



Your 2024 Prescription Drug List

Flex Base 3-Tier

Effective January 1, 2024



**United
Healthcare**

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

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

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. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Drug list information

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

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
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) ³ —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 ⁴ —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on the back of your ID card.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	1	
bac	1	
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	3	
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	1	
LIDODERM	E	
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	3	
NUCYNTA	2	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, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
PERCOCET	E	
PROLATE ORAL TABLET	3	
ROXICODONE	E	
tramadol hcl oral tablet	1	
TREZIX	1	
XTAMPZA ER	3	PA, QL
ZTLIDO	3	

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	
celecoxib oral	1	
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	3	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	(includes OTC)
SUBOXONE	E	PA
ZIMHI	2	
ZUBSOLV	1	
Antibacterials - Drugs for Infections		
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 ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	

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



Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefдинир	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	

Drug Name	Drug Tier	Requirements & Limits
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	3	
VANAZOLE	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	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
APTOM	3	
BRIVIACT ORAL TABLET	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	SP
gabapentin oral capsule	1	

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

Drug Name	Drug Tier	Requirements & Limits
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	
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	1	
TRANSDERM-SCOP	E	

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Drug Name	Drug Tier	Requirements & Limits
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	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	3	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	1	
COLCRYS	E	
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	
eletriptan hydrobromide	1	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	
IMITREX ORAL	E	
MAXALT	E	
NURTEC	2	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	

Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, SP
COTELLIC	2	PA, SP
ERIVEDGE	2	PA, SP
ERLEADA ORAL TABLET 240 MG	2	PA
ERLEADA ORAL TABLET 60 MG	2	PA, SP
EXKIVITY	3	PA, SP
FEMARA	E	
GAVRETO	3	PA, SP
IBRANCE ORAL CAPSULE	2	PA, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, SP
IDHIFA	2	PA, SP
IMBRUVICA ORAL TABLET	2	PA, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
POMALYST	3	PA, SP
RETEVMO	3	PA, SP
REVLIMID	2	PA, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAGRISSO	3	PA, SP
tamoxifen citrate oral tablet 10 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XTANDI	2	PA, SP
ZEJULA ORAL CAPSULE	2	PA, SP
ZELBORAF	2	PA, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, SP
KYNMOBI	3	PA, SP
NEUPRO	3	
NOURIANZ	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	
lurasidone hcl	1	
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	3	
ZYPREXA ORAL	E	

Drug Name	Drug Tier	Requirements & Limits
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	ST
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
EPCLUSA ORAL TABLET	2	PA, SP
HARVONI ORAL TABLET	2	PA, ST, SP
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET ORAL PACKET	2	PA, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALTREX	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	

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Drug Name	Drug Tier	Requirements & Limits
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
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	

Drug Name	Drug Tier	Requirements & Limits
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	3	
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	3	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	
NEXLETOL	2	
NEXLIZET	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	

Drug Name	Drug Tier	Requirements & Limits
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
amphetamine-dextroamphetamine	1	

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Drug Name	Drug Tier	Requirements & Limits
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
CONCERTA	E	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
FOCALIN	3	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl oral tablet	1	
MYDAYIS	2	
RELEXXII	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	2	PA, SP
AVONEX PREFILLED	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
EXTAVIA	E	PA, ST, SP

Drug Name	Drug Tier	Requirements & Limits
fingolimod hcl	1	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT STARTER PACK	3	PA, SP
PLEGRIDY INTRAMUSCULAR	3	PA
PLEGRIDY STARTER PACK	3	PA, SP
PLEGRIDY SUBCUTANEOUS	3	PA, SP
REBIF	3	PA, SP
REBIF TITRATION PACK	3	PA, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP
LYRICA ORAL CAPSULE	3	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, SP
ZEPOSIA STARTER KIT	3	PA, ST, 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	
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	3	PA
ala-cort	E	
AMZEEQ	3	
AVITA	3	PA
brimonidine tartrate external	1	
CARAC	3	

