name	Drug Tier	Requirements & Limits
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 NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
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	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
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
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL

Drug Name	Drug Tier	Requirements & Limits
sildenafil citrate oral tablet 20 mg	1	QL
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX ORAL TABLET	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
eszopiclone	2	
LUNESTA	E	
modafinil	2	PA, QL
PROVIGIL	E	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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
zolpidem tartrate er	3	
zolpidem tartrate oral	1	

See page 6, 7 for coverage details.



Index

A					
ABILIFY	12	ADMELOG SOLOSTAR	19	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	28
ABSORICA	16	ADVAIR DISKUS	29	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	28
ACCU-CHEK AVIVA PLUS TEST STRIPS	17	ADVAIR HFA	29	ALPHANATE	20
ACCU-CHEK FASTCLIX LANCET KIT	17	ADVATE	20	alprazolam oral tablet	13
ACCU-CHEK FASTCLIX LANCETS	17	ADYNOVATE	20	ALREX	27
ACCU-CHEK GUIDE KIT W/DEVICE	17	afirmelle	22	ALTACE	13
ACCU-CHEK GUIDE TEST STRIPS	17	AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	26	altavera	22
ACCU-CHEK MULTICLIX LANCET KIT	17	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	20	ALUNBRIG	11
ACCU-CHEK MULTICLIX LANCETS	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	20	AMARYL	19
ACCU-CHEK SMARTVIEW TEST STRIPS	17	AIMOVIG	11	AMBIEN	30
ACCU-CHEK SOFT TOUCH LANCETS	17	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11	AMBIEN CR	30
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	AIRDUO RESPICLICK 113/14	29	amiodarone hcl oral	13
ACCU-CHEK SOFTCLIX LANCETS	17	AIRDUO RESPICLICK 232/14	29	amitriptyline hcl oral	10
accutane	16	AIRDUO RESPICLICK 55/14	29	amlodipine besylate oral	13
ACCUTREND GLUCOSE	17	ala-cort external cream 1 %	16	amlodipine besylate-benazepril hcl	13
acetaminophen-codeine #2	8	ala-cort external cream 2.5 %	16	amlodipine besylate-valsartan	13
acetaminophen-codeine #3	8	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	29	amlodipine besylate-valsartan-hydrochlorothiazide	13
acetaminophen-codeine #4	8	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	amnestem	16
acetaminophen-codeine oral tablet	8	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	29	amoxicillin oral capsule	9
ACIPHEX	21	ALDACTONE	13	amoxicillin oral suspension reconstituted	9
ACTEMRA ACTPEN	25	ALECENSA	11	amoxicillin oral tablet	9
ACTEMRA SUBCUTANEOUS	25	alendronate sodium oral tablet	27	amoxicillin-potassium clavulanate oral suspension reconstituted	9
ACTICLATE	9	alfuzosin hcl er	22	amoxicillin-potassium clavulanate oral tablet	9
ACTOS	19	aliskiren fumarate	13	amphetamine-dextroamphetamine	15
acyclovir oral tablet	12	allopurinol oral tablet 100 mg, 300 mg	11	amphetamine-dextroamphetamine er	15
ADBRY	25	ALLOPURINOL ORAL TABLET 200 MG	11	AMZEEQ	16
ADDERALL	15	ALOGLIPTIN BENZOATE	19	anastrozole oral	11
ADDERALL XR	15	ALOGLIPTIN-METFORMIN HCL	19	ANDRODERM	25
ADDYI	21	ALOGLIPTIN-PIOGLITAZONE	19	ANDROGEL	25
ADEMPAS	30	ALORA	22	ANDROGEL PUMP	25
ADHANSIA XR	15			ANNOVERA	22
ADLYXIN	19			ANORO ELLIPTA	29
ADLYXIN STARTER PACK	19			apap-caff-dihydrocodeine	8
ADMELOG	19			apri	22
				APRISO	27
				APTENSIO XR	15
				APTIOM	10



ARAKODA	12	azelastine hcl nasal solution 0.15 %	29	BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27	
ARANESP (ALBUMIN FREE)	20	azithromycin oral suspension reconstituted	9	BREO ELLIPTA	29	
ARCAPTA NEOHALER	29	azithromycin oral tablet	9	BREZTRI AEROSPHERE	29	
ARIMIDEX	11	B			BRILINTA	12
aripiprazole oral tablet	12	bac	8	brimonidine tartrate ophthalmic solution 0.15 %	28	
ARMOUR THYROID	25	baclofen oral tablet	30	brimonidine tartrate ophthalmic solution 0.2 %	28	
ARNUITY ELLIPTA	29	BACTRIM	9	brimonidine tartrate-timolol	28	
ASACOL HD	27	BACTRIM DS	9	BRIVIACT ORAL TABLET	10	
atenolol oral	13	BAFIERTAM	15	BRONCHITOL	30	
atenolol-chlorthalidone	13	BAQSIMI ONE PACK	19	BRONCHITOL TOLERANCE TEST	30	
ATIVAN ORAL	13	BAQSIMI TWO PACK	19	budesonide inhalation	29	
atomoxetine hcl	15	BASAGLAR KWIKPEN	19	BUDESONIDE-FORMOTEROL FUMARATE	29	
atorvastatin calcium oral tablet 10 mg, 20 mg	13	bd autoshield duo pen needles	17	buprenorphine hcl sublingual	8	
atorvastatin calcium oral tablet 40 mg, 80 mg	13	bd U-500 insulin syringes	17	buprenorphine hcl-naloxone hcl	8	
ATROVENT HFA	29	bd ultra-fine insulin syringes	17	bupropion hcl er (sr)	10	
AUBAGIO	15	bd ultra-fine pen needles	17	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	10	
aubra	22	bd veo ultra-fine insulin syringes	17	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	10	
aubra eq	22	BELBUCA	8	bupropion hcl oral	10	
AUGMENTIN	9	BELSOMRA	30	bupirone hcl oral	13	
AUGMENTIN ES-600	9	benazepril hcl oral	13	butalbital-apap-caffeine oral tablet	8	
aurovela 1/20	22	BENICAR	13	BYDUREON BCISE	19	
aurovela 1.5/30	22	BENICAR HCT	13	BYDUREON PEN	19	
aurovela 24 fe	22	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	BYETTA 10 MCG PEN	19	
aurovela fe 1/20	22	benzonatate oral capsule 100 mg, 200 mg	29	BYETTA 5 MCG PEN	19	
aurovela fe 1.5/30	22	benzonatate oral capsule 150 mg	29	C		
AUSTEDO	15	BESIVANCE	27	CALAN SR	13	
AUVI-Q	28	BETASERON	15	calcitriol oral capsule	27	
AVALIDE	13	BETIMOL	28	CALQUENCE	11	
AVAPRO	13	BEVESPI AEROSPHERE	29	camila	22	
aviane	22	bexarotene external	11	CARAC	16	
avidoxy	9	BIDIL	13	CARAFATE ORAL TABLET	21	
AVITA EXTERNAL CREAM	16	BIJUVA	22	CARDIZEM CD	13	
AVONEX PEN	15	BIKTARVY	12	CARDURA	13	
AVONEX PREFILLED	15	bimatoprost ophthalmic	28	CARETOUCH MONITOR SYSTEM	17	
AYGESTIN	22	bisoprolol fumarate oral	13	CARETOUCH TEST	17	
ayuna	22	bisoprolol-hydrochlorothiazide	13	carisoprodol oral tablet 250 mg	30	
AZASAN	26	blisovi 24 fe	22			
AZASITE	27	blisovi fe 1/20	22			
azathioprine oral tablet 100 mg, 75 mg	26	blisovi fe 1.5/30	22			
azathioprine oral tablet 50 mg	26	BLOOD GLUCOSE TEST STRIPS	17			
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	29					



