



# Your 2022 Prescription Drug List

## Essential 4-Tier

Effective May 1, 2022



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, All Savers, Golden Rule, Neighborhood Health Plan and River Valley medical plans with a pharmacy benefit subject to the Essential 4-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 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) 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 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.

## 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	<b>\$ Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

## Drug list information

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

<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>NF</b>	<b>Non-Formulary</b> Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
<b>PA</b>	<b>Prior Authorization</b> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>SP</b>	<b>Specialty Medication</b> —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

# 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. This is not a covered benefit for Neighborhood Health Plan.

- **Medications for sexual dysfunction**

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

## Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
AGONEAZE	NF	
ANODYNE LPT	NF	
apap-caff-dihydrocodeine oral capsule	NF	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	NF	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	NF	QL
DILAUDID ORAL	4	
DUROLANE	NF	
EHA	NF	
endocet	1	
ESGIC	4	QL
EUFLEXXA	NF	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NF	PA, ST, QL
FIORICET	4	QL
GELSYN-3	NF	
GEN7T	NF	
HYALGAN	NF	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	NF	PA, ST, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	NF	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	NF	PA, ST, QL
LIDO BDK	NF	
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lidocaine-prilocaine external kit	NF	
LIDOCANNA	NF	
LIDODERM	NF	PA, QL
LIDOPRIL	NF	
LIDOPRIL XR	NF	
LIDO-PRILO CAINE PACK	NF	
LIVIXIL PAK	NF	
LORTAB	4	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	NF	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	NF	QL
OXYCODONE HCL ER	NF	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	

See page 6, 7 for coverage details. Drugs listed as 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
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	NF	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	NF	
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	NF	QL
OXYCONTIN	NF	PA, ST, QL
PERCOCET	NF	
premium lidocaine	2	QL
PRILO PATCH	NF	
PRILO PATCH II	NF	
PRILOLID	NF	
PRILOVIX	NF	
PRILOVIX LITE	NF	
PRILOVIX LITE PLUS	NF	
PRILOVIX PLUS	NF	
PRILOVIX ULTRALITE	NF	
PRILOVIX ULTRALITE PLUS	NF	
PRIZOTRAL-II	NF	
PROLATE	NF	
QDOLO	NF	PA, QL
RELADOR PAK	NF	
RELADOR PAK PLUS	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG	NF	
ROXICODONE ORAL TABLET 5 MG	NF	QL
SUBSYS	NF	PA, QL
SUPARTZ FX	NF	
tramadol hcl er (biphasic)	NF	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	QL
tramadol hcl er oral tablet extended release 24 hour	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
TREZIX	NF	QL
TRILURON	NF	
ULTRAM	NF	
VEXATROL	NF	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	4	QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CATAFLAM	NF	
CELEBREX	NF	QL
celecoxib oral	2	QL
diclofenac potassium oral tablet 25 mg	NF	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	NF	
diclofenac sodium external solution	NF	
diclofenac sodium oral	1	
DICLOFONO	NF	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen	1	
ENOVARX-DICLOFENAC SODIUM	NF	
etodolac	1	
etodolac er	1	
ibuprofen oral suspension 100 mg/5ml	NF	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL	NF	PA
INDOCIN RECTAL	3	PA
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	NF	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	NF	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
ketorolac tromethamine oral	1	
LODINE	NF	
meloxicam oral capsule	NF	QL
meloxicam oral tablet	1	
MOBIC	NF	
nabumetone oral	1	
NAPRELAN	NF	
NAPROSYN ORAL SUSPENSION	NF	PA
NAPROSYN ORAL TABLET	NF	
naproxen oral suspension	NF	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	NF	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	NF	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	NF	
RELAFEN	NF	
RELAFEN DS	NF	
SPRIX	NF	ST, QL
TIVORBEX	NF	
VALCOPREP-100	NF	
VENNGEL ONE	NF	
VIVLODEX	NF	QL
ZIPSOR	NF	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
APO-VARENICLINE	NF	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	NF	PA, QL
varenicline tartrate	3	PA, H
ZUBSOLV	2	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	NF	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	NF	
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	NF	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	NF	PA
DIFICID	4	QL
DIFICID ORAL TABLET	4	QL
DORYX	NF	
DORYX MPC	NF	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	NF	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	NF	
KEFLEX	4	
levofloxacin oral	1	
LYMEPAK	NF	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	PA
minocycline hcl er oral tablet extended release 24 hour	NF	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	NF	
MINOLIRA	NF	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	NF	
mupirocin calcium	3	QL
mupirocin external	1	QL
NUVESSA	NF	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SOLODYN	NF	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	NF	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	

Drug Name	Drug Tier	Requirements & Limits
XENLETA ORAL	4	
XEPI	3	QL
XIMINO	NF	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	NF	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT	NF	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	NF	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
DIASTAT ACUDIAL	4	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	NF	PA, ST
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
KEPPRA ORAL	NF	PA, ST
KEPPRA XR	NF	PA, ST
LAMICTAL	NF	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	PA, ST
LAMICTAL XR ORAL KIT	NF	PA, ST
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	PA
lamotrigine er	NF	PA
lamotrigine oral kit	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	NF	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	NF	PA, ST
oxcarbazepine	1	
OXTELLAR XR	NF	ST
QUDEXY XR	NF	ST
roweepra	1	
SPRITAM	NF	ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	NF	
TEGRETOL-XR	NF	
TOPAMAX	NF	PA, ST
TOPAMAX SPRINKLE	NF	PA, ST
topiramate er	NF	ST
topiramate oral	1	
TRILEPTAL	NF	PA, ST
TROKENDI XR	NF	ST
VALTOCO	3	PA, QL
VIMPAT ORAL SOLUTION	3	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI	NF	PA

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	NF	PA, ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	NF	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	NF	
donepezil hcl oral tablet dispersible	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide	1	
CYMBALTA	NF	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
EFFEXOR XR	NF	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	NF	
fluvoxamine maleate	1	
fluvoxamine maleate er	4	QL

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Drug Name	Drug Tier	Requirements & Limits
FORFIVO XL	NF	QL
LEXAPRO	NF	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	NF	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	3	
paroxetine hcl oral tablet	1	
PAXIL CR	NF	QL
PAXIL ORAL SUSPENSION	4	
PAXIL ORAL TABLET	NF	
PRISTIQ	NF	QL
PROZAC	NF	
REMERON	NF	
REMERON SOLTAB	NF	
SERTRALINE HCL ORAL CAPSULE	NF	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	NF	QL
VIIBRYD	4	QL
VIIBRYD STARTER PACK	4	
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT	NF	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
BONJESTA	NF	PA
DICLEGIS	NF	PA
doxylamine-pyridoxine	NF	PA
GIMOTI	NF	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	NF	
ondansetron hcl oral	1	
ondansetron odt	1	

Drug Name	Drug Tier	Requirements & Limits
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	NF	
ZOFRAN	NF	
ZUPLENZ	NF	QL
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	NF	
CRESEMBA ORAL	3	
DIFLUCAN	NF	
EXTINA	4	ST
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	NF	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	NF	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	NF	
colchicine oral tablet	NF	
COLCRYS	NF	
febuxostat	4	ST, QL
GLOPERBA	4	PA

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Drug Name	Drug Tier	Requirements & Limits
MITIGARE	2	
ULORIC	NF	ST, QL
ZYLOPRIM	4	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	3	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
AMERGE	NF	QL
eletriptan hydrobromide	3	QL
EMGALITY	3	PA, ST, QL
EMGALITY (300 MG DOSE)	3	PA, ST, QL
IMITREX ORAL	NF	QL
IMITREX STATDOSE REFILL	NF	QL
IMITREX STATDOSE SYSTEM	NF	QL
IMITREX SUBCUTANEOUS	NF	QL
MAXALT	NF	QL
MAXALT-MLT	NF	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	NF	QL
RELPAK	NF	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	3	PA, ST, QL
ZEMBRACE SYMTOUCH	NF	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	NF	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
zolmitriptan solution 5 mg nasal	NF	ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	ST, QL
ZOMIG NASAL SOLUTION 5 MG	2	ST, QL
ZOMIG ORAL	NF	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
ARIMIDEX	NF	
bexarotene	NF	SP
CALQUENCE	3	PA, QL, SP
capecitabine	2	QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA	3	PA, QL, SP
FEMARA	NF	
fluorouracil external solution	1	
GAVRETO	NF	PA, QL, SP
IBRANCE	3	PA, QL, SP
IDHIFA	3	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	H-PA
LYNPARZA	3	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP
ORGOVYX	4	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK	3	PA, QL, SP
SOLTAMOX	NF	
STIVARGA	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	4	QL, SP
TARGRETIN ORAL	3	SP
TASIGNA	3	PA, ST, QL, SP
UKONIQ	NF	PA, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XELODA	NF	QL, SP
ZEJULA	3	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	
hydroxychloroquine sulfate oral tablet 200 mg	1	
KRINTAFEL	1	QL

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Drug Name	Drug Tier	Requirements & Limits
MALARONE	4	
permethrin external	1	
PLAQUENIL	NF	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
APOKYN	NF	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	4	PA, QL, SP
KYNMOBI TITRATION KIT	4	PA, SP
MIRAPEX ER	NF	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	NF	
ropinirole hcl	1	
ropinirole hcl er	NF	
RYTARY	NF	
SINEMET	4	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	NF	
ZONTIVITY	4	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	NF	QL
ABILIFY MYCITE	NF	PA, QL
ABILIFY MYCITE MAINTENANCE KIT	NF	PA, QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 5 MG	NF	PA, QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 30 MG	NF	PA, QL
aripiprazole oral solution	4	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	NF	QL
asenapine maleate	NF	QL
GEODON ORAL	NF	QL
LATUDA	NF	QL