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Drug Name	Drug Tier	Requirements & Limits
CIBINQO	2	PA, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate external gel	1	(generic for Clindagel)
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DAZOMON	E	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	3	
KLISYRI	3	
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	
NORITATE	E	
OPZELURA	3	PA, SP
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	3	
SANTYL	3	
SOOLANTRA	1	
TACLONEX EXTERNAL OINTMENT	E	
tacrolimus external	1	
TOLAK	3	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
TRIANEX	3	
triderm	1	
tritocin	1	
VTAMA	3	
XEPI	3	
ZILXI	3	ST
ZORYVE	3	
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)	CVS GLUCOSE METER TEST STRIPS	E	
ACCU-CHEK GUIDE TEST STRIPS	3		D-CARE BLOOD GLUCOSE	E	
ACCU-CHEK MULTICLIX LANCET	1		D-CARE GLUCOMETER	E	
ACCU-CHEK MULTICLIX LANCET KIT	1		DEXCOM G7 RECEIVER	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E		DEXCOM G7 SENSOR	3	
ACCU-CHEK SOFT TOUCH LANCET	1		DIABETES MONITOR DIGIT ADD-ON	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		DIABETES MONITOR DIGIT SOLN	E	
ACCU-CHEK SOFTCLIX LANCETS	1		EASY TOUCH HEALTHPRO GLUCOSE	E	
ACCUTREND GLUCOSE	E		EASY TOUCH TEST	E	
AQINJECT PEN NEEDLE	2		EASYGLUCO	E	
bd autoshield duo pen needles	2		EASYMAX 15 TEST	E	
bd ultra-fine insulin syringes	2		EASYMAX NG BLOOD GLUCOSE KIT	E	
bd ultra-fine insulin syringes u-500	2		EMBRACE BLOOD GLUCOSE TEST	E	
BD ULTRA-FINE PEN NEEDLES	2		ENLITE GLUCOSE SENSOR	3	
bd veo ultra-fine insulin syringes	2		EQ BLOOD GLUCOSE TEST	E	
BIGFOOT UNITY PROGRAM	E		FORTISCARE G1 TEST STRIP	E	
BLOOD GLUCOSE TEST STRIPS	E		FORTISCARE TEST	E	
BLOOD GLUCOSE TEST STRIPS 333	E		FREESTYLE LIBRE 14 DAY SENSOR	3	
CARETOUCH MONITOR SYSTEM	E		FREESTYLE LIBRE 2 SENSOR	3	
CARETOUCH TEST	E		FREESTYLE LIBRE 3 SENSOR	3	
CONTOUR MONITOR KIT W/ DEVICE	E		FREESTYLE PRECISION NEO SYSTEM	E	
CONTOUR NEXT EZ KIT W/ DEVICE	E		FREESTYLE PRECISION NEO TEST	E	
CONTOUR NEXT GEN MONITOR	E		FREESTYLE TEST	E	
CONTOUR NEXT GEN TEST STRIPS	2		GLUCOCARD EXPRESSION TEST	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	2		GLUCOCARD SHINE TEST	E	
CONTOUR NEXT ONE KIT	2		GLUCOCARD VITAL TEST	E	
CONTOUR TEST STRIPS	E		GUARDIAN 4 GLUCOSE SENSOR	E	
CVS ADVANCED GLUCOSE TEST	E		GUARDIAN 4 TRANSMITTER	E	
			GUARDIAN CONNECT TRANSMITTER	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN LINK 3 TRANSMITTER	3		ONETOUCH DELICA PLUS LANCET33G	1	
GUARDIAN SENSOR (3)	3		ONETOUCH FINEPOINT LANCETS	1	
GUARDIAN SENSOR 3	3		ONETOUCH ULTRA 2 KIT W/DEVICE	1	
GVOKE HYPOPEN 1-PACK	2		ONETOUCH ULTRA TEST STRIPS	1	
GVOKE HYPOPEN 2-PACK	2		ONETOUCH ULTRASOFT LANCETS	1	
GVOKE KIT	2		ONETOUCH VERIO FLEX SYSTEM KIT	E	
GVOKE PFS	2		ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
HEALTHPRO BLOOD GLUCOSE MONITO	E		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2		ONETOUCH VERIO TEST STRIPS	1	
MICRODOT TEST	E		OPTIUMEZ TEST	E	
MINILINK REAL-TIME TRANSMITTER	3		PARADIGM REAL-TIME TRANSMITTER	3	
MINIMED 630G GUARDIAN PRESS	3		PIP BLOOD GLUCOSE TEST STRIP	E	
MM EASY TOUCH GLUCOSE METER	E		PRECISION XTRA	E	
NEUTEK 2TEK TEST	E		PRECISION XTRA BLOOD GLUCOSE	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2		PREMIUM BLOOD GLUCOSE TEST	E	
NOVOFINE PEN NEEDLE	2		PTS PANELS EGLU TEST	E	
NOVOFINE PLUS PEN NEEDLE	2		QUINTET AC BLOOD GLUCOSE TEST	E	
NOVOTWIST PEN NEEDLE	2		QUINTET BLOOD GLUCOSE TEST	E	
OMNIPOD 5 G6 INTRO (GEN 5)	2		RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 G6 POD (GEN 5)	2		RELION TRUE METRIX TEST STRIPS	E	
ON CALL EXPRESS BLOOD GLUCOSE	E		RELION ULTIMA GLUCOSE SYSTEM	E	
ON CALL EXPRESS MONITORING SYS	E		RELION ULTIMA TEST	E	
ONETOUCH CLUB LANCETS FINE PT	1		RIGHTEST GT333 GLUCOSE TEST	E	
ONETOUCH DELICA LANCETS 30G	1		TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
ONETOUCH DELICA LANCETS 33G	1				
ONETOUCH DELICA PLUS LANCET30G	1				