carisoprodol oral tablet 350 mg.	30	clindacin etz external swab	16	COSENTYX 150 MG/ML	
cartia xt.	13	clindacin-p	16	SUBCUTANEOUS SOLUTION	
carvedilol	13	CLINDAGEL	16	PREFILLED SYRINGE 150 MG/ML . . .	26
cefdinir	9	clindamycin hcl oral	9	COSENTYX 150 MG/ML	
cefuroxime axetil	9	clindamycin phosphate external		SUBCUTANEOUS SOLUTION	
CELEBREX.	8	lotion	16	PREFILLED SYRINGE	
celecoxib oral.	8	clindamycin phosphate external		75 MG/0.5ML.	26
CELEXA	10	solution	16	COSENTYX SENSOREADY	
CELLCEPT ORAL TABLET.	26	clindamycin phosphate external		(300 MG).	26
CENTANY.	9	swab	16	COSENTYX SENSOREADY PEN.	26
cephalexin oral capsule	9	clindamycin phosphate gel 1 %		COSOPT.	28
cephalexin oral suspension		external.	16	COSOPT PF.	28
reconstituted	9	CLINDESSE	9	COZAAR	13
CERDELGA	22	clobetasol propionate external		CREON.	22
chateal	23	cream	16	CRESEMBA ORAL	11
chateal eq.	23	clobetasol propionate external		CRESTOR.	13
chlorhexidine gluconate mouth/		ointment	16	cryselle-28	23
throat.	15	clobetasol propionate external		CVS ADVANCED GLUCOSE TEST	17
chlorthalidone	13	solution.	16	CVS GLUCOSE METER TEST	
CHORIONIC GONADOTROPIN		clonazepam oral tablet	13	STRIPS	17
INTRAMUSCULAR	27	clonidine hcl oral	13	cyanocobalamin injection solution	
CIALIS.	21	clopidogrel bisulfate oral	12	1000 mcg/ml	21
CIBINQO.	16	clotrimazole-betamethasone		CYANOCOBALAMIN INJECTION	
ciclodan	11	external cream.	16	SOLUTION 2000 MCG/ML.	21
ciclopirox external solution.	11	COLCHICINE ORAL CAPSULE	11	cyclobenzaprine hcl oral tablet	
CIMDUO	12	COMBIGAN	28	10 mg, 5 mg	30
CIMZIA	26	COMBIVENT RESPIMAT	29	cyclobenzaprine hcl oral tablet	
CIMZIA PREFILLED KIT	26	COMIRNATY	27	7.5 mg	30
CIMZIA STARTER KIT	26	CONCERTA	15	CYCLOSPORINE IN KLARITY	28
CINRYZE	26	CONTOUR MONITOR KIT		cyclosporine ophthalmic.	28
CIPRO ORAL TABLET	9	W/DEVICE	17	CYMBALTA.	10
CIPRODEX.	28	CONTOUR NEXT EZ KIT		cyproheptadine hcl oral tablet.	29
ciprofloxacin hcl ophthalmic	27	W/DEVICE	17	cyred.	23
ciprofloxacin hcl oral.	9	CONTOUR NEXT GEN MONITOR.	17	cyred eq.	23
ciprofloxacin-dexamethasone	28	CONTOUR NEXT LINK KIT		CYTOMEL	25
citalopram hydrobromide oral		W/DEVICE	17	CYTOTEC.	21
tablet.	10	CONTOUR NEXT MONITOR KIT			
claravis	16	W/DEVICE	17		
CLENPIQ	22	CONTOUR NEXT ONE KIT.	17		
CLEOCIN ORAL CAPSULE		CONTOUR NEXT TEST STRIPS	17		
150 MG, 300 MG	9	CONTOUR TEST STRIPS.	17		
CLEOCIN ORAL CAPSULE 75 MG	9	COPAXONE	15		
CLEOCIN-T.	16	COREG.	13		
CLIMARA	23	CORLANOR.	13		
CLIMARA PRO	23	CORTEF	25		
		CORTIFOAM	27		
		COSENTYX (300 MG DOSE)	26		