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
PERSERIS	NF	
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	NF	
risperidone	1	
SAPHRIS	NF	QL
SEROQUEL	NF	
SEROQUEL XR	NF	QL
VRAYLAR	NF	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	NF	QL
ZYPREXA ZYDIS	NF	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	NF	ST, QL
BARACLUDE ORAL SOLUTION	3	SP
BARACLUDE ORAL TABLET	NF	SP
CIMDUO	2	QL
DESCOVY	NF	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	NF	ST, QL
efavirenz-lamivudine-tenofovir	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
entecavir	3	SP
EPCLUSA ORAL PACKET	2	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL PACKET	3	QL
HARVONI ORAL TABLET	3	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL TABLET	3	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	NF	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	NF	QL
TEMIXYS	NF	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	NF	QL
valacyclovir hcl oral	1	QL
VALTREX	NF	QL
VEMLIDY	NF	ST, SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	QL

Drug Name	Drug Tier	Requirements & Limits
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL
ZEPATIER	3	PA, QL, SP
ZOVIRAX ORAL	4	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	NF	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	NF	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	
XANAX XR	NF	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	NF	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	

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Drug Name	Drug Tier	Requirements & Limits
ALTOPREV	NF	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	NF	
AVAPRO	NF	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	NF	
BENICAR HCT	NF	
BETAPACE	NF	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	NF	
CALAN SR	4	
CARDIZEM	NF	
CARDIZEM CD	NF	
CARDIZEM LA	NF	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	NF	
COREG	NF	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	NF	
CRESTOR	NF	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
dilt-xr	1	
DIOVAN	NF	
DIOVAN HCT	NF	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
EPANED	4	PA
EXFORGE	NF	
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	NF	
fenofibrate oral capsule 150 mg, 50 mg	NF	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
FENOGLIDE	NF	
flecainide acetate	1	
FLOLIPID	4	PA
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	NF	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	NF	
icosapent ethyl	NF	PA
INDERAL LA	NF	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	4	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	NF	QL
LIPOFEN	NF	
lisinopril oral	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lisinopril-hydrochlorothiazide	1		NITROMIST	4	QL
LOPID	4		NITROSTAT	4	
LOPRESSOR	4		NITRO-TIME	3	
losartan potassium oral	1		NORVASC	NF	
losartan potassium-hctz	1		olmesartan medoxomil oral	2	
LOTENSIN	4		olmesartan medoxomil-hctz	2	
LOTENSIN HCT	4		omega-3-acid ethyl esters	2	
LOTREL	NF		PACERONE ORAL TABLET 100 MG, 400 MG	3	
lovastatin oral	1	H	PACERONE ORAL TABLET 200 MG	4	
LOVAZA	NF		PRALUENT	NF	PA, ST, QL
matzim la	2		pravastatin sodium	1	
MAXZIDE	4		prazosin hcl oral	1	
MAXZIDE-25	4		PRINIVIL	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PROCARDIA XL	NF	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		propranolol hcl er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		propranolol hcl oral	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF		QBRELIS	4	PA
MICARDIS	NF		quinapril hcl	1	
MINIPRESS	4		ramipril	1	
MULTAQ	NF	PA	RANEXA	NF	
nadolol oral	1		ranolazine er	2	
nebivolol hcl	NF		REPATHA	2	PA, ST, QL
NEXLETOL	2	PA, ST, QL	REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL	REPATHA SURECLICK	2	PA, ST, QL
niacin (antihyperlipidemic)	NF		rosuvastatin calcium	2	QL
niacin er (antihyperlipidemic)	3		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
niacor	NF		simvastatin oral tablet 80 mg	1	
NIASPAN	NF		sotalol hcl oral	1	
nifedipine er	1		SOTYLIZE	4	PA
nifedipine er osmotic release	1		spironolactone oral	1	
nifedipine oral	1		TEKTURNA	NF	
NITRO-BID	2		TEKTURNA HCT	NF	
NITRO-DUR	3		telmisartan	2	
nitroglycerin sublingual	1		TENORETIC 100	NF	
nitroglycerin transdermal	1		TENORETIC 50	NF	
nitroglycerin translingual	NF	QL	TENORMIN	NF	
NITROLINGUAL	NF	QL	THALITONE	NF	
			TOPROL XL	NF	
			torseamide	1	

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Drug Name	Drug Tier	Requirements & Limits
triamterene-hctz	1	
TRICOR	NF	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	NF	PA
VASOTEC	NF	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VERQUVO	NF	PA, QL
VYTORIN	NF	
WELCHOL	2	
ZESTORETIC	NF	
ZESTRIL	NF	
ZETIA	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	NF	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	NF	
ADDERALL XR	2	QL
ADHANSIA XR	NF	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	NF	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
CONCERTA	2	QL
DEXEDRINE	NF	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet	NF	
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	QL
INTUNIV	NF	QL
JORNAY PM	NF	QL
METHYLIN	NF	
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 (xr)	NF	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	NF	QL
methylphenidate hcl er oral tablet extended release 24 hour	NF	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	NF	QL
PROCENTRA	NF	
QUILLICHEW ER	NF	QL
QUILLIVANT XR	NF	QL
relexxii	NF	QL
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA	NF	QL
VYVANSE	NF	QL
ZENZEDI	NF	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	NF	PA, QL, SP
AUBAGIO	4	PA, QL, SP
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
dalfampridine er	3	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
GILENYA	4	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP
REBIF	NF	PA, QL, SP
REBIF REBIDOSE	NF	PA, QL, SP
REBIF REBIDOSE TITRATION PACK	NF	PA, QL, SP
REBIF TITRATION PACK	NF	PA, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	3	PA, QL, SP
EXSERVAN	NF	PA, SP
LYRICA	NF	PA, ST, QL
LYRICA CR	NF	ST, QL
NUDEXTA	2	PA, QL
pregabalin er	NF	ST, QL
pregabalin oral capsule	2	QL
pregabalin oral solution	NF	QL
RILUTEK	NF	SP
riluzole	1	SP
TIGLUTIK	4	PA
ZEPOSIA	4	PA, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, QL, SP
ZEPOSIA STARTER KIT	4	PA, QL, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	

Drug Name	Drug Tier	Requirements & Limits
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	NF	PA
acutane	NF	
ACZONE	NF	QL
ADVANCED ALLERGY COLLECTION	NF	
ALA SCALP	4	
ala-cort external cream 1 %	NF	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	NF	PA, QL
amnestem	NF	
AMZEEQ	NF	PA, QL
ATRALIN	NF	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	NF	
AVAR-E EMOLLIENT	NF	
AVAR-E GREEN	NF	

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Drug Name	Drug Tier	Requirements & Limits
AVAR-E LS	NF	
AVITA	NF	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	NF	
calcipotriene-betameth diprop external ointment	NF	QL
calcipotriene-betameth diprop external suspension	NF	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	NF	
claravis	2	
CLENIA PLUS	NF	
CLEOCIN-T	NF	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	NF	(generic for Clindagel), QL

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	NF	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	NF	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	NF	QL
clobetasol propionate external solution	1	QL
CLOBEX	NF	QL
CLOBEX SPRAY	NF	QL
clodan external shampoo	NF	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	NF	QL
DAPSONE EXTERNAL GEL 7.5 %	NF	QL
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
DESONATE	NF	ST, QL
desonide external cream	3	QL
desonide external gel	NF	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
desrx	NF	ST, QL
DIPROLENE	4	
DIPROLENE AF	4	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA, ST, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, ST, QL, SP
EFUDEX	4	
ENSTILAR	4	QL

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Drug Name	Drug Tier	Requirements & Limits
EUCRISA	3	ST, QL
EVOCLIN	NF	
FINACEA	4	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	NF	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	NF	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	NF	QL
imiquimod external cream 5 %	1	QL
IMIQUIMOD PUMP	NF	QL
IMPEKLO	NF	QL
IMPOYZ	NF	QL
isotretinoin capsule 10 mg oral	2	(Amneal)
isotretinoin capsule 20 mg oral	2	(Amneal)
isotretinoin capsule 30 mg oral	2	(Amneal)
isotretinoin capsule 40 mg oral	2	(Amneal)
isotretinoin oral capsule 25 mg, 35 mg	NF	PA
ivermectin external cream	NF	QL
KENALOG EXTERNAL	NF	QL
KLISYRI	4	ST, QL
METROCREAM	4	
METROGEL	NF	

Drug Name	Drug Tier	Requirements & Limits
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	NF	
metronidazole external lotion	1	
MIRVASO	4	PA, QL
mometasone furoate external	1	
myorisan	NF	
neuac external gel	3	QL
NORITATE	NF	
OLUX	NF	QL
PICATO EXTERNAL GEL 0.015 %, 0.05 %	NF	QL
PLEXION	NF	
PLEXION CLEANSER	NF	
PLEXION CLEANSING CLOTH	NF	
RETIN-A	NF	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	NF	QL
SOOLANTRA	4	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	NF	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	