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Drug Name	Drug Tier	Requirements & Limits
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	
TRUETRACK TEST	E	
UNISTRIP1 GENERIC	E	
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	3	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	

Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-Insulin Agents		
ACTOS	E	
ADLYXIN	3	
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE	2	

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Drug Name	Drug Tier	Requirements & Limits
BYETTA 10 MCG PEN	2	
BYETTA 5 MCG PEN	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	3	
GLUMETZA	3	
glyburide oral	1	
GLYXAMBI	2	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	2	
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
MOUNJARO	2	
NESINA	2	
ONGLYZA	E	
OSENI	2	
OZEMPIC	2	
pioglitazone hcl	1	
RYBELSUS	2	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	

Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
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
ALPROLIX	3	SP
ALTUVIIIIO	E	PA, SP
ARANESP (ALBUMIN FREE)	2	SP
DOPTELET	3	PA, SP
ELOCTATE	3	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	

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

Drug Name	Drug Tier	Requirements & Limits
K-TAB	3	
LOKELMA	3	
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	2	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	3	
LINZESS	2	
MOTTEGRITY	3	PA
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
VIBERZI	3	
ZELNORM	3	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP
TEGSEDI	2	PA, SP
ZENPEP	2	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	3	
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	
altavera	1	H
ANNOVERA	3	
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	

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



Drug Name	Drug Tier	Requirements & Limits
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	E	
CLIMARA PRO	2	
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	
ELESTRIN	3	
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
ESTRING	2	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits
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	
loryna	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	
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	

Drug Name	Drug Tier	Requirements & Limits
mono-linyah	1	H
MYFEMBREE	2	
NATAZIA	1	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	3	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	3	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	
NORDITROPIN FLEXPRO	2	PA, SP
NUTROPIN AQ NUSPIN 10	2	PA, SP
NUTROPIN AQ NUSPIN 20	2	PA, SP
NUTROPIN AQ NUSPIN 5	2	PA, SP
ORIAHNN	2	
ORLISSA	2	
SKYTROFA	E	PA, SP
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	3	
FORTESTA	E	
NATESTO	E	
TESTIM	1	
testosterone cypionate intramuscular	1	
VOGELXO	E	
VOGELXO PUMP	E	
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	

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Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT-SOL	2	
unithroid	1	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz) PA, SP
ADBRY	2	PA, SP
AMJEVITA	2	PA, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
CINRYZE	3	PA, SP
COSENTYX (300 MG DOSE)	3	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST
COSENTYX SENSOREADY (300 MG)	3	PA, ST, SP
COSENTYX SENSOREADY PEN	3	PA, ST, SP
CYLTEZO	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
EMPAVELI	2	PA, SP
ENBREL MINI	2	PA, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
ENBREL SURECLICK	2	PA, SP
HADLIMA	2	PA, SP
HAEGARDA	2	PA, SP
HUMIRA	2	PA, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, SP
HUMIRA PEN	2	PA, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, SP
HYFTOR	3	
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, SP
KINERET	3	PA, ST, SP
LUPKYNIS	3	PA, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, ST
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
OTEZLA ORAL TABLET	2	PA, SP
OTREXUP	E	
PROGRAF ORAL CAPSULE	3	
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMPONI	2	PA, SP
SKYRIZI PEN	2	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
STELARA SUBCUTANEOUS	2	PA
tacrolimus oral	1	
TAKHZYRO	2	PA, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST
TREMFYA	2	PA, SP
TREXALL	2	
XELJANZ	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	
Immunological Agents - Drugs for Vaccination		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
SHINGRIX	3	H

Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	SP
ganirelix acetate	1	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide rectal	1	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
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	
ROCALTRON ORAL CAPSULE	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	3	
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	
FLAREX	2	
ILEVRO	3	
INVELTYS	3	
KLARITY-A	E	
LASTACFT	3	

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

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
XALATAN	E	
ZIOPTAN	3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	
RESTASIS	1	
RESTASIS MULTIDOSE	3	
TYRVAYA	3	
VERKAZIA	3	
XIIDRA	2	
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	

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Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	E	
ADVAIR HFA	2	RS
AIRDUO DIGIHALER	E	
AIRDUO RESPICLICK 113/14	E	

Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	
ARMONAIR DIGIHALER	E	
ARNUITY ELLIPTA	2	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREO ELLIPTA	2	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
BUDESONIDE-FORMOTEROL FUMARATE	3	RS
COMBIVENT RESPIMAT	2	
FASENRA PEN	3	PA
FLOVENT HFA	E	
FLUTICASONE FUROATE-VILANTEROL	3	RS
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	