D

D-CARE BLOOD GLUCOSE.	17
D-CARE GLUCOMETER.	17
dabigatran etexilate mesylate	9
DAYVIGO	30
DAZOMON.	16
deblitane.	23
delyla	23
DEPAKOTE.	10
DEPAKOTE ER.	10



DEPEN TITRATABS.	22	DODEX	21	EDARBYCLOR	13
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	23	DOPTelet.	20	EFFEXOR XR	10
DEPO-SUBQ PROVERA 104	23	dorzolamide hcl-timolol mal	28	EFUDEX	16
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	25	dorzolamide hcl-timolol mal pf.	28	ELESTRIN.	23
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	25	dotti.	23	eletriptan hydrobromide	11
DESCOVY.	12	DOVATO	12	ELIGARD SUBCUTANEOUS KIT 7.5 MG	25
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	23	doxazosin mesylate oral	13	elinest	23
desvenlafaxine succinate er.	10	doxepin hcl oral capsule.	10	ELIQUIS	9
DEXABLISS	25	doxycycline hyclate oral capsule	9	ELIQUIS DVT/PE STARTER PACK.	9
dexamethasone oral tablet.	25	doxycycline hyclate oral tablet 100 mg	9	ELOCTATE	20
dexamethasone oral tablet therapy pack	25	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9	eluryng	23
DEXCOM G6 RECEIVER.	17	doxycycline hyclate oral tablet 20 mg	9	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
DEXCOM G6 SENSOR	17	doxycycline monohydrate oral capsule 100 mg, 50 mg	9	EMPAVELI	26
DEXCOM G6 TRANSMITTER	17	doxycycline monohydrate oral capsule 150 mg, 75 mg.	9	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.	12
DEXILANT	21	doxycycline monohydrate oral tablet.	9	emtricitabine-tenofovir df oral tablet 200-300 mg	12
DEXLANSOPRAZOLE	21	DRISDOL	21	enalapril maleate oral tablet	13
dexmethylphenidate hcl	15	drosiprenone-ethinyl estradiol	23	ENBREL MINI.	26
dexmethylphenidate hcl er.	15	DUAVEE	23	ENBREL SUBCUTANEOUS SOLUTION	26
DIABETES MONITOR DIGIT ADD-ON	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	26
DIABETES MONITOR DIGIT SOLN.	17	duloxetine hcl oral capsule delayed release particles 40 mg	10	ENBREL SURECLICK.	26
diazepam oral tablet	13	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR.	16	endocet	8
diclofenac sodium oral	8	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.	16	ENDOMETRIN.	27
dicyclomine hcl oral capsule	22	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	16	ENLITE GLUCOSE SENSOR	17
dicyclomine hcl oral tablet	22	DUROLANE	8	enoxaparin sodium	9
DIFICID ORAL TABLET.	9	DXEVO 11-DAY.	25	enskyce	23
DIFLUCAN ORAL TABLET.	11			ENSTILAR	16
DILAUDID ORAL TABLET	8	E		ENTRESTO.	13
diltiazem hcl er coated beads oral capsule extended release 24 hour	13	EASY TOUCH TEST	17	EPCLUSA ORAL TABLET.	12
DIOVAN	13	EASYGLUCO	17	EPIDIOLEX	10
DIOVAN HCT	13	EASYMAX 15 TEST.	17	epinephrine solution auto-injector 0.15 mg/0.15ml injection	28
DIPENTUM.	27	EASYMAX NG BLOOD GLUCOSE KIT.	17	epinephrine solution auto-injector 0.15 mg/0.3ml injection.	28, 29
DITROPAN XL	22	EDARBI.	13	epinephrine solution auto-injector 0.3 mg/0.3ml injection	29
divalproex sodium er.	10			EPIPEN 2-PAK	29
divalproex sodium oral tablet delayed release	10			EPIPEN JR 2-PAK	29
DIVIGEL	23			EQ BLOOD GLUCOSE TEST	17
				ergocalciferol oral capsule	21



GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED.....	19
GLUCOCARD EXPRESSION TEST	18
GLUCOCARD SHINE TEST	18
GLUCOCARD VITAL TEST.....	18
GLUCOTROL XL	20
GLUMETZA	20
glyburide oral	20
GLYCATE	22
glycopyrrolate oral tablet 1 mg, 2 mg	22
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
GLYXAMBI.....	20
guanfacine hcl er.....	15
GUARDIAN CONNECT TRANSMITTER	18
GUARDIAN LINK 3 TRANSMITTER	18
GUARDIAN REAL-TIME REPLACE PED.....	18
GUARDIAN SENSOR (3).....	18
GVOKE HYPOPEN 1-PACK	20
GVOKE HYPOPEN 2-PACK	20
GVOKE PREFILLED SYRINGE.....	20
GYNAZOLE-1	11

H

HAEGARDA	26
hailey 1.5/30.....	23
hailey 24 fe.....	23
hailey fe 1/20	23
hailey fe 1.5/30.....	23
HALCION	13
HARVONI ORAL TABLET.....	12
heather	23
HEMADY.....	25
HEMLIBRA.....	20
HEMOPIL M	20
HIDEX 6-DAY	25
HUMALOG INJECTION	19
HUMALOG KWIKPEN.....	19
HUMALOG MIX 50/50 KWIKPEN ..	19
HUMALOG MIX 50/50 VIAL	19
HUMALOG MIX 75/25 KWIKPEN ..	19

