Your 2027 Prescription Drug List

Advantage 3-Tier

Effective January 1, 2027

United Healthcare

This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Student Resources, Health Plan of Nevada, Sierra Health and Life Insurance, UnitedHealthOne, Optimum Choice, Inc. and New York and New Jersey Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL) 4
Medication tips 5
Reading your PDL 5
Questions 7
Analgesics
Drugs for pain 8
Drugs for pain and inflammation 8
Anti-addiction / Substance abuse treatment agents 10
Antibacterials
Drugs for infections 10
Anticoagulants
Drugs to treat or prevent blood clots 12
Anticonvulsants
Drugs for seizures 12
Antidementia agents
Drugs for Alzheimer's disease and dementia 13
Antidepressants
Drugs for depression 13
Antiemetics
Drugs for nausea and vomiting 14
Antifungals
Drugs for fungal infections 14
Antigout agents
Drugs for gout 14
Antimigraine agents
Drugs for migraines 15
Antimyasthenic agents
Drugs to treat myasthenia gravis 15
Antimycobacterials
Drugs to treat infections 15
Antineoplastics
Drugs for cancer 15
Antiparasitics
Drugs for parasitic infections 16
Antiparkinson agents
Drugs for Parkinson's disease 16
Antiplatelets
Drugs for heart attack and stroke prevention 16
Antipsychotics
Drugs for mood disorders 17
Antivirals
Drugs for viral infections 17
Anxiolytics
Drugs for anxiety 17
Bipolar agents
Drugs for mood disorders 18
Cardiovascular agents
Drugs for heart and circulation conditions 18
Central nervous system agents
Drugs for attention deficit disorder 20
Drugs for multiple sclerosis 21
Miscellaneous 21

Dental and oral agents
Drugs for mouth and throat conditions 21
Dermatological agents
Drugs for skin conditions 22
Diabetes
Glucose monitoring and supplies 24
Insulin 26
Non-insulin agents 26
Drugs for blood disorders 27
Drugs for sexual dysfunction 27
Electrolytes / Vitamins 28
Gastrointestinal agents
Drugs for acid reflux and ulcer 29
Drugs for bowel, intestine and stomach conditions 29
Genetic or enzyme disorder
Drugs for replacement, modification, treatment 30
Genitourinary agents
Drugs for bladder, genital and kidney conditions 30
Drugs for prostate conditions 30
Hormonal agents
Hormone replacement and birth control 30
Oral steroids 34
Other 34
Testosterone replacement 35
Thyroid 35
Immunological agents
Drugs for immune system stimulation or suppression 35
Drugs for vaccination 36
Infertility agents 37
Inflammatory bowel disease agents 37
Metabolic bone disease agents
Drugs for osteoporosis 38
Other 38
Ophthalmic agents
Drugs for eye allergy, infection and inflammation 38
Drugs for glaucoma 39
Drugs for miscellaneous eye conditions 39
Otic agents
Drugs for ear conditions 39
Respiratory
Drugs for anaphylaxis 39
Respiratory tract / Pulmonary agents
Drugs for allergies, cough, cold 39
Drugs for asthma and COPD 40
Drugs for cystic fibrosis 41
Drugs for pulmonary fibrosis 41
Drugs for pulmonary hypertension 41
Skeletal muscle relaxants
Drugs for muscle pain and spasm 41
Sleep disorder agents 42
Index 43

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. Then, they are listed in alphabetical order.

How do I use my PDL?

You and your doctor can check the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits that apply. 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 phone number on your member ID card.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. **This PDL is not a full list of medications, and not all medications listed may be covered by your plan.**

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 5 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 your plan's 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 treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)[1] if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.[2] In some cases, the same product can be made by 2 or more drug companies, 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 your plan's 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?

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, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic 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 plans, if a brand-name drug is filled, and a generic is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic.

Over-the-counter (OTC) medications

An OTC medication may be the right 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.

What if I am taking a specialty medication?