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Drug Name	Drug Tier	Requirements & Limits
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA
PERFOROMIST	3	
PROVENTIL HFA	E	
PULMICORT SUSPENSION	E	
QVAR REDHALER	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	RS
TEZSPIRE	3	
TRELEGY ELLIPTA	3	RS
VENTOLIN HFA	E	
wixela inhub	E	
XOPENEX HFA	3	
YUPELRI	3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, SP
BRONCHITOL	3	PA, ST, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, SP

Drug Name	Drug Tier	Requirements & Limits
KITABIS PAK	E	PA, SP
PULMOZYME	2	PA, SP
TOBI NEBULIZER	E	PA, SP
TOBI PODHALER	3	PA, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, SP
OPSUMIT	2	PA, SP
REMODULIN	E	
REVATIO ORAL TABLET	E	
sildenafil citrate oral tablet 20 mg	1	
TADLIQ	3	PA, SP
TRACLEER 62.5 MG, 125 MG	2	PA, SP
treprostinil	E	
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, SP
TYVASO DPI TITRATION KIT	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
cyclobenzaprine hcl oral	1	
FEXMID	E	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	
DAYVIGO	3	
eszopiclone	1	
LUNESTA	E	
modafinil	1	
PROVIGIL	E	
RESTORIL	3	
SODIUM OXYBATE	3	(manufactured by Hikma), PA, SP
SUNOSI	2	PA
temazepam	1	
WAKIX	3	PA, SP
XYWAV	3	PA, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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ACCU-CHEK SOFT TOUCH LANCET	17	ala-cort	15	AMBIEN CR	31
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	29	amiodarone hcl oral	13
ACCU-CHEK SOFTCLIX LANCETS	17	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	amitriptyline hcl oral	10
ACCUTREND GLUCOSE	17	ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	29	AMJEVITA	26
acetaminophen-codeine oral tablet	8	ALDACTONE	13	amlodipine besylate oral	13
ACIPHEX	21	ALECENSA	11	amlodipine besylate-benazepril hcl	13
ACTEMRA ACTPEN	26	alendronate sodium oral tablet	27	amlodipine besylate-valsartan	13
ACTEMRA SUBCUTANEOUS	26	alfuzosin hcl er	22	amoxicillin oral capsule	8
ACTOS	19	aliskiren fumarate	13	amoxicillin oral suspension reconstituted	8
acyclovir oral tablet	12	allopurinol oral tablet 100 mg, 300 mg	11	amoxicillin oral tablet	8
ADALIMUMAB-ADAZ	26	ALLOPURINOL ORAL TABLET 200 MG	11	amoxicillin-potassium clavulanate oral suspension reconstituted	8
ADBRY	26	ALOGLIPTIN BENZOATE	19	amoxicillin-potassium clavulanate oral tablet	8
ADDERALL	14	ALOGLIPTIN-METFORMIN HCL	19	amphetamine-dextroamphetamine	14, 15
ADDERALL XR	14	ALOGLIPTIN-PIOGLITAZONE	19	amphetamine-dextroamphetamine er	15
ADDYI	21	ALORA	22	AMZEEQ	15
ADEMPAS	30	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	28	anastrozole oral	11
ADLYXIN	19	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	28	ANDRODERM	25
ADMELOG	19			ANDROGEL PUMP	25
ADMELOG SOLOSTAR	19			ANNOVERA	22
ADTHYZA	25			ANORO ELLIPTA	29
ADVAIR DISKUS	29			apap-caff-dihydrocodeine	8
ADVAIR HFA	29			apri	22
ADVATE	20			APRISO	27
ADYNOVATE	20			APTENSIO XR	15
				APTIOM	9
				AQINJECT PEN NEEDLE	17
				ARAKODA	12