HUMALOG MIX 75/25 VIAL	19
HUMALOG SUBCUTANEOUS.....	19
HUMALOG U-100 JUNIOR KWIKPEN.....	19
HUMATE-P.....	20
HUMIRA.....	26
HUMIRA PEDIATRIC CROHNS START.....	26
HUMIRA PEN.....	26
HUMIRA PEN-CD/UC/HS STARTER	26
HUMIRA PEN-PEDIATRIC UC START.....	26
HUMIRA PEN-PS/UV/ADOL HS START.....	26
HUMIRA PEN-PSOR/UEIT STARTER	26
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 VIAL.....	19
HUMULIN N KWIKPEN.....	19
HUMULIN N VIAL	19
HUMULIN R U-500 KWIKPEN	19
HUMULIN R U-500 VIAL.....	19
HUMULIN R VIAL	19
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE... ..	8
hydralazine hcl oral	14
hydrochlorothiazide oral.....	14
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocortisone external cream 1 %	16
hydrocortisone external cream 2.5 %.....	16
hydrocortisone external ointment 1 %, 2.5 %.....	16
hydrocortisone oral	25
hydromorphone hcl oral tablet.....	8
hydroxychloroquine sulfate oral.....	12
hydroxyzine hcl oral tablet	13
hydroxyzine pamoate oral	13
HYZAAR.....	14

I

IBRANCE ORAL CAPSULE	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG.....	11
ICLUSIG ORAL TABLET 15 MG, 45 MG.....	11
IDHIFA.....	11
ILEVRO.....	27
IMBRUVICA	11
IMITREX ORAL	11
IMPOYZ	16
IMURAN.....	26
IMVEXXY MAINTENANCE PACK ..	21
IMVEXXY STARTER PACK.....	21
INBRIJA	12
incassia.....	23
INDERAL LA	14
INDOMETHACIN ORAL CAPSULE 20 MG.....	8
indomethacin oral capsule 25 mg, 50 mg	8
INSULIN GLARGINE.....	19
INSULIN GLARGINE SOLOSTAR ..	19
INSULIN LISPRO.....	19
INSULIN LISPRO (1 UNIT DIAL).....	19
INSULIN LISPRO JUNIOR KWIKPEN	19
INSULIN LISPRO KWIKPEN.....	19
INSULIN LISPRO PROT & LISPRO ..	19
INSULIN PEN NEEDLES.....	18
INTUNIV	15
INVELTYS.....	27
ipratropium bromide nasal	29
ipratropium-albuterol	29
irbesartan.....	14
irbesartan-hydrochlorothiazide	14
isibloom	23
isosorb dinitrate-hydralazine	14
isosorbide mononitrate er	14
isotretinoin capsule 10 mg oral	16
isotretinoin capsule 20 mg oral	16
isotretinoin capsule 30 mg oral	16
isotretinoin capsule 40 mg oral	16



isotretinoin oral capsule 25 mg, 35 mg	16
ISTALOL	28

J

jantoven	9
JARDIANCE	20
jasmiel	23
jencycla	23
JENTADUETO	20
JENTADUETO XR	20
JIVI	20
JORNAY PM	15
juleber	23
JULUCA	12
junel 1/20	23
junel 1.5/30	23
junel fe 1/20	23
junel fe 1.5/30	23
junel fe 24	23

K

K-TAB	21
kalliga	23
KAZANO	20
KEPPRA ORAL TABLET	10
KESIMPTA	15
ketoconazole external cream	11
ketoconazole external shampoo	11
ketorolac tromethamine oral	8
KLARITY-A	27
KLISYRI	16
KLONOPIN	13
klor-con 10	21
klor-con m10	21
klor-con m15	21
klor-con m20	21
klor-con oral tablet extended release	21
KLOXXADO	8
KOATE	20
KOATE-DVI	20
KOGENATE FS	20
KOMBIGLYZE XR	20
KOSELUGO	11

KOVALTRY	20
KRINTAFEL	12
kurvelo	23
KYNMOBI	12

L

labetalol hcl oral	14
LAMICTAL ORAL TABLET	10
lamotrigine oral tablet	10
LANREOTIDE ACETATE	25
LANTUS SOLOSTAR	19
LANTUS U-100 VIAL	19
larin 1/20	23
larin 1.5/30	23
larin 24 fe	23
larin fe 1/20	23
larin fe 1.5/30	23
LASIX	14
LASTACAPT	27
latanoprost ophthalmic	28
LATUDA	12
LEDIPASVIR-SOFOSBUVIR	12
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	11
lenalidomide oral capsule 2.5 mg, 20 mg	11
lessina	23
letrozole oral	11
leuprolide acetate injection	25
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	29
levetiracetam oral tablet	10
levo-t	25
levocetirizine dihydrochloride oral tablet	29
levofloxacin oral tablet	9
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	23
levora 0.15/30 (28)	23
levothyroxine sodium oral tablet	25
levoxyl	25
LEXAPRO	10
LIALDA	27
lidocaine external patch 5 %	8
lidocaine hcl mouth/throat	15

lidocaine viscous hcl	15
LIDODERM	8
LINZESS	22
liothyronine sodium oral	25
LIPITOR	14
lisinopril oral	14
lisinopril-hydrochlorothiazide	14
lithium carbonate er	13
lithium carbonate oral capsule	13
LITHOBID	13
LO LOESTRIN FE	23
lo-zumandimine	24
LOESTRIN 1/20 (21)	23
LOESTRIN 1.5/30 (21)	23
LOESTRIN FE 1/20	23
LOESTRIN FE 1.5/30	23
LOKELMA	21
LOPID	14
LOPRESSOR	14
lorazepam oral tablet	13
loryna	24
losartan potassium oral	14
losartan potassium-hctz	14
LOTEMAX OPHTHALMIC GEL	27
LOTEMAX OPHTHALMIC OINTMENT	27
LOTEMAX OPHTHALMIC SUSPENSION	27
LOTEMAX SM	27
LOTENSIN	14
loteprednol etabonate ophthalmic gel	28
loteprednol etabonate ophthalmic suspension	28
LOTREL	14
lovastatin oral	14
LOVAZA	14
LOVENOX	9
low-ogestrel	24
LUMAKRAS	11
LUMIGAN	28
LUNESTA	30
LUPRON DEPOT (1-MONTH)	25
lutera	24
lyleq	24
lyllana	24