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Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external suspension 8-4 %	NF	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	NF	
sulfamez wash	1	
SUMADAN WASH	NF	
SUMAXIN	NF	
SYNALAR	NF	QL
TACLONEX	NF	QL
tazarotene external cream	NF	PA, QL
TAZORAC	NF	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
tretinoin external cream	3	PA, QL
tretinoin external gel 0.01 %	NF	PA, QL
tretinoin external gel 0.05 %	NF	PA, QL
tretinoin gel 0.025 % external	NF	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbase	NF	
TRIANEX	NF	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
tritocin	NF	
VANOS	NF	QL
VECTICAL	NF	QL
VERDESO	NF	QL
WYNZORA	NF	QL
zenatane	NF	
ZILXI	NF	PA, ST, QL
ZYCLARA	NF	QL
ZYCLARA PUMP	NF	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK COMPACT PLUS TEST STRIPS	NF	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 ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	NF	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	NF	
CONTOUR MONITOR KIT W/DEVICE	NF	
CONTOUR NEXT BLOOD GLUCOSE METER	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CVS GLUCOSE METER TEST STRIPS	NF	QL	KROGER TEST	NF	QL
D-CARE BLOOD GLUCOSE	NF	QL	MICRODOT TEST	NF	QL
D-CARE GLUCOMETER	NF		MINILINK REAL-TIME TRANSMITTER	NF	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL	MM EASY TOUCH GLUCOSE METER	NF	
DEXCOM G5 MOBILE TRANSMITTER	3	PA	NEUTEK 2TEK TEST	NF	QL
DEXCOM G6 SENSOR	3	PA, QL	NOVOFINE AUTOCOVER PEN NEEDLE	2	
DEXCOM RECEIVER KIT DEVICE	3	PA, QL	NOVOFINE PEN NEEDLE	2	
EASY TOUCH TEST	NF	QL	NOVOFINE PLUS PEN NEEDLE	2	
EASYMAX 15 TEST	NF	QL	NOVOTWIST	2	
EASYMAX NG BLOOD GLUCOSE	NF		ONETOUCH DELICA PLUS LANCETS	1	
EASYMAX V BLOOD GLUCOSE	NF		ONETOUCH ULTRA 2 KIT W/DEVICE	NF	
ENLITE GLUCOSE SENSOR	3	PA	ONETOUCH ULTRA MINI KIT W/DEVICE	NF	
EQ BLOOD GLUCOSE TEST	NF	QL	ONETOUCH ULTRA TEST STRIPS	1	QL
EXACTECH R-S-G TEST	NF	QL	ONETOUCH ULTRALINK	NF	
EXACTECH TEST	NF	QL	ONETOUCH ULTRASOFT LANCETS	1	
FORTISCARE G1 TEST STRIP	NF	QL	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	NF	
FORTISCARE T1 GLUCOSE SYSTEM	NF		ONETOUCH VERIO IQ SYSTEM	NF	
FORTISCARE TEST	NF	QL	ONETOUCH VERIO KIT W/DEVICE	NF	
FREESTYLE LIBRE 14 DAY READER	3	PA	ONETOUCH VERIO REFLECT	NF	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA	ONETOUCH VERIO SYNC SYSTEM	NF	
FREESTYLE LIBRE 2 READER	3	PA	ONETOUCH VERIO TEST STRIPS	1	QL
FREESTYLE LIBRE 2 SENSOR	3	PA	OPTIUM BLOOD GLUCOSE MONITOR	NF	
FREESTYLE LIBRE READER	3	PA, QL	OPTIUM GLUCOSE MONITOR SYSTEM	NF	
FREESTYLE LIBRE SENSOR SYSTEM	3	PA	OPTIUM TEST	NF	QL
FREESTYLE PRECISION NEO SYSTEM	NF		OPTIUMEZ TEST	NF	QL
FREESTYLE PRECISION NEO TEST	NF	QL	PARADIGM REAL-TIME TRANSMITTER	NF	
GUARDIAN LINK 3 TRANSMITTER	NF		PRECISION LINK	NF	
GUARDIAN REAL-TIME REPLACE PED	3	PA	PRECISION PCX	NF	QL
GUARDIAN SENSOR (3)	3	PA	PRECISION PCX PLUS TEST	NF	QL
IN TOUCH	1		PRECISION POINT OF CARE TEST	NF	QL
INSULIN PEN NEEDLES	2		PRECISION QID MONITOR	NF	
KROGER BLOOD GLUCOSE KIT	NF		PRECISION QID TEST	NF	QL

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Drug Name	Drug Tier	Requirements & Limits
PRECISION SOF-TACT MONITOR	NF	
PRECISION SOF-TACT TEST	NF	QL
PRECISION XTRA	NF	
PRECISION XTRA BLOOD GLUCOSE	NF	QL
PRECISION XTRA MONITOR	NF	
PREMIUM BLOOD GLUCOSE TEST	NF	QL
QUINTET AC BLOOD GLUCOSE	NF	
QUINTET AC BLOOD GLUCOSE TEST	NF	QL
QUINTET BLOOD GLUCOSE SYSTEM	NF	
QUINTET BLOOD GLUCOSE TEST	NF	QL
RELION BLOOD GLUCOSE TEST	NF	QL
RELION TRUE MET AIR GLUC METER	NF	
RELION TRUE METRIX TEST STRIPS	NF	QL
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
SURESTEP PRO LINEARITY	1	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER KIT	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TRUETRACK BLOOD GLUCOSE DEVICE	NF	
TRUETRACK TEST	NF	QL
ULTIMA	NF	
UNISTRIP1 GENERIC	NF	QL
<b>Diabetes - Insulin</b>		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
AFREZZA	NF	PA, QL
BASAGLAR KWIKPEN	NF	QL

Drug Name	Drug Tier	Requirements & Limits
HUMALOG	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
HUMULIN R VIAL	2	QL
INSULIN ASPART	NF	ST, QL
INSULIN ASPART FLEXPEN	NF	ST, QL
INSULIN ASPART PENFILL	NF	ST, QL
INSULIN LISPRO	NF	QL
INSULIN LISPRO (1 UNIT DIAL)	NF	QL
INSULIN LISPRO JUNIOR KWIKPEN	NF	QL
INSULIN LISPRO PROT & LISPRO	NF	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LEVEMIR U-100 FLEXTOUCH	NF	QL
LEVEMIR U-100 VIAL	NF	ST, QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN	NF	ST, QL
NOVOLIN R FLEXPEN RELION	NF	ST, QL
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
NOVOLOG FLEXPEN	NF	ST, QL
NOVOLOG FLEXPEN RELION	NF	ST, QL
NOVOLOG PENFILL	NF	ST, QL
NOVOLOG RELION	NF	ST, QL
NOVOLOG U-100 VIAL	NF	ST, QL
SEMGLEE	NF	QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
TRESIBA	NF	QL
TRESIBA FLEXTOUCH	NF	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	NF	QL
ADLYXIN	NF	PA, ST, QL
ADLYXIN STARTER PACK	NF	PA, ST, QL
ALOGLIPTIN BENZOATE	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL
AMARYL	NF	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA, ST, QL
BYETTA 10 MCG PEN	3	PA, ST, QL
BYETTA 5 MCG PEN	3	PA, ST, QL
FARXIGA	NF	ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg	2	(Fresenius), QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	NF	(Eli Lilly), QL
GLUCOTROL XL	4	
GLUMETZA	NF	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	NF	QL
GVOKE HYOPEN 2-PACK	NF	QL
GVOKE PFS	NF	QL

Drug Name	Drug Tier	Requirements & Limits
JANUVIA	NF	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	3	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	NF	
RYBELSUS	3	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	NF	QL
SYMLINPEN 60	NF	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	3	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, QL
ZEGALOGUE	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	3	SP
ARANESP (ALBUMIN FREE)	3	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	NF	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
HEMOFIL M	3	SP
HUMATE-P	3	SP
JIVI	4	PA, SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	4	
NOVOEIGHT	3	SP
NUWIQ	3	SP
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
WILATE	3	
ZARXIO	3	
ZIEXTENZO	4	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	4	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	NF	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	
STENDRA	4	PA
tadalafil oral tablet 10 mg, 20 mg	2	
tadalafil oral tablet 2.5 mg, 5 mg	2	ST
VIAGRA	NF	
VYLEESI	4	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	4	

Drug Name	Drug Tier	Requirements & Limits
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid injection	NF	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
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	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
NASCOBAL	4	
POLY-VI-FLOR	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 chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA GUMMIES	NF	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	

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Drug Name	Drug Tier	Requirements & Limits
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL	3	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	NF	QL
ACIPHEX SPRINKLE	NF	QL
CARAFATE	NF	
CYTOTEC	4	
DEXILANT	NF	QL
FIRST-OMEPRAZOLE	3	PA
GIALAX	NF	
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	NF	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL	NF	
PYLERA	NF	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	NF	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	NF	PA, ST, QL
URSO 250	NF	
URSO FORTE	NF	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	NF	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	4	PA, QL
XIFAXAN	NF	PA, QL
ZELNORM	3	PA, ST, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	PA, SP
CREON	2	
CUPRIMINE	NF	SP
DEPEN TITRATABS	3	SP
ENDARI	4	PA, QL
nitisinone	NF	PA, SP
NITYR	NF	PA, SP
ORFADIN	3	PA, SP
PANCREAZE	NF	ST

See page 6, 7 for coverage details. Drugs listed as 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
penicillamine oral capsule	NF	SP
penicillamine oral tablet	2	SP
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
SYPRINE	NF	PA, SP
TEGSEDI	3	PA, QL, SP
trientine hcl	4	PA, SP
VIOKACE	4	ST
ZENPEP	2	

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

AURYXIA	3	
DITROPAN XL	NF	
GELNIQUE	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
THIOLA	4	SP
THIOLA EC	4	SP
TOVIAZ	NF	
VELPHORO	2	

#### Genitourinary Agents - Drugs for Prostate Conditions

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

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

afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
ANNOVERA	3	QL
apri	1	H

Drug Name	Drug Tier	Requirements & Limits
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	2	
BEYAZ	NF	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	NF	
charlotte 24 fe	NF	
chateal	1	H
chateal eq	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	QL

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Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	NF	QL
drosipren-eth estrad-levomefol	NF	
drosiprenone-ethinyl estradiol	NF	
DUAVEE	NF	QL
ELESTRIN	3	
elinest	1	H
eluryng	NF	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	NF	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
ESTRING	2	QL

Drug Name	Drug Tier	Requirements & Limits
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	NF	
EVAMIST	2	
falmina	1	H
fayosim	NF	
femynor	1	H
FIRST-PROGESTERONE VGS	NF	
gemmily	NF	
hailey 1.5/30	2	
hailey 24 fe	3	
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	NF	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	NF	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	NF	

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Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	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
lillow	1	H
LO LOESTRIN FE	NF	
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
lojaimiess	NF	
loryna	NF	
LOSEASONIQUE	NF	
low-ogestrel	1	H
lo-zumandimine	NF	
lutura	1	H
lyleq	1	H
lyllana	NF	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
merzee	NF	
mibelas 24 fe	NF	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	3	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	NF	
MINIVELLE	NF	QL
MIRCETTE	NF	

Drug Name	Drug Tier	Requirements & Limits
mono-lynyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	NF	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	NF	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	NF	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
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
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	NF	
orsythia	1	H
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	NF	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	NF	
previfem	1	H
PROVERA	4	
QUARTETTE	NF	
reclipsen	1	H

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Drug Name	Drug Tier	Requirements & Limits
rivelsa	NF	
SAFYRAL	NF	
SEASONIQUE	NF	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
taysofy	NF	
TAYTULLA	NF	
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	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-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	NF	
VAGIFEM	NF	
vestura	NF	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H