ARANESP (ALBUMIN FREE)	20	azithromycin oral tablet.	9	BLOOD GLUCOSE TEST STRIPS 333	17	
ARIMIDEX	11	B			BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27
aripiprazole oral tablet	12	bac	8	BREO ELLIPTA	29	
ARMONAIR DIGIHALER.	29	baclofen oral tablet	30	BREZTRI AEROSPHERE	29	
ARMOUR THYROID	25	BACTRIM	9	BRILINTA	12	
ARNUITY ELLIPTA	29	BACTRIM DS	9	brimonidine tartrate external	15	
atenolol oral	13	BAFIERTAM	15	brimonidine tartrate ophthalmic.	28	
ATIVAN ORAL	13	BAQSIMI ONE PACK.	19	brimonidine tartrate-timolol	28	
atomoxetine hcl	15	BAQSIMI TWO PACK	19	BRIVIACT ORAL TABLET.	9	
atorvastatin calcium oral tablet 10 mg, 20 mg	13	BASAGLAR KWIKPEN	19	BRONCHITOL	30	
atorvastatin calcium oral tablet 40 mg, 80 mg	13	BASAGLAR TEMPO PEN.	19	BRONCHITOL TOLERANCE TEST	30	
ATROVENT HFA	29	bd autoshield duo pen needles	17	budesonide inhalation.	29	
aubra eq	22	bd ultra-fine insulin syringes.	17	budesonide rectal	27	
AUGMENTIN ES-600	8	bd ultra-fine insulin syringes u-500	17	BUDESONIDE-FORMOTEROL FUMARATE	29	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED.	8	BD ULTRA-FINE PEN NEEDLES	17	buprenorphine hcl sublingual	8	
AUGMENTIN ORAL TABLET	9	bd veo ultra-fine insulin syringes	17	buprenorphine hcl-naloxone hcl	8	
aurovela 1/20	22	BELBUCA.	8	bupropion hcl er (sr)	10	
aurovela 1.5/30	22	BELSOMRA	31	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	10	
aurovela 24 fe.	22	benazepril hcl oral.	13	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	10	
aurovela fe 1/20.	22	BENICAR	13	bupropion hcl oral	10	
aurovela fe 1.5/30	22	BENICAR HCT.	13	buspirone hcl oral	13	
AUSTEDO.	15	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	butalbital-apap-caffeine oral tablet	8	
AUVI-Q	29	benzonatate	29	BYDUREON BCISE	19	
AVALIDE	13	BESIVANCE	27	BYETTA 10 MCG PEN.	20	
AVAPRO	13	BETASERON	15	BYETTA 5 MCG PEN.	20	
aviane	22	BETHKIS	30	C		
avidoxy	9	BETIMOL	28	cabergoline	25	
AVITA	15	BEVESPI AEROSPHERE	29	calcitriol oral capsule	27	
AVONEX PEN.	15	BIGFOOT UNITY PROGRAM.	17	CALQUENCE.	11	
AVONEX PREFILLED	15	BIJUVA	23	camila	23	
AYGESTIN	22	BIKTARVY	12	CARAC.	15	
ayuna	23	bimatoprost ophthalmic	28	CARAFATE ORAL TABLET.	21	
AZASAN	26	bis subcit-metronid-tetracyc.	21	CARDIZEM CD	13	
AZASITE.	27	bismuth/metronidaz/tetracyclin.	21	CARDURA	13	
azathioprine oral	26	bisoprolol fumarate oral	13			
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	29	bisoprolol-hydrochlorothiazide	13			
azelastine hcl nasal solution 0.15 %	29	blisovi 24 fe	23			
azithromycin oral suspension reconstituted	9	blisovi fe 1/20.	23			
		blisovi fe 1.5/30	23			
		BLOOD GLUCOSE TEST STRIPS	17			



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

D

D-CARE BLOOD GLUCOSE	17
D-CARE GLUCOMETER	17
dabigatran etexilate mesylate	9
DAYVIGO	31
DAZOMON	16
deblitane	23
delyla	23