LYMEPAK	9	methylphenidate hcl er (cd)	15	MITIGARE	11
LYNPARZA	12	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MM EASY TOUCH GLUCOSE METER	18
LYRICA ORAL CAPSULE	15	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	modafinil	30
LYUMJEV KWIKPEN	19	methylphenidate hcl er (osm)	15	MODERNA COVID-19 VAC (BOOSTER)	27
LYUMJEV VIAL	19	methylphenidate hcl er (xr)	15	MODERNA COVID-19 VACC 6M-5Y	27
lyza	24	methylphenidate hcl er oral tablet extended release	15	MODERNA COVID-19 VACCINE	27
M					
MACROBID	9	methylphenidate hcl oral tablet	15	mondoxyne nl	9
MACRODANTIN	9	methylprednisolone oral tablet therapy pack	25	mono-lynyah	24
marlissa	24	metoclopramide hcl oral tablet	11	montelukast sodium oral tablet	29
MAVENCLAD	15	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	14	montelukast sodium oral tablet chewable	29
MAVYRET ORAL PACKET	12	metoprolol succinate er oral tablet extended release 24 hour 25 mg	14	morphine sulfate er oral tablet extended release	8
MAXALT	11	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14	MOTEGRITY	22
MAXITROL OPHTHALMIC SUSPENSION	28	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14	MOUNJARO	20
MAXZIDE	14	METROCREAM	16	MOVIPREP	22
MAXZIDE-25	14	metronidazole external cream	16	MOXEZA	28
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	15	metronidazole oral tablet	9	moxifloxacin hcl (2x day)	28
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	15	metronidazole vaginal	9	moxifloxacin hcl ophthalmic solution	28
MEDROL ORAL TABLET THERAPY PACK	25	MICARDIS	14	MS CONTIN	8
medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	MICRODOT TEST	18	MULPLETA	20
medroxyprogesterone acetate oral	24	microgestin 1/20	24	MULTAQ	14
meloxicam oral tablet	8	microgestin 1.5/30	24	MULTI-VIT-FLOR	21
MENOSTAR	24	microgestin 24 fe	24	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	21
mesalamine oral tablet delayed release	27	microgestin fe 1/20	24	multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	21
metformin hcl er	20	microgestin fe 1.5/30	24	multivitamin/fluoride tablet chewable 1 mg oral (rx)	21
metformin hcl er (mod)	20	mifepristone	20	mupirocin external	9
metformin hcl er (osm)	20	mili	24	mycophenolate mofetil oral tablet	26
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	MINILINK REAL-TIME TRANSMITTER	18	MYDAYIS	15
metformin hcl oral tablet 625 mg	20	MINIMED 630G GUARDIAN PRESS	18	MYFEMBREE	24
methimazole oral	25	MINIPRESS	14	myorisan	16
methocarbamol oral tablet 1000 mg	30	MINIVELLE	24	N	
methocarbamol oral tablet 500 mg, 750 mg	30	minocycline hcl oral capsule	9	nabumetone oral	8
methotrexate oral	26	mirtazapine oral tablet	10	NALOCET	8
methotrexate sodium oral	26	MIRVASO	16	naloxone hcl injection solution prefilled syringe	8
		misoprostol oral	21	naloxone hcl nasal	8
				naltrexone hcl oral	8
				NAPROSYN ORAL TABLET	8
				naproxen oral tablet	8



NARCAN	8	NORVASC	14	nymyo	24
NASCOBAL	21	NOURIANZ.	12	nystatin external cream.	11
NATAZIA	24	NOVAREL.	27	nystatin mouth/throat	11
NATESTO	25	NOVOEIGHT	20		
NAYZILAM	10	NOVOFINE AUTOCOVER PEN NEEDLE	18	O	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE PEN NEEDLE	18	ocella	24
neomycin-polymyxin-hc otic suspension.	28	NOVOFINE PLUS PEN NEEDLE	18	OCUFLOX.	28
NESINA.	20	NOVOFINE PLUS PEN NEEDLE	18	ODOMZO	12
NEULASTA.	20	NOVOLIN 70/30 FLEXPEN	19	OFEV.	30
NEUPRO.	12	NOVOLIN 70/30 FLEXPEN RELION.	19	ofloxacin ophthalmic.	28
NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 RELION	19	ofloxacin otic	28
NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 VIAL	19	olanzapine oral tablet	12
NEUTEK 2TEK TEST.	18	NOVOLIN N FLEXPEN	19	olmesartan medoxomil oral	14
NEVANAC.	28	NOVOLIN N FLEXPEN RELION	19	olmesartan medoxomil-hctz.	14
NEXLETOL.	14	NOVOLIN N RELION	19	OLUMIANT ORAL TABLET 1 MG, 4 MG	26
NEXLIZET.	14	NOVOLIN N VIAL.	19	OLUMIANT ORAL TABLET 2 MG	26
nifedipine er	14	NOVOLIN R FLEXPEN	19	OMECLAMOX-PAK	21
nifedipine er osmotic release	14	NOVOLIN R FLEXPEN RELION	19	omega-3-acid ethyl esters	14
nikki.	24	NOVOLIN R RELION	19	omeprazole oral capsule delayed release	21
nitrofurantoin macrocrystal	9	NOVOLIN R VIAL.	19	OMNIPOD 5 G6 INTRO (GEN 5)	18
nitrofurantoin monohydrate macrocrystals	9	NOVOTWIST	18	OMNIPOD 5 G6 POD (GEN 5)	18
nitroglycerin sublingual.	14	np thyroid	25	ondansetron hcl oral tablet	11
NITROSTAT	14	NUBEQA.	12	ondansetron odt	11
NOC DURNA.	25	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30	ONETOUCH CLUB LANCETS FINE PT	18
nora-be	24	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30	ONETOUCH DELICA LANCETS 30G	18
NORDITROPIN FLEXPRO	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.	30	ONETOUCH DELICA LANCETS 33G	18
norethin ace-eth estrad-fe oral tablet.	24	NUCYNTA.	8	ONETOUCH DELICA PLUS LANCET30G	18
norethindrone acet-ethinyl est	24	NUCYNTA ER.	8	ONETOUCH DELICA PLUS LANCET33G	18
norethindrone acetate oral.	24	NURTEC.	11	ONETOUCH FINEPOINT LANCETS.	18
norethindrone oral.	24	NUTROPIN AQ NUSPIN 10	25	ONETOUCH SOLUTIONS STARTER KIT.	18
norgestimate-eth estradiol	24	NUTROPIN AQ NUSPIN 20	25	ONETOUCH ULTRA 2 KIT W/DEVICE	18
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg.	24	NUTROPIN AQ NUSPIN 5	25	ONETOUCH ULTRA MINI KIT W/DEVICE	18
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg.	24	NUVARING.	24	ONETOUCH ULTRA TEST STRIPS	18
NORITATE	16	NUVESSA.	9	ONETOUCH ULTRASOFT LANCETS.	18
NORLIQVA	14	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20	ONETOUCH VERIO FLEX SYSTEM	18
norlyroc	24	NUWIQ INTRAVENOUS KIT 1500 UNIT	20		
nortriptyline hcl oral capsule	10	NUZYRA ORAL	9		