Drug Name	Drug Tier	Requirements & Limits
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zarah	NF	
zumandimine	NF	
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	NF	PA
CORTEF	4	
DECADRON	NF	
DEXABLISS	NF	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	NF	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution 15mg/5mL	1	QL
prednisone intensol	1	
prednisone oral	1	
RAYOS	NF	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	NF	

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP	NF	
DDAVP PF	NF	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	NF	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	NF	PA, QL, SP
GENOTROPIN MINIQUICK	NF	PA, QL, SP
HUMATROPE	NF	PA, QL, SP
MYFEMBREE	2	PA, QL
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPPO	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
OMNITROPE	NF	PA, QL, SP
ORIAHNN	4	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	NF	SP
STIMATE	NF	
ZOMACTON	NF	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	NF	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL	NF	PA, QL
ANDROGEL PUMP	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	NF	PA, QL
NATESTO	NF	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	NF	
testosterone cypionate intramuscular	1	
testosterone transdermal	NF	PA, QL

Drug Name	Drug Tier	Requirements & Limits
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	NF	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	NF	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
TIROSINT	NF	
TIROSINT-SOL	NF	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ASTAGRAF XL	NF	
AZASAN	4	
azathioprine oral solution, oral tablet 50 mg	1	
azathioprine oral tablet 75 mg, 100 mg	3	
BERINERT	4	PA, ST, QL, SP
CELLCEPT	NF	
CIMZIA	NF	
CIMZIA PREFILLED KIT	3	PA, QL, SP
CIMZIA STARTER KIT	3	PA, QL, SP
CINRYZE	NF	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
cyclosporine modified	1	
EMPAVELI	3	PA, QL, SP
ENBREL MINI	NF	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	NF	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	PA, ST, QL, SP
ENBREL SURECLICK	NF	PA, ST, QL, SP
ENVARUSUS XR	NF	
FIRAZYR	3	PA, QL, SP
gengraf	1	
HAEGARDA	3	PA, QL, SP
HUMIRA	3	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	3	PA, QL, SP
HUMIRA PEN	3	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	3	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	3	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	3	PA, QL, SP
icatibant acetate	NF	PA, QL, SP
IMURAN	NF	
MAYZENT STARTER PACK	4	PA, QL, SP
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	3	
MYFORTIC	NF	
NEORAL	NF	
OLUMIANT ORAL TABLET	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL PACKET	4	PA
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	NF	
RASUVO	2	QL
REDITREX	NF	
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
sajazir	NF	PA, QL, SP
SIMPONI	3	PA, QL, SP
sirolimus oral solution	3	
sirolimus oral tablet	1	
SKYRIZI	3	PA, QL, SP
SKYRIZI (150 MG DOSE)	3	PA, QL, SP
SKYRIZI PEN	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	NF	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, ST, QL, SP
XELJANZ XR	3	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, ST, QL, SP
XOLAIR	4	PA, QL, SP
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	4	
CRINONE	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(Ferring)
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon)
novarel intramuscular solution reconstituted 10000 unit	1	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	
OVIDREL	4	
pregnyl	1	
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	NF	
AZULFIDINE	NF	
AZULFIDINE EN-TABS	NF	
budesonide er	NF	
budesonide oral	2	
CANASA	NF	
CORTIFOAM	2	
DELZICOL	NF	
DIPENTUM	NF	
ENTOCORT EC	NF	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	NF	
mesalamine er oral capsule 0.375 gm	NF	
mesalamine oral	NF	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	NF	
PENTASA	NF	
PROCORT	NF	

Drug Name	Drug Tier	Requirements & Limits
PROCTOFOAM HC	2	
SFROWASA	NF	
sulfasalazine oral	1	
UCERIS ORAL	NF	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	NF	QL
BONIVA	NF	
calcitriol oral	1	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
RAYALDEE	NF	
ROCALTROL	NF	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
TYMLOS	NF	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	NF	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	NF	QL
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-L	NF	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	

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Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE	NF	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	NF	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	NF	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	4	QL
VIGAMOX	NF	
ZYLET	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	NF	QL
BETIMOL	2	QL
bimatoprost ophthalmic	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	NF	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	4	
TIMOPTIC-XE	4	
TRAVATAN Z	NF	QL
travoprost (bak free)	NF	QL
VYZULTA	NF	ST, QL
XALATAN	NF	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	NF	PA, QL
CYCLOSPORINE IN KLARITY	NF	PA

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Drug Name	Drug Tier	Requirements & Limits
FLAREX	2	
RESTASIS	NF	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
XIIDRA	NF	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	NF	ST
ciprofloxacin-dexamethasone	NF	ST
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	NF	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	NF	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	NF	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	NF	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	NF	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	(generic for EpiPen), QL
EPIPEN 2-PAK	NF	QL
EPIPEN JR 2-PAK	NF	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	NF	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polster susp	NF	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	

Drug Name	Drug Tier	Requirements & Limits
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	NF	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TUSSICAPS	4	PA, QL
XHANCE	NF	QL
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO DIGIHALER	NF	QL
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NF	(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	NF	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	NF	QL

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Drug Name	Drug Tier	Requirements & Limits
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARMONAIR DIGIHALER	NF	QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	NF	QL
ASMANEX (14 METERED DOSES)	NF	QL
ASMANEX (30 METERED DOSES)	NF	QL
ASMANEX (60 METERED DOSES)	NF	QL
ASMANEX (7 METERED DOSES)	NF	QL
ASMANEX HFA	NF	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	NF	QL, RS
COMBIVENT RESPIMAT	4	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA	NF	
FASENRA PEN	4	PA, QL
FLEXICHAMBER	3	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	NF	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	NF	QL
INSPIRACHAMBER/LARGE	3	
INSPIRACHAMBER/MEDIUM	3	
INSPIRACHAMBER/MOUTHPIECE	3	
INSPIRACHAMBER/SMALL	3	
INSPIREASE	3	

Drug Name	Drug Tier	Requirements & Limits
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NF	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
PERFORMIST	NF	QL
PROAIR DIGIHALER	NF	QL
PROAIR HFA	NF	QL
PROAIR RESPICLICK	NF	QL
PROVENTIL HFA	NF	QL
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	NF	QL
QVAR REDHALER	NF	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	NF	QL
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	NF	QL, RS
XOPENEX HFA	NF	QL
YUPELRI	4	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	NF	PA, QL, SP
BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
KITABIS PAK	NF	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
PULMOZYME	3	PA, QL, SP
TOBI NEBULIZER	NF	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	NF	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NF	PA, QL, SP

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

ADEMPAS	3	PA, QL, SP
bosentan	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
TRACLEER	3	PA, QL, SP
TYVASO	3	PA, SP
TYVASO REFILL	3	PA, SP
TYVASO STARTER	3	PA, SP

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

AMRIX	NF	
baclofen oral	1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FEXMID	NF	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
SKELAXIN	NF	
SOMA	NF	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	NF	
ZANAFLEX	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
AMBIEN	NF	QL
AMBIEN CR	NF	QL
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
EDLUAR	NF	QL
eszopiclone	2	QL
LUNESTA	NF	QL
modafinil	2	PA, QL
PROVIGIL	NF	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
XYWAV	NF	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	NF	QL
ZOLPIMIST	4	ST, QL

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ASMANEX (30 METERED DOSES) . . . . .	38	azathioprine oral tablet 75 mg, 100 mg . . . . .	33		
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BETAPACE . . . . .	17	butalbital-apap-caffeine oral capsule 50-325-40 mg . . . . .	8	cefdinir . . . . .	10
BETASERON . . . . .	20	butalbital-apap-caffeine oral tablet . . . . .	8	cefuroxime axetil . . . . .	10
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bisoprolol-hydrochlorothiazide . . . . .	17	CALAN SR . . . . .	17	chateal . . . . .	29
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BONIVA . . . . .	35	calcitriol oral . . . . .	35	chlorthalidone . . . . .	17
BONJESTA. . . . .	13	CALQUENCE . . . . .	14	chorionic gonadotropin intramuscular. . . . .	34
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BRIVIACT . . . . .	11	carbamazepine er oral tablet extended release 12 hour. . . . .	11	CIMZIA . . . . .	33
BRONCHITOL . . . . .	38	carbamazepine oral . . . . .	11	CIMZIA PREFILLED KIT . . . . .	33
BRONCHITOL TOLERANCE TEST . . . . .	38	CARBATROL . . . . .	11	CIMZIA STARTER KIT. . . . .	33
budesonide er . . . . .	35	carbidopa-levodopa . . . . .	15	CINRYZE . . . . .	33
budesonide inhalation. . . . .	38	carbidopa-levodopa er . . . . .	15	CIPRO ORAL TABLET . . . . .	10
budesonide oral. . . . .	35	CARDIZEM. . . . .	17	CIPRODEX . . . . .	37
BUDESONIDE-FORMOTEROL FUMARATE . . . . .	38	CARDIZEM CD . . . . .	17	ciprofloxacin hcl ophthalmic . . . . .	35
buprenorphine hcl sublingual . . . . .	10	CARDIZEM LA . . . . .	17	ciprofloxacin hcl oral. . . . .	10
buprenorphine hcl-naloxone hcl . . . . .	10	CARDURA . . . . .	17	ciprofloxacin-dexamethasone . . . . .	37
bupropion hcl er (sr) . . . . .	12	CARETOUCH MONITOR SYSTEM . . . . .	23	cialopram hydrobromide . . . . .	12
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	12	CARETOUCH TEST . . . . .	23	claravis . . . . .	21
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	12	carisoprodol oral tablet 250 mg. . . . .	39	clarithromycin er . . . . .	10
bupropion hcl oral . . . . .	12	carisoprodol oral tablet 350 mg. . . . .	39	clarithromycin oral suspension reconstituted . . . . .	10
buspironone hcl oral . . . . .	16	CAROSPIR. . . . .	17	clarithromycin oral tablet . . . . .	10
butalbital-apap-caffeine oral capsule 50-300-40 mg . . . . .	8	cartia xt. . . . .	17	CLENIA PLUS . . . . .	21
		carvedilol . . . . .	17	CLENPIQ . . . . .	28
		CATAFLAM. . . . .	9	CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	10
		cavarest . . . . .	20		
		cefadroxil . . . . .	10		