DEPAKOTE	9	dorzolamide hcl-timolol mal	28	EMGALITY SUBCUTANEOUS	
DEPAKOTE ER	9	dorzolamide hcl-timolol mal pf	28	SOLUTION AUTO-INJECTOR	
DEPEN TITRATABS	22	dotti	23	120 MG/ML	11
DEPO-PROVERA		DOVATO	12	EMPAVELI	26
INTRAMUSCULAR SUSPENSION		doxazosin mesylate oral	13	emtricitabine-tenofovir df oral tablet	
PREFILLED SYRINGE	23	doxepin hcl oral capsule	10	100-150 mg, 133-200 mg,	
DEPO-SUBQ PROVERA 104	23	doxycycline hyclate oral capsule	9	167-250 mg	12
DEPO-TESTOSTERONE	25	doxycycline hyclate oral tablet	9	emtricitabine-tenofovir df oral tablet	
DESCOVY	12	doxycycline monohydrate oral		200-300 mg	12
desvenlafaxine succinate er	10	capsule	9	enalapril maleate oral tablet	13
DEXABLISS	25	doxycycline monohydrate oral tablet	9	ENBREL MINI	26
dexamethasone oral tablet	25	DRISDOL	21	ENBREL SUBCUTANEOUS	
dexamethasone oral tablet therapy		drosiprenone-ethinyl estradiol	23	SOLUTION	26
pack	25	DUAVEE	23	ENBREL SUBCUTANEOUS	
DEXCOM G7 RECEIVER	17	duloxetine hcl oral	10	SOLUTION PREFILLED SYRINGE	26
DEXCOM G7 SENSOR	17	DUPIXENT SUBCUTANEOUS		ENBREL SURECLICK	26
dexmethylphenidate hcl	15	SOLUTION PEN-INJECTOR	16	endocet	8
dexmethylphenidate hcl er	15	DUPIXENT SUBCUTANEOUS		ENDOMETRIN	27
DIABETES MONITOR DIGIT		SOLUTION PREFILLED SYRINGE		ENLITE GLUCOSE SENSOR	17
ADD-ON	17	100 MG/0.67ML	16	enoxaparin sodium injection	
DIABETES MONITOR DIGIT SOLN	17	DUPIXENT SUBCUTANEOUS		solution prefilled syringe	9
diazepam oral tablet	13	SOLUTION PREFILLED SYRINGE		enskyce	23
diclofenac sodium oral	8	200 MG/1.14ML, 300 MG/2ML	16	ENSTILAR	16
dicyclomine hcl oral capsule	21	DXEVO 11-DAY	25	ENTRESTO	13
dicyclomine hcl oral tablet	21			EPCLUSA ORAL TABLET	12
DIFICID ORAL TABLET	9			EPIDIOLEX	9
DIFLUCAN ORAL TABLET	11			epinephrine solution auto-injector	
DILAUDID ORAL TABLET	8			0.15 mg/0.15ml injection	29
diltiazem hcl er coated beads	13			epinephrine solution auto-injector	
DIOVAN	13			0.15 mg/0.3ml injection	29
DIOVAN HCT	13			epinephrine solution auto-injector	
DIPENTUM	27			0.3 mg/0.3ml injection	29
DITROPAN XL	22			EPIPEN 2-PAK	29
divalproex sodium er	9			EPIPEN JR 2-PAK	29
divalproex sodium oral tablet				EQ BLOOD GLUCOSE TEST	17
delayed release	9			ergocalciferol oral capsule	21
DIVIGEL TRANSDERMAL GEL				ERIVEDGE	11
0.25 MG/0.25GM, 0.5 MG/0.5GM,				ERLEADA ORAL TABLET 240 MG	11
1 MG/GM, 1.25 MG/1.25GM	23			ERLEADA ORAL TABLET 60 MG	11
DIVIGEL TRANSDERMAL GEL				ERMEZA	25
0.75 MG/0.75GM	23			errin	23
DODEX	21			erythromycin ophthalmic	27
DOPTELET	20			escitalopram oxalate oral tablet	10
				ESGIC ORAL TABLET	8

E



estarylla	23	FLOMAX	22	FREESTYLE PRECISION NEO TEST	17
ESTRACE	23	FLOVENT HFA	29	FREESTYLE TEST	17
estradiol oral	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27	FUROSCIX	13
estradiol patch twice weekly 0.025 mg/24hr transdermal	23	fluconazole oral tablet	11	furosemide oral tablet	13
estradiol patch twice weekly 0.0375 mg/24hr transdermal	23	FLUOROPLEX	16	fyremadel	27
estradiol patch twice weekly 0.05 mg/24hr transdermal	23	FLUOROURACIL EXTERNAL CREAM 0.5 %	16		
estradiol patch twice weekly 0.075 mg/24hr transdermal	23	fluorouracil external cream 5 %	16	G	
estradiol patch twice weekly 0.1 mg/24hr transdermal	23	fluoxetine hcl oral capsule	10	gabapentin oral capsule	9
estradiol transdermal patch weekly	23	fluoxetine hcl oral tablet	10	gabapentin oral tablet 600 mg, 800 mg	10
estradiol vaginal	23	FLUTICASONE FUROATE-VILANTEROL	29	ganirelix acetate	27
ESTRING	23	FLUTICASONE PROPIONATE HFA	29	gavilyte-c	22
ESTROGEL	23	fluticasone propionate nasal	29	gavilyte-g	22
eszopiclone	31	FLUTICASONE-SALMETEROL INHALATION AEROSOL	29	GAVRETO	11
etonogestrel-ethinyl estradiol	23	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	29	gemfibrozil oral	13
EUCRISA	16	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	29	GEN7T EXTERNAL PATCH	8
euthyrox	25	fluvoxamine maleate	10	glatiramer acetate	15
EVAMIST	23	FOCALIN	15	glatopa	15
EXFORGE	13	FOCALIN XR	15	glimepiride	20
EXKIVITY	11	folic acid oral tablet 1 mg	21	glipizide er	20
EXTAVIA	15	FOLLISTIM AQ	27	glipizide ir	20
EYSUVIS	27	FORFIVO XL	10	glipizide xl	20
ezetimibe	13	FORTEO	27	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
		FORTESTA	25	GLUCOCARD EXPRESSION TEST	17
F		FORTISCARE G1 TEST STRIP	17	GLUCOCARD SHINE TEST	17
falmina	23	FORTISCARE TEST	17	GLUCOCARD VITAL TEST	17
famotidine oral suspension reconstituted	21	FOSAMAX	27	GLUCOTROL XL	20
FASENRA PEN	29	FREESTYLE LIBRE 14 DAY SENSOR	17	GLUMETZA	20
FEMARA	11	FREESTYLE LIBRE 2 SENSOR	17	glyburide oral	20
fenofibrate oral tablet	13	FREESTYLE LIBRE 3 SENSOR	17	GLYATE	22
FENOGLIDE	13	FREESTYLE PRECISION NEO SYSTEM	17	glycopyrrolate oral tablet 1 mg, 2 mg	22
FEXMID	30			GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
FINACEA EXTERNAL FOAM	16			GLYXAMBI	20
finasteride oral tablet 5 mg	22			GOLYTELY	22
fingolimod hcl	15			guanfacine hcl	13, 15
FLAREX	27			guanfacine hcl er	15
flecainide acetate	13			GUARDIAN 4 GLUCOSE SENSOR	17