ONETOUCH VERIO IQ SYSTEM . . .	18	pantoprazole sodium oral tablet delayed release	21	potassium chloride crys er oral tablet extended release 15 meq . . .	21
ONETOUCH VERIO KIT W/DEVICE	18	PARADIGM REAL-TIME TRANSMITTER	18	potassium chloride er	21
ONETOUCH VERIO REFLECT KIT W/DEVICE	18	paroxetine hcl oral tablet	10	potassium citrate er	21
ONETOUCH VERIO TEST STRIPS .	18	PAXIL ORAL TABLET	10	PRADAXA	10
ONGLYZA	20	PAXLOVID (150/100)	12	pramipexole dihydrochloride	12
OPSUMIT	30	PAXLOVID (300/100)	12	pravastatin sodium	14
OPTIUMEZ TEST	18	PEDIAPRED	25	prazosin hcl oral	14
OPZELURA	16	peg 3350-kcl-na bicarb-nacl	22	PRECISION XTRA	18
ORENCIA CLICKJECT	26	peg-3350/electrolytes/ascorbat	22	PRECISION XTRA BLOOD GLUCOSE	18
ORENCIA SUBCUTANEOUS	26	peg-kcl-nacl-nasulf-na asc-c	22	PRED FORTE	28
ORFADIN	22	penicillin v potassium oral tablet	9	PRED MILD	28
ORGOVYX	12	PERCOCET	8	prednisolone acetate ophthalmic	28
ORIAHNN	25	PERFOROMIST	30	prednisolone acetate p-f	28
ORLISSA	25	PERIDEX	15	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	25
oseltamivir phosphate oral capsule.	12	periogard	15	prednisolone sodium phosphate oral solution 15 mg/5ml	25
OSENI	20	PERTZYE	22	prednisolone sodium phosphate oral solution 20 mg/5ml	25
OSPHENA	21	PFIZER COVID-19 VAC BIVAL 5-11 .	27	prednisone oral tablet	25
OTEZLA ORAL TABLET	26	PFIZER COVID-19 VAC BIVALENT .	27	prednisone oral tablet therapy pack	25
OTREXUP	26	PFIZER COVID-19 VAC-TRIS 5-11Y .	27	pregabalin oral capsule	15
OVIDREL	27	PFIZER COVID-19 VAC-TRIS 6M-4Y	27	PREGNYL	27
OXAYDO	8	PFIZER-BIONT COVID-19 VAC-TRIS	27	PREMARIN ORAL	24
oxcarbazepine oral tablet	10	PFIZER-BIONTECH COVID-19 VACC	27	PREMARIN VAGINAL	24
oxybutynin chloride er	22	phenazo oral tablet 200 mg	22	PREMIUM BLOOD GLUCOSE TEST	18
oxybutynin chloride oral tablet	22	phenazopyridine hcl oral tablet 100 mg, 200 mg	22	PREMPHASE	24
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PICATO	16	PREMPRO	24
oxycodone hcl oral tablet 5 mg	8	pioglitazone hcl	20	PREZCOBIX	12
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8	PLAQUENIL	12	PRISTIQ	10
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PLAVIX	12	PROCARDIA XL	14
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8	PLEGRIDY INTRAMUSCULAR	15	prochlorperazine maleate oral	11
OZEMPIC	20	PLEGRIDY STARTER PACK	15	PROCTOFOAM HC	27
		PLEGRIDY SUBCUTANEOUS	15	progesterone oral	24
		PLENVU	22	PROGRAF ORAL CAPSULE	26
		POLY-VI-FLOR ORAL TABLET CHEWABLE	21	PROLATE ORAL TABLET	8
		polymyxin b-trimethoprim	28	promethazine hcl oral tablet	11
		POLYTRIM	28	promethazine-dm	29
		POMALYST	12	PROMETRIUM	24
		portia-28	24	propranolol hcl er	14
		potassium chloride crys er oral tablet extended release 10 meq, 20 meq	21	propranolol hcl oral tablet	14
				PROSCAR	22