CLEOCIN ORAL CAPSULE 75 MG . . . . .	10	COMBIVENT RESPIMAT . . . . .	38	cyclobenzaprine hcl er . . . . .	39
CLEOCIN-T. . . . .	21	CONCERTA . . . . .	19	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	39
CLIMARA . . . . .	29, 30	CONTOUR MONITOR DEVICE . . . . .	23	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	39
CLIMARA PRO . . . . .	29	CONTOUR MONITOR KIT W/DEVICE . . . . .	23	CYCLOSPORINE IN KLARITY . . . . .	36
clindacin etz external swab . . . . .	21	CONTOUR NEXT BLOOD GLUCOSE METER . . . . .	23	cyclosporine modified . . . . .	34
clindacin-p . . . . .	21	CONTOUR NEXT EZ KIT W/DEVICE . . . . .	23	CYMBALTA. . . . .	12
CLINDAGEL . . . . .	21	CONTOUR NEXT LINK KIT W/DEVICE . . . . .	23	cyproheptadine hcl oral . . . . .	37
clindamycin hcl oral . . . . .	10	CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	23	cyred. . . . .	29
clindamycin phos-benzoyl perox external gel 1.2-5 % . . . . .	21	CONTOUR NEXT ONE KIT. . . . .	23	cyred eq . . . . .	29
clindamycin phosphate external foam . . . . .	21	CONTOUR NEXT TEST STRIPS . . . . .	23	CYTOMEL . . . . .	33
clindamycin phosphate external lotion. . . . .	21	CONTOUR TEST STRIPS. . . . .	23	CYTOTEC. . . . .	28
clindamycin phosphate external solution. . . . .	21	CONZIP . . . . .	8	<b>D</b>	
clindamycin phosphate external swab . . . . .	21	COPAXONE . . . . .	20	D-CARE BLOOD GLUCOSE. . . . .	24
clindamycin phosphate gel 1 % external. . . . .	21	COREG. . . . .	17	D-CARE GLUCOMETER. . . . .	24
CLINDESSE . . . . .	10	coremino . . . . .	10	dalfampridine er. . . . .	20
CLINPRO 5000 . . . . .	20	CORGARD. . . . .	17	dapsone external gel 5 % . . . . .	21
clobetasol propionate external cream . . . . .	21	CORLANOR. . . . .	17	DAPSONE EXTERNAL GEL 7.5 % . . . . .	21
clobetasol propionate external foam . . . . .	21	CORTEF . . . . .	32	dasetta 1/35. . . . .	29
clobetasol propionate external gel . . . . .	21	CORTIFOAM . . . . .	35	daysee . . . . .	29
clobetasol propionate external liquid. . . . .	21	COSENTYX (300 MG DOSE) . . . . .	33	DAYVIGO . . . . .	39
clobetasol propionate external lotion. . . . .	21	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	33	DDAVP . . . . .	33
clobetasol propionate external ointment . . . . .	21	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML. . . . .	34	DDAVP PF . . . . .	33
clobetasol propionate external shampoo . . . . .	21	COSENTYX SENSOREADY (300 MG). . . . .	34	deblitane. . . . .	29
clobetasol propionate external solution. . . . .	21	COSENTYX SENSOREADY PEN. . . . .	34	DECADRON . . . . .	32
CLOBEX . . . . .	21	COSOPT. . . . .	36	delyla . . . . .	29
CLOBEX SPRAY . . . . .	21	COSOPT PF . . . . .	36	DELZICOL . . . . .	35
clodan external shampoo. . . . .	21	COZAAR . . . . .	17	DENTA 5000 PLUS . . . . .	20
clonazepam oral . . . . .	16	CREON . . . . .	28	DENTAGEL. . . . .	20
clonidine hcl oral . . . . .	17	CRESEMBA ORAL . . . . .	13	DEPAKOTE. . . . .	11
clopidogrel bisulfate oral . . . . .	15	CRESTOR. . . . .	17	DEPAKOTE ER. . . . .	11
clotrimazole-betamethasone external cream. . . . .	21	CRINONE. . . . .	34	DEPAKOTE SPRINKLES. . . . .	11
clotrimazole-betamethasone external lotion . . . . .	21	cryselle-28 . . . . .	29	DEPEN TITRATABS. . . . .	28
COLCHICINE ORAL CAPSULE . . . . .	13	CUPRIMINE . . . . .	28	DEPO-PROVERA INTRAMUSCULAR SUSPENSION . . . . .	29
colchicine oral tablet. . . . .	13	CVS ADVANCED GLUCOSE TEST . . . . .	23	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. . . . .	29
COLCRYS. . . . .	13	CVS GLUCOSE METER TEST STRIPS . . . . .	24	DEPO-SUBQ PROVERA 104 . . . . .	29
colesevelam hcl. . . . .	17	cyanocobalamin injection solution 1000 mcg/ml . . . . .	27	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	33
COMBIGAN . . . . .	36	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML. . . . .	27	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	33
		cyclafem 1/35 . . . . .	29	DERMA-SMOOTH/FS BODY. . . . .	21
				DERMA-SMOOTH/FS SCALP . . . . .	21
				DESCOVY. . . . .	15



desmopressin acetate injection . . . . .	33	diclofenac sodium external gel 1 % . . .	9	DOXYCYCLINE HYCLATE ORAL	
DESMOPRESSIN ACETATE NASAL .	33	diclofenac sodium external solution . .	9	TABLET DELAYED RELEASE	
desmopressin acetate oral . . . . .	33	diclofenac sodium oral . . . . .	9	80 MG . . . . .	11
desmopressin acetate pf . . . . .	33	DICLOFONO . . . . .	9	doxycycline monohydrate oral	
desogestrel-ethinyl estradiol oral		dicyclomine hcl oral . . . . .	28	capsule 100 mg, 50 mg . . . . .	11
tablet 0.15-0.02/0.01 mg (21/5) . . . . .	30	DIFICID . . . . .	10	doxycycline monohydrate oral	
desogestrel-ethinyl estradiol oral		DIFICID ORAL TABLET . . . . .	10	capsule 150 mg, 75 mg . . . . .	11
tablet 0.15-30 mg-mcg . . . . .	30	DIFLUCAN . . . . .	13	doxycycline monohydrate oral	
DESONATE . . . . .	21	DILAUDID ORAL . . . . .	8	suspension reconstituted . . . . .	11
desonide external cream . . . . .	21	dilt-xr . . . . .	17	doxycycline monohydrate oral	
desonide external gel . . . . .	21	diltiazem hcl er . . . . .	17	tablet . . . . .	11
desonide external lotion . . . . .	21	diltiazem hcl er coated beads . . . . .	17	doxylamine-pyridoxine . . . . .	13
desonide external ointment . . . . .	21	diltiazem hcl oral . . . . .	17	DRISDOL . . . . .	27
DESOWEN . . . . .	21	DIOVAN . . . . .	17	DRIZALMA SPRINKLE . . . . .	12
desrx . . . . .	21	DIOVAN HCT . . . . .	17	drosipren-eth estrad-levomefol . . . . .	30
desvenlafaxine succinate er . . . . .	12	DIPENTUM . . . . .	35	drosiprenone-ethinyl estradiol . . . . .	30
DEXABLISS . . . . .	32	diphenoxylate-atropine . . . . .	28	DUAVEE . . . . .	30
dexamethasone intensol . . . . .	32	DIPROLENE . . . . .	21	duloxetine hcl oral capsule delayed	
dexamethasone oral elixir . . . . .	32	DIPROLENE AF . . . . .	21	release particles 20 mg, 30 mg,	
dexamethasone oral solution . . . . .	32	DITROPAN XL . . . . .	29	60 mg . . . . .	12
dexamethasone oral tablet . . . . .	32	divalproex sodium er . . . . .	11	duloxetine hcl oral capsule delayed	
dexamethasone oral tablet therapy		divalproex sodium oral capsule		release particles 40 mg . . . . .	12
pack . . . . .	32	delayed release sprinkle . . . . .	11	DUOPA . . . . .	15
DEXCOM G4 / G5 / G6 RECEIVER,		divalproex sodium oral tablet		DUPIXENT SUBCUTANEOUS	
TRANSMITTER, SENSOR		delayed release . . . . .	11	SOLUTION PEN-INJECTOR . . . . .	21
(INCLUDING PLATINUM,		delayed release . . . . .	11	DUPIXENT SUBCUTANEOUS	
PLATINUM PEDIATRIC) . . . . .	24	DIVIGEL . . . . .	30	SOLUTION PREFILLED SYRINGE . . . . .	21
DEXCOM G5 MOBILE		donepezil hcl oral tablet 10 mg,		DUROLANE . . . . .	8
TRANSMITTER . . . . .	24	5 mg . . . . .	12	DXEVO 11-DAY . . . . .	32
DEXCOM G6 SENSOR . . . . .	24	donepezil hcl oral tablet 23 mg . . . . .	12		
DEXCOM RECEIVER KIT DEVICE . . . . .	24	donepezil hcl oral tablet dispersible . .	12		
DEXEDRINE . . . . .	19	DOPTelet . . . . .	26		
DEXILANT . . . . .	28	DORYX . . . . .	10		
dexmethylphenidate hcl . . . . .	19	DORYX MPC . . . . .	10		
dexmethylphenidate hcl er . . . . .	19	dorzolamide hcl-timolol mal . . . . .	36		
dextroamphetamine sulfate er . . . . .	19	dorzolamide hcl-timolol mal pf . . . . .	36		
dextroamphetamine sulfate oral		dotti . . . . .	30		
solution . . . . .	19	DOVATO . . . . .	15		
dextroamphetamine sulfate oral		doxazosin mesylate oral . . . . .	17		
tablet . . . . .	19	doxepin hcl oral capsule . . . . .	12		
DIASTAT ACUDIAL . . . . .	11	doxepin hcl oral concentrate . . . . .	12		
DIASTAT PEDIATRIC . . . . .	11	doxycycline hyclate oral capsule . . . . .	10		
diazepam intensol . . . . .	16	doxycycline hyclate oral tablet			
diazepam oral . . . . .	16	100 mg . . . . .	10		
diazepam rectal . . . . .	11	doxycycline hyclate oral tablet			
DICLEGIS . . . . .	13	150 mg, 50 mg, 75 mg . . . . .	10		
diclofenac potassium oral tablet		doxycycline hyclate oral tablet			
25 mg . . . . .	9	20 mg . . . . .	10		
diclofenac potassium oral tablet		doxycycline hyclate oral tablet			
50 mg . . . . .	9	delayed release 100 mg, 150 mg,			
diclofenac sodium er . . . . .	9	200 mg, 50 mg, 75 mg . . . . .	11		