GUARDIAN 4 TRANSMITTER	17	HUMIRA PEN.	26	IMBRUVICA ORAL TABLET	11
GUARDIAN CONNECT TRANSMITTER	17	HUMIRA PEN-CD/UC/HS STARTER	26	IMITREX ORAL	11
GUARDIAN LINK 3 TRANSMITTER	18	HUMIRA PEN-PEDIATRIC UC START	26	IMPOYZ	16
GUARDIAN SENSOR (3)	18	HUMIRA PEN-PS/UV/ADOL HS START	26	IMURAN	26
GUARDIAN SENSOR 3	18	HUMIRA PEN-PSOR/UEVIT STARTER	26	IMVEXXY MAINTENANCE PACK	21
GVOKE HYPOPEN 1-PACK	18	HUMULIN 70/30 KWIKPEN	19	IMVEXXY STARTER PACK	21
GVOKE HYPOPEN 2-PACK	18	HUMULIN 70/30 VIAL	19	INBRIJA	12
GVOKE KIT	18	HUMULIN N KWIKPEN	19	incassia	23
GVOKE PFS	18	HUMULIN N VIAL	19	INDERAL LA	13
GYNAZOLE-1	11	HUMULIN R U-500 KWIKPEN	19	indomethacin oral	8

H

HADLIMA	26	hydrocodone-acetaminophen oral tablet	8	INSULIN LISPRO JUNIOR KWIKPEN	19
HAEGARDA	26	hydrocortisone external cream 1 %	16	INSULIN LISPRO KWIKPEN	19
hailey 1.5/30	23	hydrocortisone external cream 2.5 %	16	INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	19
hailey 24 fe	23	hydrocortisone external ointment 1 %, 2.5 %	16	INSULIN LISPRO VIAL	19
hailey fe 1/20	23	hydrocortisone oral	25	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	18
hailey fe 1.5/30	23	hydromorphone hcl oral tablet	8	INTUNIV	15
HALCION	13	hydroxychloroquine sulfate oral	12	INVELTYS	27
haloette	23	hydroxyzine hcl oral tablet	13	ipratropium bromide nasal	29
HARVONI ORAL TABLET	12	hydroxyzine pamoate oral	13	ipratropium-albuterol	30
HEALTHPRO BLOOD GLUCOSE MONITO	18	HYFTOR	26	irbesartan	13
heather	23	HYZAAR	13	irbesartan-hydrochlorothiazide	13
HEMADY	25			isibloom	23
HEMLIBRA	20			isosorbide mononitrate er	13
HEMOFIL M	20			ISTALOL	28
HIDEX 6-DAY	25				
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 TEMPO PEN	19				
HUMALOG U-100 JUNIOR KWIKPEN	19				
HUMALOG VIAL	19				
HUMATE-P	20				
HUMIRA	26				
HUMIRA PEDIATRIC CROHNS START	26				

I

IBRANCE ORAL CAPSULE	11	IBRANCE ORAL CAPSULE	11	jantoven	9
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8	ILEVRO	27	JARDIANCE	20
ICLUSIG ORAL TABLET 10 MG, 30 MG	11			jasmiel	23
ICLUSIG ORAL TABLET 15 MG, 45 MG	11			jencycla	23
IDHIFA	11			JENTADUETO	20
JULEBER	23			JENTADUETO XR	20
JULUCA	12			JORNAY PM	15
junel 1/20	23			juleber	23
junel 1.5/30	23			JUNEL	12