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

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.

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

Using lower-tier medications may lower your 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.

Drug tier		Includes	Helpful tips
Tier 1	$	**Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$	**Mid-range cost** Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
Tier 3	$$$	**Highest-cost** Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Reading your PDL (continued)

Drug list information

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

E	**May be excluded from coverage** – There may be over-the-counter (OTC) or lower-cost covered options available.
H	**Health Care Reform Preventive** – This medication is part of a health care reform preventive benefit and is generally covered at no cost to you.
H-PA	**Health Care Reform Preventive with prior authorization** – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	**Prior authorization (sometimes referred to as precertification)**[3] – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	**Quantity limits** – The largest quantity of medication covered per copayment or in a defined period of time.
RS	**Refill and Save Program**[4] – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	**Specialty medication** – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	**Step therapy (referred to as First Start in New Jersey)** – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
  Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
  Diabetic supplies and prescription medications may be subject to different cost-share amounts. Please see your Summary of Benefits and Coverage (SBC) for details.
- **Diabetes: continuous glucose monitors, sensors**
  Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
  Coverage is set by your prescription drug benefit plan.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. Not applicable to some Neighborhood Health Plan, UnitedHealthcare Freedom Plans and New Jersey Oxford plans.

Reading your PDL (continued)

- **Infertility**
  Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required for New Jersey Oxford plans or where a state mandates infertility drug coverage.
- **Medications for sexual dysfunction**
  Coverage is set by your prescription drug benefit plan.
- **Termination of pregnancy**
  Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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

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

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

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

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

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

Drug name	Drug tier	Requirements & limits
Analgesics - Drugs for pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	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
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL

Drug name	Drug tier	Requirements & limits
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine external ointment 5 %	2	QL
tapentadol hcl	3	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	2	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	2	QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	2	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	2	QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	2	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	2	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	1	H

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
aspirin adult low dose	1	H
aspirin adult low strength	1	H
aspirin childrens	1	H
aspirin ec adult low dose	1	H
aspirin ec low dose	1	H
aspirin ec low strength	1	H
aspirin low dose	1	H
aspirin oral tablet chewable	1	H
aspirin oral tablet delayed release 81 mg	1	H
aspirin regimen	1	H
celecoxib oral	2	
cvs aspirin adult low dose	1	H
cvs aspirin adult low strength	1	H
cvs aspirin ec	1	H
cvs aspirin low dose	1	H
cvs aspirin low strength	1	H
DAYPRO ORAL TABLET 600 MG	3	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
eq aspirin adult low dose	1	H
eq aspirin low dose	1	H
eql aspirin low dose	1	H
etodolac	2	
ft aspirin low dose	1	H
ft aspirin oral tablet chewable	1	H
gnp adult aspirin low strength	1	H
gnp aspirin low dose	1	H
gnp aspirin oral tablet delayed release 81 mg	1	H

Drug name	Drug tier	Requirements & limits
goodsense aspirin low dose	1	H
goodsense aspirin oral tablet chewable	1	H
h-e-b aspirin	1	H
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
kls aspirin low dose	1	H
kp aspirin	1	H
meloxicam oral tablet	1	
mm aspirin	1	H
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
qc aspirin low dose	1	H
qc childrens aspirin	1	H
ra aspirin adult low dose oral tablet chewable 81 mg	1	H
ra aspirin adult low strength oral tablet chewable 81 mg	1	H
ra aspirin childrens oral tablet chewable 81 mg	1	H
ra aspirin ec adult low st oral tablet delayed release 81 mg	1	H
ra aspirin ec oral tablet delayed release 81 mg	1	H
sm aspirin low dose oral tablet chewable 81 mg	1	H
sm childrens aspirin oral tablet chewable 81 mg	1	H
sulindac oral	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/ throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/ throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
goodsense nicotine policrilex	1	H
habitrol	1	H
hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H