## E

EASIVENT . . . . .	38
EASIVENT MASK LARGE . . . . .	38
EASIVENT MASK MEDIUM . . . . .	38
EASIVENT MASK SMALL . . . . .	38
EASY TOUCH TEST . . . . .	24
EASYMAX 15 TEST . . . . .	24
EASYMAX NG BLOOD GLUCOSE . . . . .	24
EASYMAX V BLOOD GLUCOSE . . . . .	24
EC-NAPROSYN ORAL TABLET	
DELAYED RELEASE 375 MG . . . . .	9
EC-NAPROSYN ORAL TABLET	
DELAYED RELEASE 500 MG . . . . .	9
ec-naproxen . . . . .	9
ED-SPAZ . . . . .	28
EDARBI . . . . .	17
EDARBYCLOR . . . . .	17
EDLUAR . . . . .	39
efavirenz-emtricitab-tenofovir . . . . .	15
efavirenz-lamivudine-tenofovir . . . . .	15
EFFEXOR XR . . . . .	12



EFUDEX . . . . .	21	epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	37	ezetimibe . . . . .	17
EHA . . . . .	8	EPIPEN 2-PAK . . . . .	37	ezetimibe-simvastatin . . . . .	17
ELEPSIA XR . . . . .	11	EPIPEN JR 2-PAK . . . . .	37		
ELESTRIN . . . . .	30	epitol . . . . .	11	<b>F</b>	
eletriptan hydrobromide . . . . .	14	EQ BLOOD GLUCOSE TEST . . . . .	24	falmina . . . . .	30
elinest . . . . .	30	ERGOCAL . . . . .	27	FARXIGA . . . . .	26
ELIQUIS . . . . .	11	ergocalciferol oral capsule . . . . .	27, 28	FASENRA . . . . .	38
ELIQUIS DVT/PE STARTER PACK. . . . .	11	ERIVEDGE . . . . .	14	FASENRA PEN . . . . .	38
ELOCTATE . . . . .	26	ERLEADA . . . . .	14	fayosim . . . . .	30
eluryng . . . . .	30	errin . . . . .	30	febuxostat . . . . .	13
EMGALITY . . . . .	14	erythromycin ophthalmic . . . . .	35	FEMARA . . . . .	14
EMGALITY (300 MG DOSE) . . . . .	14	escitalopram oxalate oral solution . . . . .	12	femynor . . . . .	30, 32
emoquette . . . . .	30	escitalopram oxalate oral tablet . . . . .	12	fenofibrate oral capsule 150 mg, 50 mg . . . . .	17
EMPAVELI . . . . .	34	ESGIC . . . . .	8	fenofibrate oral tablet 120 mg, 40 mg, 48 mg . . . . .	17
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	15	estarylla . . . . .	30	fenofibrate oral tablet 145 mg, 160 mg, 54 mg . . . . .	17
emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15	ESTRACE . . . . .	30	FENOGLIDE . . . . .	17
enalapril maleate oral solution . . . . .	17	estradiol oral . . . . .	30	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr . . . . .	8
enalapril maleate oral tablet . . . . .	17	estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	30	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	8
ENBREL MINI . . . . .	34	estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	30	FEXMID . . . . .	39
ENBREL SUBCUTANEOUS SOLUTION . . . . .	34	estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	30	FINACEA . . . . .	22
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	34	estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	30	finasteride oral tablet 5 mg . . . . .	29
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED . . . . .	34	estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	30	FIORICET . . . . .	8
ENBREL SURECLICK . . . . .	34	estradiol transdermal patch weekly . . . . .	30	FIRAZYR . . . . .	34
ENDARI . . . . .	28	estradiol vaginal cream . . . . .	30	FIRST-OMEPRAZOLE . . . . .	28
endocet . . . . .	8	estradiol vaginal tablet . . . . .	30	FIRST-PROGESTERONE VGS . . . . .	30
ENDOMETRIN . . . . .	34	ESTRING . . . . .	30	FLAGYL . . . . .	11
ENLITE GLUCOSE SENSOR . . . . .	24	ESTROGEL . . . . .	30	FLAREX . . . . .	37
ENOVARX-DICLOFENAC SODIUM . . . . .	9	eszopiclone . . . . .	39	flecainide acetate . . . . .	17
enoxaparin sodium . . . . .	11	etodolac . . . . .	9	FLEXICHAMBER . . . . .	38
enskyce . . . . .	30	etodolac er . . . . .	9	FLOLIPID . . . . .	17
ENSTILAR . . . . .	21	etonogestrel-ethinyl estradiol . . . . .	30	FLOMAX . . . . .	29
entecavir . . . . .	15	EUCRISA . . . . .	22	FLORIVA PLUS . . . . .	27
ENTOCORT EC . . . . .	35	EUFLEXXA . . . . .	8	FLOVENT DISKUS . . . . .	38
ENVARUSUS XR . . . . .	34	euthyrox . . . . .	33	FLOVENT HFA . . . . .	38
EPANED . . . . .	17	EVAMIST . . . . .	30	fluconazole oral . . . . .	13
EPCLUSA ORAL PACKET . . . . .	15	EVOCLIN . . . . .	22	fluocinolone acetonide body . . . . .	22
EPCLUSA ORAL TABLET 200-50 MG . . . . .	15	EXACTECH R-S-G TEST . . . . .	24	fluocinolone acetonide external cream . . . . .	22
EPCLUSA ORAL TABLET 400-100 MG . . . . .	15	EXACTECH TEST . . . . .	24	fluocinolone acetonide external ointment . . . . .	22
epinephrine injection solution auto- injector 0.15 mg/0.15ml . . . . .	37	EXFORGE . . . . .	17	fluocinolone acetonide external solution . . . . .	22
epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	37	EXSERVAN . . . . .	20	fluocinolone acetonide scalp . . . . .	22
		EXTAVIA . . . . .	20		
		EXTINA . . . . .	13		
		EYSUVIS . . . . .	35		
		EZALLOR SPRINKLE . . . . .	17		



fluocinonide external cream 0.05 %	22	FREESTYLE LIBRE READER	24	GUARDIAN LINK 3 TRANSMITTER	24
fluocinonide external cream 0.1 %	22	FREESTYLE LIBRE SENSOR SYSTEM	24	GUARDIAN REAL-TIME REPLACE PED	24
fluocinonide external gel	22	FREESTYLE PRECISION NEO SYSTEM	24	GUARDIAN SENSOR (3)	24
fluocinonide external ointment	22	FREESTYLE PRECISION NEO TEST	24	GVOKE HYPOPEN 1-PACK	26
fluocinonide external solution	22	furosemide oral	17	GVOKE HYPOPEN 2-PACK	26
FLUORIDEX	20			GVOKE PFS	26
FLUORIDEX ENHANCED WHITENING	20			GYNAZOLE-1	13
FLUOROPLEX	22				
FLUOROURACIL EXTERNAL CREAM 0.5 %	22	<b>G</b>		<b>H</b>	
fluorouracil external cream 5 %	22	gabapentin oral capsule	11	HAEGARDA	34
fluorouracil external solution	14	gabapentin oral solution 250 mg/5ml	11	hailey 1.5/30	30
fluoxetine hcl oral capsule	12	gabapentin oral tablet	11	hailey 24 fe	30
fluoxetine hcl oral capsule delayed release	12	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	35	hailey fe 1/20	30
fluoxetine hcl oral solution	12	gavilyte-c	28	hailey fe 1.5/30	30
fluoxetine hcl oral tablet 10 mg	12	gavilyte-g	28	HALCION	16
fluoxetine hcl oral tablet 20 mg	12	GAVRETO	14	HARVONI ORAL PACKET	15
fluoxetine hcl oral tablet 60 mg	12	GELNIQUE	29	HARVONI ORAL TABLET	15
fluticasone propionate nasal	37	GELSYN-3	8	heather	30
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose	38	gemfibrozil oral	17	HEMADY	32
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38	gemmily	30	HEMANGEOL	17
fluvoxamine maleate	12	GEN7T	8	HEMOPIL M	27
fluvoxamine maleate er	12	gengraf	34	HIDEX 6-DAY	32
FOCALIN	19	GENOTROPIN	33	HUMALOG	25
FOCALIN XR	19	GENOTROPIN MINIQUICK	33	HUMALOG KWIKPEN	25
folic acid injection	27	GENVOYA	15	HUMALOG MIX 50/50 KWIKPEN	25
folic acid oral tablet 1 mg	27	GEODON ORAL	15	HUMALOG MIX 50/50 VIAL	25
FOLLISTIM AQ	34	GIALAX	28	HUMALOG MIX 75/25 KWIKPEN	25
FORFIVO XL	13	GILENYA	20	HUMALOG MIX 75/25 VIAL	25
FORTEO	35	GIMOTI	13	HUMALOG U-100 JUNIOR KWIKPEN	25
FORTESTA	33	glatiramer acetate	20	HUMATE-P	27
FORTISCARE G1 TEST STRIP	24	glatopa	20	HUMATROPE	33
FORTISCARE T1 GLUCOSE SYSTEM	24	glimepiride	26	HUMIRA	34
FORTISCARE TEST	24	glipizide er	26	HUMIRA PEDIATRIC CROHNS START	34
FOSAMAX	35	glipizide ir	26	HUMIRA PEN	34
FREESTYLE LIBRE 14 DAY READER	24	glipizide xl	26	HUMIRA PEN-CD/UC/HS STARTER	34
FREESTYLE LIBRE 14 DAY SENSOR	24	GLOPERBA	13	HUMIRA PEN-PEDIATRIC UC START	34
FREESTYLE LIBRE 2 READER	24	glucagon emergency kit 1 mg injection 1 mg	26	HUMIRA PEN-PS/UV/ADOL HS START	34
FREESTYLE LIBRE 2 SENSOR	24	GLUCOTROL XL	26	HUMIRA PEN-PSOR/UEIT STARTER	34
		GLUMETZA	26	HUMULIN 70/30 KWIKPEN	25
		glyburide oral	26	HUMULIN 70/30 VIAL	25
		glyburide-metformin	26	HUMULIN N KWIKPEN	25
		GLYXAMBI	26	HUMULIN N VIAL	25
		GOLYTELY	28	HUMULIN R U-500 KWIKPEN	25
		guanfacine hcl	17, 19		
		guanfacine hcl er	19		