P

PACERONE ORAL TABLET 100 MG, 400 MG	14
PACERONE ORAL TABLET 200 MG	14
PAMELOR	10
PANCREAZE	22



PROTONIX ORAL TABLET DELAYED RELEASE	21	RELPAK	11	SEROQUEL	12
PROTOPIC	16	REMERON	10	sertraline hcl oral tablet	10
PROVENTIL HFA	29, 30	REMODULIN	30	sharobel	24
PROVERA	23, 24	REPATHA	14	SHINGRIX	27
PROVIGIL	30	REPATHA PUSHTRONEX SYSTEM	14	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
PROZAC	10	REPATHA SURECLICK	14	sildenafil citrate oral tablet 20 mg	30
pseudoephedrine-bromphen-dm	29	RESTASIS	28	SIMPONI	26
PTS PANELS EGLU TEST	18	RESTASIS MULTIDOSE	28	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
PULMICORT FLEXHALER	30	RESTORIL	30	simvastatin oral tablet 80 mg	14
PULMICORT SUSPENSION	30	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	20	SINGULAIR ORAL TABLET	30
PULMOZYME	30	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	20	SINGULAIR ORAL TABLET CHEWABLE	30
PYLERA	21	RETIN-A EXTERNAL CREAM	16	SITAVIG	12
PYRIDIUM	22	REVATIO ORAL TABLET	30	SKYRIZI PEN	26
Q		REVLIMID	12	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	26
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	12	REXULTI	12	SOAANZ	14
quetiapine fumarate oral tablet 150 mg	12	RHOFADE	16	sodium sulfate-potassium sulfate- magnesium sulfate	22
QUFLORA GUMMIES	21	RHOPRESSA	28	SOFOSBUVIR-VELPATASVIR	12
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	21	RINVOQ	26	solifenacin succinate	22
QUINTET AC BLOOD GLUCOSE TEST	18	RISPERDAL ORAL TABLET	12	SOLQUA	20
QUINTET BLOOD GLUCOSE TEST	18	risperidone oral tablet	12	SOMA	30
R		RITALIN	15	SOMATULINE DEPOT	25
rabeprazole sodium oral tablet delayed release	21	RITALIN LA	15	SOOLANTRA	16
ramipril	14	rizatriptan benzoate	11	SPIKEVAX COVID-19 VACCINE	27
RASUVO	26	ROBINUL	22	SPIRIVA HANDIHALER	30
reclipsen	24	ROBINUL-FORTE	22	SPIRIVA RESPIMAT	30
RECOMBINATE	20	ROCALTROL ORAL CAPSULE	27	spironolactone oral	14
REGLAN	11	ROCKLATAN	28	sprintec 28	24
RELAFEN	8	ropinirole hcl	12	sronyx	24
RELAFEN DS	8	rosadan external cream	16	STELARA SUBCUTANEOUS	26
RELEXXI	15	rosuvastatin calcium	14	STENDRA	21
RELION TRUE MET AIR GLUC METER	18	roweepra	10	STIOLTO RESPIMAT	30
RELION TRUE METRIX TEST STRIPS	18	ROXICODONE	8	STIVARGA	12
RELION ULTIMA GLUCOSE SYSTEM	18	RUCONEST	26	STRATTERA	15
RELION ULTIMA TEST	18	RUKOBIA	12	STRENSIQ	22
		RYBELSUS	20	STRIVERDI RESPIMAT	30
		S		SUBOXONE	9
		SANTYL	16	subvenite	10
		SAPHRIS	12	sucrafate oral tablet	21
		scopolamine	11	sulfamethoxazole-trimethoprim oral tablet	9
		SEREVENT DISKUS	30	sumatriptan succinate oral	11



SUNOSI	30	TAVALISSE.....	20	TRADJENTA.....	20
SUPARTZ FX	8	TECHLITE (ARKAY) INSULIN		tramadol hcl oral tablet 100 mg	8
SUTAB	22	SYRINGES	18	tramadol hcl oral tablet 50 mg	8
syeda	24	TECHLITE (ARKAY) PEN		TRANSDERM-SCOP.....	11
SYMBICORT	30	NEEDLES	19	trazodone hcl oral	10
SYMFI	12	TEGSEDI.....	22	TRELEGY ELLIPTA	30
SYMFI LO	12	TEKTURNA	14	TREMFYA.....	26
SYMJEPI.....	29	TEKTURNA HCT.....	14	treprostinil	30
SYMLINPEN 120	20	telmisartan	14	tretinoin external cream	16
SYMLINPEN 60	20	temazepam	30	TREXALL	26
SYMPROIC.....	22	TENORETIC 100	14	TREZIX.....	8
SYNJARDY.....	20	TENORETIC 50	14	tri femynor	24
SYNJARDY XR.....	20	TENORMIN	14	tri-estarylla	24
SYNOJOYNT	8	terbinafine hcl oral.....	11	tri-lynyah	24
SYNTHROID.....	25	TERIPARATIDE (RECOMBINANT).....	27	tri-lo-estarylla.....	24
T					
TABRECTA.....	12	TESTIM.....	25	tri-lo-marzia	24
TACLONEX EXTERNAL		TESTOSTERONE CYPIONATE		tri-lo-mili	24
OINTMENT.....	16	INJECTION.....	25	tri-lo-sprintec	24
tacrolimus external	16	testosterone cypionate		tri-mili	24
tacrolimus oral	26	intramuscular.....	25	tri-nymyo.....	24
tadalafil oral	21	THALITONE	14	tri-sprintec	24
TAGRISSE	12	THIOLA.....	22	tri-vylibra.....	24
TAKHZYRO SUBCUTANEOUS		THIOLA EC.....	22	tri-vylibra lo.....	24
SOLUTION.....	26	THYQUIDITY	25	triamcinolone acetonide external	
TALTZ SUBCUTANEOUS		TIGLUTIK	15	cream 0.025 %, 0.1 %	17
SOLUTION AUTO-INJECTOR	26	timolol maleate (once-daily)	28	triamcinolone acetonide external	
TAMIFLU ORAL CAPSULE.....	12	timolol maleate ocudose	28	cream 0.5 %	17
tamoxifen citrate oral tablet 10 mg ..	12	timolol maleate ophthalmic		triamcinolone acetonide external	
tamoxifen citrate oral tablet 20 mg ..	12	solution.....	28	ointment 0.025 %, 0.1 %, 0.5 %	17
tamsulosin hcl	22	timolol maleate pf	28	triamcinolone acetonide external	
TAPERDEX 12-DAY	25	TIMOPTIC	28	ointment 0.05 %.....	17
TAPERDEX 6-DAY ORAL TABLET		TIMOPTIC OCUDOSE.....	28	triamcinolone in absorbase	17
THERAPY PACK 1.5 MG.....	25	TIROSINT-SOL.....	25	triamterene-hctz	14
TAPERDEX 6-DAY ORAL TABLET		TIVICAY.....	12	TRIANEX	17
THERAPY PACK 1.5 MG (21)	25	tizanidine hcl oral tablet	30	triazolam.....	13
TAPERDEX 7-DAY	25	TOBI PODHALER	30	TRICOR	14
TARGADOX	9	TOBRADEX OPHTHALMIC		triderm external cream 0.1 %	17
TARGRETIN EXTERNAL	12	SUSPENSION	28	triderm external cream 0.5 %.....	17
TARGRETIN ORAL	12	TOBRADEX ST	28	TRIJARDY XR	20
tarina 24 fe	24	tobramycin-dexamethasone.....	28	TRILEPTAL ORAL TABLET	10
tarina fe 1/20	24	TOPAMAX	10	TRILURON	8
tarina fe 1/20 eq.....	24	topiramate oral tablet	10	TRINTELLIX	10
TASIGNA	12	TOPROL XL	14	tritocin.....	17
		torsemide.....	14	TRIUMEQ.....	12
		TOUJEO MAX SOLOSTAR.....	19	TRUE FOCUS BLOOD GLUCOSE	
		TOUJEO SOLOSTAR	19	STRIP	19
		TRACLEER 62.5 MG, 125 MG	30		