Drug name	Drug tier	Requirements & limits
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
REZENOPY	3	QL
sm nicotine mouth/throat gum	1	H
sm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	1	H
THRIVE	3	H
varenicline tartrate	3	H
ZUBSOLV	2	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AVIDOXY	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
azithromycin oral packet 1 gm	1	
BACTRIM	3	
BACTRIM DS	3	
BLUJEPA	3	QL
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	

Drug name	Drug tier	Requirements & limits
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
ERYPED 400	3	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
fidaxomicin	3	QL
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
linezolid oral tablet	2	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	QL
ORLYNVAH	3	QL
penicillin v potassium	1	
PIVYA	3	QL
SILVADENE	3	
silver sulfadiazine external	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XEPI	3	
XIFAXAN	3	PA, QL
ZITHROMAX	3	
Anticoagulants - Drugs to treat or prevent blood clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral tablet	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for seizures		
APTIOM	3	PA
brivaracetam oral tablet	2	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	

Drug name	Drug tier	Requirements & limits
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	
lacosamide oral tablet	2	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
perampanel oral tablet	2	PA
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
subvenite oral tablet	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO 10 MG DOSE	3	PA, QL
VALTOCO 15 MG DOSE	3	PA, QL
VALTOCO 20 MG DOSE	3	PA, QL
VALTOCO 5 MG DOSE	3	PA, QL

Drug name	Drug tier	Requirements & limits
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia agents - Drugs for Alzheimer's disease and dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for depression		
amitriptyline hcl oral	1	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	1	
EXXUA	3	ST, QL
EXXUA TITRATION PACK	3	ST, QL
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	3	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule	2	QL
dronabinol oral capsule	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external gel	1	

Drug name	Drug tier	Requirements & limits
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc external powder 100000 unit/gm	1	QL
nystatin external	1	QL
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout agents - Drugs for gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
febuxostat	3	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA, QL
rizatriptan benzoate oral	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	

Drug name	Drug tier	Requirements & limits
Antineoplastics - Drugs for cancer		
abiraterone acetate oral tablet 250 mg	2	QL, SP
abirtega	2	QL, SP
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA ORAL CAPSULE	3	PA, ST, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	SP
COTELLIC	2	PA, QL, SP
dasatinib	2	PA, QL, SP
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
GAVRETO	3	PA, QL, SP
hydroxyurea oral	1	
HYRNUO	2	PA, QL, SP
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL SUSPENSION	2	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	2	PA, QL, SP
KISQALI (400 MG DOSE)	2	PA, QL, SP
KISQALI (600 MG DOSE)	2	PA, QL, SP

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
KOSELUGO ORAL CAPSULE	3	PA, QL, SP
lederle leucovorin	1	
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
leuprolide acetate injection	1	PA, SP
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
pomalidomide	3	PA, QL, SP
RETEVMO	3	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
temozolomide	1	SP
TEPMETKO	3	PA, QL, SP
torpenz	2	PA, QL, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
yulithira	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for parasitic infections		
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE EXTERNAL CREAM 5 %	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	
STROMECTOL	3	PA, QL
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	2	
ropinirole hcl	1	
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
ziprasidone hcl	2	
Antivirals - Drugs for viral infections		
acyclovir external ointment	3	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
famciclovir oral	2	
GENVOYA	3	QL
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
valacyclovir hcl oral tablet 1 gm	1	QL
valacyclovir hcl oral tablet 500 mg	1	
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
alprazolam xr	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION ORAL TABLET 0.25 MG	3	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-olmesartan	3	
ARBLI	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug name	Drug tier	Requirements & limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
CAMZYOS	3	PA, QL, SP
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDURA	3	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine patch weekly	3	
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
CORLANOR ORAL TABLET	3	PA, QL
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	2	
doxazosin mesylate oral	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	2	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
flecainide acetate	1	
fosinopril sodium	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	3	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
lisinopril oral	1	