J

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



junel fe 1/20	23	LANTUS SOLOSTAR	19	LO LOESTRIN FE	24
junel fe 1.5/30	23	LANTUS U-100 VIAL	19	lo-zumandimine	24
junel fe 24	24	larin 1/20	24	LOESTRIN 1/20 (21)	24
K					
K-TAB	21	larin 1.5/30	24	LOESTRIN 1.5/30 (21)	24
kalliga	24	larin 24 fe	24	LOESTRIN FE 1/20	24
KAZANO	20	larin fe 1/20	24	LOESTRIN FE 1.5/30	24
KEPPRA ORAL TABLET	10	larin fe 1.5/30	24	LOKELMA	21
KESIMPTA	15	LASIX	14	LOPID	14
ketoconazole external cream	11	LASTACRAFT	27	LOPRESSOR	14
ketoconazole external shampoo	11	latanoprost ophthalmic	28	lorazepam oral tablet	13
ketorolac tromethamine oral	8	LATUDA	12	loryna	24
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	LEDIPASVIR-SOFOSBUVIR	12	losartan potassium oral	14
KINERET	26	lenalidomide	11	losartan potassium-hctz	14
KITABIS PAK	30	lessina	24	LOTEMAX OPHTHALMIC GEL	28
KLARITY-A	27	letrozole oral	11	LOTEMAX OPHTHALMIC OINTMENT	28
KLISYRI	16	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30	LOTEMAX OPHTHALMIC SUSPENSION	28
KLONOPIN	13	levetiracetam oral tablet	10	LOTEMAX SM	28
klor-con 10	21	levo-t	25	LOTENSIN	14
klor-con m10	21	levocetirizine dihydrochloride oral tablet	29	loteprednol etabonate	28
klor-con m15	21	levofloxacin oral tablet	9	LOTREL	14
klor-con m20	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24	lovastatin oral	14
klor-con oral tablet extended release	21	levora 0.15/30 (28)	24	LOVAZA	14
KLOXXADO	8	levothyroxine sodium oral tablet	25	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	9
KOATE	20	levoxyl	25	LUMAKRAS	11
KOATE-DVI	20	LEXAPRO	10	LUMIGAN	28
KOGENATE FS	20	LIALDA	27	LUNESTA	31
KOSELUGO	11	lidocaine external patch 5 %	8	LUPKYNIS	26
KOVALTRY	20	lidocaine hcl mouth/throat	15	lurasidone hcl	12
KRINTAFEL	12	lidocaine viscous hcl	15	lutera	24
kurvelo	24	LIDODERM	8	lyleq	24
KYNMOBI	12	LINZESS	22	lyllana	24
L					
labetalol hcl oral	13	liothyronine sodium oral	26	LYNPARZA	11
LAMICTAL ORAL TABLET	10	LIPITOR	14	LYRICA ORAL CAPSULE	15
lamotrigine oral tablet	10	lisinopril oral	14	LYUMJEV KWIKPEN	19
LANREOTIDE ACETATE	25	lisinopril-hydrochlorothiazide	14	LYUMJEV TEMPO PEN	19
		lithium carbonate er	13	LYUMJEV VIAL	19
		lithium carbonate oral capsule	13	lyza	24
		LITHOBID	13		

M

MACROBID 9

MACRODANTIN 9

marlissa 24

MAVENCLAD 15

MAVYRET ORAL PACKET 12

MAXALT 11

MAXITROL OPHTHALMIC
SUSPENSION 0.1 % 28

MAXZIDE 14

MAXZIDE-25 14

MAYZENT STARTER PACK 15

MEDROL ORAL TABLET THERAPY
PACK 25

medroxyprogesterone acetate
intramuscular suspension prefilled
syringe 24

medroxyprogesterone acetate oral . . 24

meloxicam oral tablet 8

MENOSTAR 24

mesalamine oral tablet delayed
release 27

metformin hcl er 20

metformin hcl er (mod) 20

metformin hcl er (osm) 20

metformin hcl oral tablet 20

methimazole oral 26

methocarbamol oral 30

methotrexate oral 26

methotrexate sodium oral 26

methylphenidate hcl er (cd) 15

methylphenidate hcl er (la) 15

methylphenidate hcl er (osm) oral
tablet extended release 18 mg,
27 mg, 36 mg, 54 mg, 72 mg 15

METHYLPHENIDATE HCL ER
(OSM) ORAL TABLET EXTENDED
RELEASE 45 MG, 63 MG 15

methylphenidate hcl er (xr) 15

methylphenidate hcl er oral tablet
extended release 15

methylphenidate hcl oral tablet 15

methylprednisolone oral tablet
therapy pack 25

metoclopramide hcl oral tablet 10

metoprolol succinate er 14

metoprolol tartrate oral 14

METROCREAM 16

metronidazole external cream 16

metronidazole oral tablet 9

metronidazole vaginal 9

MICARDIS 14

MICRODOT TEST 18

microgestin 1/20 24

microgestin 1.5/30 24

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

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

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

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

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

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

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 ntwam koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមទាក់ទងភាសាដទៃទៀតក្នុងចំណុះ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតគិតក្នុងរង្វង់ ដល់មានលេខស័ព្ទសម្រាប់បណ្តាញសេវាសម្រាប់អ្នក។

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

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

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

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