HUMULIN R U-500 VIAL.....	25
HUMULIN R VIAL.....	25
HYALGAN.....	8
hydralazine hcl oral.....	17
hydrochlorothiazide oral.....	17
hydrocodone bitartrate er oral capsule extended release 12 hour ...	8
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent ...	8
hydrocodone polst-chlorphen polst er susp.....	37
hydrocodone-acetaminophen oral solution 10-325 mg/15ml.....	8
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hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg.....	8
hydrocort-pramoxine (perianal).....	35
hydrocortisone ace-pramoxine external cream 1-1 %.....	35
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KEPPRA ORAL . . . . .	12	lamotrigine starter kit-orange . . . . .	12	lidocaine external patch 5 % . . . . .	8
KEPPRA XR . . . . .	12	LANTUS SOLOSTAR . . . . .	25	lidocaine hcl mouth/throat . . . . .	20
KESIMPTA . . . . .	20	LANTUS U-100 VIAL . . . . .	25	lidocaine viscous hcl . . . . .	20
ketoconazole external cream . . . . .	13	larin 1/20 . . . . .	30	lidocaine-prilocaine external cream . . . . .	8
ketoconazole external foam . . . . .	13	larin 1.5/30 . . . . .	30	lidocaine-prilocaine external kit . . . . .	8
ketoconazole external shampoo . . . . .	13	larin 24 fe . . . . .	30	LIDOCANNA . . . . .	8
ketodan external foam . . . . .	13	larin fe 1/20 . . . . .	30	LIDODERM . . . . .	8
KETOROLAC TROMETHAMINE NASAL . . . . .	9	larin fe 1.5/30 . . . . .	30	LIDOPRIL . . . . .	8
ketorolac tromethamine ophthalmic . . . . .	35	larissia . . . . .	30	LIDOPRIL XR . . . . .	8
ketorolac tromethamine oral . . . . .	10	LASIX . . . . .	17	lillow . . . . .	31
KITABIS PAK . . . . .	38	LASTACAPT . . . . .	35	LINZESS . . . . .	28
KLARITY-L . . . . .	35	latanoprost ophthalmic . . . . .	36	liothyronine sodium oral . . . . .	33
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klor-con 10 . . . . .	27	letrozole oral . . . . .	14	lisinopril-hydrochlorothiazide . . . . .	18
klor-con m10 . . . . .	27	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	38	lithium carbonate er . . . . .	16
klor-con m15 . . . . .	27	LEVBIID . . . . .	28	lithium carbonate oral . . . . .	16
klor-con m20 . . . . .	27	LEVEMIR U-100 FLEXTOUCH . . . . .	25	LITHOBID . . . . .	16
KLOXXADO . . . . .	10	LEVEMIR U-100 VIAL . . . . .	25	LIVIXIL PAK . . . . .	8
KOATE . . . . .	27	levetiracetam er . . . . .	12	LO LOESTRIN FE . . . . .	31
KOATE-DVI . . . . .	27	levetiracetam oral . . . . .	12	lo-zumandimine . . . . .	31
KOGENATE FS . . . . .	27	levo-t . . . . .	33	LODINE . . . . .	10
KOMBIGLYZE XR . . . . .	26	levocetirizine dihydrochloride oral solution . . . . .	37	LOESTRIN 1/20 (21) . . . . .	31
KOSELUGO . . . . .	14	levocetirizine dihydrochloride oral tablet . . . . .	37	LOESTRIN 1.5/30 (21) . . . . .	31
KOVALTRY . . . . .	27	levofloxacin oral . . . . .	11	LOESTRIN FE 1/20 . . . . .	31
KRINTAFEL . . . . .	14	levonorgest-eth est & eth est . . . . .	30	LOESTRIN FE 1.5/30 . . . . .	31
KROGER BLOOD GLUCOSE KIT . . . . .	24	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg . . . . .	30	lojaimiess . . . . .	31
KROGER TEST . . . . .	24	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg . . . . .	31	LOKELMA . . . . .	27
kurvelo . . . . .	30	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg . . . . .	31	LOMOTIL . . . . .	28
KYNMOBI . . . . .	15	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	31	LOPID . . . . .	18
KYNMOBI TITRATION KIT . . . . .	15	levora 0.15/30 (28) . . . . .	31	LOPRESSOR . . . . .	18
		LEVOTHYROXINE SODIUM ORAL CAPSULE . . . . .	33	LOPROX EXTERNAL SHAMPOO . . . . .	13
		levothyroxine sodium oral tablet . . . . .	33	lorazepam intensol . . . . .	16
		levoxyl . . . . .	33	lorazepam oral concentrate 2 mg/ml . . . . .	16
		LEVSIN ORAL . . . . .	28	lorazepam oral tablet . . . . .	16
		LEVSIN/SL . . . . .	28	LOREEV XR . . . . .	16
		LEXAPRO . . . . .	13	LORTAB . . . . .	8
		LIALDA . . . . .	35	loryna . . . . .	31
		LIDO BDK . . . . .	8	losartan potassium oral . . . . .	18
		LIDO-PRILO CAINE PACK . . . . .	8	losartan potassium-hctz . . . . .	18
		lidocaine external ointment 5 % . . . . .	8	LOSEASONIQUE . . . . .	31
				LOTEMAX OPHTHALMIC GEL . . . . .	35
				LOTEMAX OPHTHALMIC OINTMENT . . . . .	35
				LOTEMAX OPHTHALMIC SUSPENSION . . . . .	36
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lamotrigine oral tablet . . . . .	12				
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lamotrigine oral tablet dispersible . . . . .	12				
lamotrigine starter kit-blue . . . . .	12				
lamotrigine starter kit-green . . . . .	12				





LOTENSIN . . . . .	18	meloxicam oral tablet . . . . .	10	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	18
LOTENSIN HCT . . . . .	18	MENOSTAR . . . . .	31	METROCREAM . . . . .	22
loteprednol etabonate ophthalmic gel . . . . .	36	mercaptapurine oral . . . . .	14	METROGEL . . . . .	22
loteprednol etabonate ophthalmic suspension . . . . .	36	merzee . . . . .	31	METROLOTION . . . . .	22
LOTREL . . . . .	18	mesalamine er oral capsule 0.375 gm. . . . .	35	metronidazole external cream . . . . .	22
lovastatin oral . . . . .	18	mesalamine oral . . . . .	35	metronidazole external gel 0.75 % . . . . .	22
LOVAZA . . . . .	18	mesalamine rectal enema . . . . .	35	metronidazole external gel 1 % . . . . .	22
LOVENOX . . . . .	11	mesalamine rectal suppository . . . . .	35	metronidazole external lotion . . . . .	22
low-ogestrel . . . . .	31	metaxalone . . . . .	39	metronidazole oral . . . . .	11
LUMIGAN . . . . .	36	metformin hcl er . . . . .	26	metronidazole vaginal . . . . .	11
LUNESTA . . . . .	39	metformin hcl er (mod) . . . . .	26	mibelas 24 fe . . . . .	31
lutra . . . . .	31	metformin hcl er (osm) . . . . .	26	MICARDIS . . . . .	18
lyleq . . . . .	31	metformin hcl oral solution . . . . .	26	MICRODOT TEST . . . . .	24
lyllana . . . . .	31	metformin hcl oral tablet . . . . .	26	microgestin 1/20 . . . . .	31
LYMEPAK . . . . .	11	methimazole oral . . . . .	33	microgestin 1.5/30 . . . . .	31
LYNPARZA . . . . .	14	methocarbamol oral . . . . .	39	microgestin 24 fe . . . . .	31
LYRICA . . . . .	20	methotrexate oral . . . . .	34	microgestin fe 1/20 . . . . .	31
LYRICA CR . . . . .	20	methotrexate sodium . . . . .	34	microgestin fe 1.5/30 . . . . .	31
LYUMJEV KWIKPEN . . . . .	25	methotrexate sodium (pf) . . . . .	34	mili . . . . .	31
LYUMJEV VIAL . . . . .	25	METHYLIN . . . . .	19	MILLIPRED . . . . .	32
lyza . . . . .	31	methylphenidate hcl er (cd) . . . . .	19	MINASTRIN 24 FE . . . . .	31
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MALARONE . . . . .	15	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	19	MINILINK REAL-TIME TRANSMITTER . . . . .	24
marlissa . . . . .	31	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	19	MINIPRESS . . . . .	18
matzim la . . . . .	18	methylphenidate hcl er (xr) . . . . .	19	MINIVELLE . . . . .	30, 31
MAVENCLAD . . . . .	20	methylphenidate hcl er oral tablet extended release 10 mg, 20 mg . . . . .	19	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	11
MAVYRET ORAL TABLET . . . . .	16	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	19	minocycline hcl er oral tablet extended release 24 hour . . . . .	11
MAXALT . . . . .	14	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	19	minocycline hcl oral capsule . . . . .	11
MAXALT-MLT . . . . .	14	methylphenidate hcl oral solution . . . . .	19	minocycline hcl oral tablet . . . . .	11
MAXITROL . . . . .	36	methylphenidate hcl oral tablet . . . . .	19	MINOLIRA . . . . .	11
MAXZIDE . . . . .	18	methylphenidate hcl oral tablet chewable . . . . .	19	MIRAPEX ER . . . . .	15
MAXZIDE-25 . . . . .	18	methylprednisolone oral . . . . .	32	MIRCETTE . . . . .	31
MAYZENT . . . . .	20, 34	metoclopramide hcl oral solution . . . . .	13	mirtazapine oral . . . . .	13
MAYZENT STARTER PACK . . . . .	34	metoclopramide hcl oral tablet . . . . .	13	MIRVASO . . . . .	22
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	32	metoclopramide hcl oral tablet dispersible . . . . .	13	misoprostol oral . . . . .	28
MEDROL ORAL TABLET 2 MG . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	18	MITIGARE . . . . .	14
MEDROL ORAL TABLET 32 MG . . . . .	32	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	18	MM EASY TOUCH GLUCOSE METER . . . . .	24
MEDROL ORAL TABLET THERAPY PACK . . . . .	32	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	18	MOBIC . . . . .	10
medroxyprogesterone acetate intramuscular suspension . . . . .	31			modafinil . . . . .	39
medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	31			mometasone furoate external . . . . .	22
medroxyprogesterone acetate oral . . . . .	31			mondoxyne nl oral capsule 100 mg . . . . .	11
meloxicam oral capsule . . . . .	10			mondoxyne nl oral capsule 75 mg . . . . .	11
				mono-lynyah . . . . .	31
				montelukast sodium oral packet . . . . .	38
				montelukast sodium oral tablet . . . . .	38