TRUE METRIX AIR GLUCOSE METER KIT.....	19
TRUE METRIX BLOOD GLUCOSE TEST.....	19
TRUE METRIX GO GLUCOSE METER.....	19
TRUE METRIX METER KIT.....	19
TRUE METRIX PRO BLOOD GLUCOSE.....	19
TRUETRACK TEST.....	19
TRULICITY.....	20
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.....	13
TRUVADA ORAL TABLET 200-300 MG.....	13
TYMLOS.....	27
TYRVAYA.....	28
TYVASO.....	30
TYVASO DPI MAINTENANCE KIT..	30
TYVASO DPI TITRATION KIT.....	30
TYVASO REFILL.....	30
TYVASO STARTER.....	30

U

UBRELVY.....	11
UCERIS ORAL.....	27
UCERIS RECTAL.....	27
UNISTRIP1 GENERIC.....	19
unithroid.....	25
UROCIT-K 10.....	21
UROCIT-K 15.....	21
UROCIT-K 5.....	21
UROXATRAL.....	22

V

VAGIFEM.....	24
valacyclovir hcl oral.....	13
VALIUM.....	13
valsartan oral tablet.....	14
valsartan-hydrochlorothiazide.....	14
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML.....	10
VALTREX.....	13
VANADOM.....	30
vandazole.....	9

VASOTEC.....	14
VELPHORO.....	22
VELTASSA.....	21
venlafaxine hcl.....	10
venlafaxine hcl er oral capsule extended release 24 hour.....	10
VENTOLIN HFA.....	29, 30
verapamil hcl er oral tablet extended release.....	14
VERKAZIA.....	28
VERQUVO.....	15
VERZENIO.....	12
VESICARE.....	22
vestura.....	24
VIAGRA.....	21
VIBERZI.....	22
VIBRAMYCIN ORAL CAPSULE.....	9
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS.....	20
vienva.....	24
VIGAMOX.....	28
VIIBRYD.....	10, 11
VIIBRYD STARTER PACK.....	11
vilazodone hcl.....	11
VISTARIL.....	13
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	21
VITRAKVI.....	12
VIVELLE-DOT.....	24
VIVJOA.....	11
VOGELXO.....	25
VOGELXO PUMP.....	25
VOSEVI.....	13
VRAYLAR ORAL CAPSULE.....	12
VTAMA.....	17
VYLEESI.....	21
vylibra.....	24
VYVANSE.....	15

W

WAKIX.....	30
warfarin sodium oral.....	10
WELLBUTRIN SR.....	11

WELLBUTRIN XL.....	11
WILATE.....	20
wixela inhub.....	30

X

XALATAN.....	28
XANAX.....	13
XARELTO.....	10
XARELTO STARTER PACK.....	10
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG.....	10
XELJANZ.....	26
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	26
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG.....	26
XENLETA ORAL.....	9
XEPI.....	17
XIIDRA.....	28
XOFLUZA (40 MG DOSE).....	13
XOFLUZA (80 MG DOSE).....	13
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE..	26
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.....	26
XOPENEX HFA.....	30
XTAMPZA ER.....	8
xulane.....	24
XYREM.....	30
XYWAV.....	30

Y

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

Z

zafemy.....	24
ZANAFLEX ORAL TABLET.....	30
ZARXIO.....	20
ZCORT 7-DAY.....	25
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	20
ZEJULA.....	12



ZELNORM	22
zenatane.....	17
ZENPEP	22
ZEPOSIA	15
ZEPOSIA 7-DAY STARTER PACK ..	15
ZEPOSIA STARTER KIT	15
ZESTORETIC.....	15
ZESTRIL.....	15
ZETIA	15
ZETONNA.....	29
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	15
ZIAC ORAL TABLET 5-6.25 MG ...	15
ZIEXTENZO	20
ZILXI.....	17
ZIMHI	9
ZIOPTAN	28
ZITHROMAX ORAL SUSPENSION RECONSTITUTED.....	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK.....	9
ZITHROMAX Z-PAK.....	9
ZOCOR.....	15
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	11
ZOLOFT ORAL TABLET.....	11
zolpidem tartrate er.....	31
zolpidem tartrate oral	31
ZOMIG NASAL SOLUTION 2.5 MG.	11
ZOMIG NASAL SOLUTION 5 MG ..	11
ZONEGRAN.....	10
zonisamide oral	10
ZTLIDO.....	8
ZUBSOLV.....	9
zumandimine	24
ZYLET.....	28
ZYLOPRIM.....	11
ZYPREXA ORAL.....	12

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Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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

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

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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。

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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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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。

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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។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែកម្រិតតម្កល់ ដើម្បីមាននូវលិខិតអនុញ្ញាតិចំណាប់អារម្មណ៍របស់អ្នក។

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 niit'izí bee nééhozinígíí bine'deę 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.

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