montelukast sodium oral tablet chewable . . . . .	38	naproxen oral tablet . . . . .	10	NITROMIST . . . . .	18
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml. . . . .	8	naproxen oral tablet delayed release	10	NITROSTAT . . . . .	18
morphine sulfate er oral capsule extended release 24 hour. . . . .	8	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	10	NITYR . . . . .	28
morphine sulfate er oral tablet extended release. . . . .	8	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	10	NOCDURNA. . . . .	33
morphine sulfate oral . . . . .	8	naproxen sodium oral tablet 275 mg, 550 mg. . . . .	10	nora-be . . . . .	31
morphine sulfate rectal . . . . .	8	naratriptan hcl . . . . .	14	NORDITROPIN FLEXPRO . . . . .	33
MOTEGRITY . . . . .	28	NARCAN . . . . .	10	norethin ace-eth estrad-fe oral capsule. . . . .	31
MOVIPREP. . . . .	28	NASCOBAL . . . . .	27	norethin ace-eth estrad-fe oral tablet. . . . .	31
MOXEZA. . . . .	36	NATAZIA. . . . .	31	norethin ace-eth estrad-fe oral tablet chewable . . . . .	31
moxifloxacin hcl (2x day). . . . .	36	NATESTO . . . . .	33	norethindrone acet-ethinyl est . . . . .	31
moxifloxacin hcl ophthalmic solution. . . . .	36	NATURE-THROID . . . . .	33	norethindrone acetate oral . . . . .	31
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE . . . . .	36	NAYZILAM . . . . .	12	norethindrone oral. . . . .	31
MS CONTIN. . . . .	8	nebevivolol hcl . . . . .	18	norgestimate-eth estradiol . . . . .	31
MULPLETA. . . . .	27	necon 0.5/35 (28) . . . . .	31	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg. . . . .	31
MULTAQ . . . . .	18	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	36	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg. . . . .	31
multi-vitamin/fluoride . . . . .	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	36	NORITATE . . . . .	22
multivitamin/fluoride tablet chewable 0.25 mg oral (rx). . . . .	27	neomycin-polymyxin-hc otic. . . . .	37	norlyda . . . . .	31
multivitamin/fluoride tablet chewable 0.5 mg oral . . . . .	27	NEORAL. . . . .	34	norlyroc . . . . .	31
multivitamin/fluoride tablet chewable 1 mg oral. . . . .	27	NESINA. . . . .	26	nortrel 0.5/35 (28) . . . . .	31
mupirocin calcium. . . . .	11	neuc external gel. . . . .	22	nortrel 1/35 (21). . . . .	31
mupirocin external. . . . .	11	NEULASTA. . . . .	27	nortrel 1/35 (28). . . . .	31
mycophenolate mofetil oral . . . . .	34	NEURONTIN . . . . .	12	nortriptyline hcl oral . . . . .	13
mycophenolate sodium . . . . .	34	NEUTEK 2TEK TEST. . . . .	24	NORVASC . . . . .	18
MYDAYIS . . . . .	19	NEVANAC. . . . .	36	NORVIR ORAL PACKET. . . . .	16
MYFEMBREE. . . . .	33	NEXLETOL. . . . .	18	NORVIR ORAL SOLUTION . . . . .	16
MYFORTIC. . . . .	34	NEXLIZET. . . . .	18	NORVIR ORAL TABLET . . . . .	16
myorisan. . . . .	22	niacin (antihyperlipidemic) . . . . .	18	NOURIANZ. . . . .	15
<b>N</b>		niacin er (antihyperlipidemic) . . . . .	18	novarel intramuscular solution reconstituted 10000 unit. . . . .	35
nabumetone oral . . . . .	10	niacor . . . . .	18	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT . . . . .	35
nadolol oral . . . . .	18	NIASPAN . . . . .	18	NOVOEIGHT . . . . .	27
NAFRINSE DAILY/NEUTRAL . . . . .	20	nifedipine er . . . . .	18	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	24
NAFRINSE WEEKLY . . . . .	20	nifedipine er osmotic release . . . . .	18	NOVOFINE PEN NEEDLE . . . . .	24
NALOCET. . . . .	8	nifedipine oral . . . . .	18	NOVOFINE PLUS PEN NEEDLE . . . . .	24
naloxone hcl injection . . . . .	10	nikki. . . . .	31	NOVOLIN 70/30 FLEXPEN. . . . .	25
naltrexone hcl oral. . . . .	10	nitisinone . . . . .	28	NOVOLIN 70/30 FLEXPEN RELION . . . . .	25
NAPRELAN . . . . .	10	NITRO-BID. . . . .	18	NOVOLIN 70/30 RELION . . . . .	25
NAPROSYN ORAL SUSPENSION. . . . .	10	NITRO-DUR . . . . .	18	NOVOLIN 70/30 VIAL . . . . .	25
NAPROSYN ORAL TABLET . . . . .	10	NITRO-TIME. . . . .	18	NOVOLIN N FLEXPEN . . . . .	25
naproxen oral suspension . . . . .	10	nitroglycerin sublingual. . . . .	18	NOVOLIN N FLEXPEN RELION . . . . .	25
		nitroglycerin transdermal . . . . .	18		
		nitroglycerin translingual . . . . .	18		
		NITROLINGUAL. . . . .	18		



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NOVOLIN N VIAL	25
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NOVOLIN R FLEXPEN RELION	25
NOVOLIN R RELION	25
NOVOLIN R VIAL	25
NOVOLOG FLEXPEN	26
NOVOLOG FLEXPEN RELION	26
NOVOLOG PENFILL	26
NOVOLOG RELION	26
NOVOLOG U-100 VIAL	26
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NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	38
NUCYNTA	8
NUCYNTA ER	8
NUEDEXTA	20
NULEV	28
NUTROPIN AQ NUSPIN 10	33
NUTROPIN AQ NUSPIN 20	33
NUTROPIN AQ NUSPIN 5	33
NUVARING	31
NUVESSA	11
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NUZYRA ORAL	11
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OMNARIS	37
OMNITROPE	33
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ONETOUCH DELICA PLUS LANCETS	24
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subvenite starter kit-green . . . . .	12	SYNJARDY . . . . .	26	terconazole . . . . .	13
subvenite starter kit-orange . . . . .	12	SYNJARDY XR . . . . .	26	TERIPARATIDE (RECOMBINANT) . . . . .	35
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sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % . . . . .	22	tacrolimus oral . . . . .	34	THALITONE . . . . .	18
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 % . . . . .	22	tadalafil oral tablet 10 mg, 20 mg . . . . .	27	THIOLA . . . . .	29
sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	22	tadalafil oral tablet 2.5 mg, 5 mg . . . . .	27	THIOLA EC . . . . .	29
sulfacetamide sodium-sulfur external lotion 9.8-4.8 % . . . . .	22	TAKHZYRO . . . . .	34	THYQUIDITY . . . . .	33
sulfacetamide sodium-sulfur external pad 10-4 % . . . . .	22	TAMIFLU ORAL CAPSULE . . . . .	16	TIGLUTIK . . . . .	20
sulfacetamide sodium-sulfur external pad 9.8-4.8 % . . . . .	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED . . . . .	16	timolol maleate (once-daily) . . . . .	36
sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	22	tamoxifen citrate oral tablet 10 mg . . . . .	14	timolol maleate ocudose . . . . .	36
		tamoxifen citrate oral tablet 20 mg . . . . .	14	timolol maleate ophthalmic . . . . .	36
		tamsulosin hcl . . . . .	29	timolol maleate pf . . . . .	36
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TIVICAY . . . . .	16	tretinoin external cream . . . . .	23	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	25
TIVICAY PD . . . . .	16	tretinoin external gel 0.01 % . . . . .	23	TRUE METRIX GO GLUCOSE METER . . . . .	25
TIVORBEX . . . . .	10	tretinoin external gel 0.05 % . . . . .	23	TRUE METRIX METER KIT . . . . .	25
tizanidine hcl oral capsule . . . . .	39	tretinoin gel 0.025 % external . . . . .	23	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	25
tizanidine hcl oral tablet . . . . .	39	TREXALL . . . . .	34	TRUETRACK BLOOD GLUCOSE DEVICE . . . . .	25
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TOBI PODHALER . . . . .	39	tri femynor . . . . .	32	TRULANCE . . . . .	28
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tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	39	tri-lo-mili . . . . .	32	TUSSICAPS . . . . .	37
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torse mide . . . . .	18	triamcinolone acetonide external cream 0.5 % . . . . .	23	UCERIS ORAL . . . . .	35
TOUJEO MAX SOLOSTAR . . . . .	26	triamcinolone acetonide external lotion . . . . .	23	UCERIS RECTAL . . . . .	35
TOUJEO SOLOSTAR . . . . .	26	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	23	UKONIQ . . . . .	14
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tramadol hcl er oral tablet extended release 24 hour . . . . .	9	TRICOR . . . . .	19	UROCIT-K 10 . . . . .	27
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200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែកម្រិតតម្កល់ ដល់មាន់នៃលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yániłti'go, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nił'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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