Drug name	Drug tier	Requirements & limits
lisinopril-hydrochlorothiazide	1	
LODOCO	3	QL
LOPID	3	
LOPRESSOR ORAL SOLUTION	3	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
lovastatin oral	1	H
matzim la	2	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	PA
nadolol oral	1	
nebivolol hcl	3	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nitro-bid	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal ointment	2	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
nitroglycerin transdermal patch 24 hour	1	
NITROSTAT	3	
NORLIQVA	3	PA
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ramipril	1	
ranolazine er	2	
RECTIV	3	QL
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
sacubitril-valsartan	2	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
TEKTURNA	3	
telmisartan	2	

Drug name	Drug tier	Requirements & limits
telmisartan-hctz	2	
tiadylt er	2	
TIAZAC	3	
TIKOSYN	3	
torsemide	1	
trandolapril	1	
triamterene-hctz	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA, QL, SP
valsartan oral solution	3	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
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 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDAQEL ORAL CAPSULE 20 MG	2	PA, QL, SP
Central nervous system agents - Drugs for attention deficit disorder		
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
atomoxetine hcl oral capsule	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	3	
guanfacine hcl er	2	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la)	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er(diffus)	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL
Central nervous system agents - Drugs for multiple sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP

Drug name	Drug tier	Requirements & limits
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	2	PA, QL, SP
Central nervous system agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYNKUET	3	PA, QL
LYRICA ORAL CAPSULE	3	PA
milnacipran hcl oral tablet	3	QL
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA, SP
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
Dental and oral agents - Drugs for mouth and throat conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/ throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
JUST RIGHT 5000	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/ throat	1	
Dermatological agents - Drugs for skin conditions		
accutane	2	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
ADBRY	2	PA, QL, SP
AKLIEF	3	PA, QL
alclometasone dipropionate	1	
amnesteem	2	
AMZEEQ	3	QL
ANZUPGO	3	PA, QL, SP
AVAR CLEANSER	3	

Drug name	Drug tier	Requirements & limits
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	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	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	3	QL
CALCITRENE	3	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	3	
clindacin etz	1	
clindacin-p	1	
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phos (twice-daily) gel 1 % external	2	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	3	QL
DERMA-SMOOTHE/FS BODY	3	QL
DERMA-SMOOTHE/FS SCALP	3	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN EXTERNAL CREAM 0.05 %	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIPROLENE	3	
DRYSOL	3	
DUPIXENT	2	PA, QL, SP
EBGLYSS	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	3	
ENSTILAR	3	QL
ERYGEL EXTERNAL GEL 2 %	3	
erythromycin external	1	
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	3	

Drug name	Drug tier	Requirements & limits
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
ICOTYDE	2	PA, QL, SP
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
KLARON	3	
KLISYRI	3	ST, QL
METROCREAM EXTERNAL CREAM 0.75 %	3	
METROLOTION EXTERNAL LOTION 0.75 %	3	
metronidazole external cream	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
metronidazole external gel 0.75 %	1	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	3	QL
OPZELURA	3	PA, QL, SP
OVACE PLUS WASH EXTERNAL LIQUID 10 %	3	
OVACE WASH EXTERNAL LIQUID 10 %	3	
PANRETIN	3	
PELLIX	3	QL
pimecrolimus	3	QL
podofilox external solution	1	
RHOFADE	3	PA, QL
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS SOLUTION	2	SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TOPICORT	3	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
TREMFYA	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
urea external cream 20 %, 40 %, 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
VTAMA	3	PA, QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	3	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
Diabetes - Glucose monitoring and supplies		
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	QL
ACCU-CHEK GUIDE KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE ME KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BIGFOOT UNITY PROGRAM	3	QL

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT PRECISION POLY HUB	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT ONE KIT	1	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 15 DAY SENSOR	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
DROPSAFE SICURA	2	
EMBECTA AUTOSHIELD 30GX5MM	2	QL
EMBECTA INSULIN SYRINGE	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA PEN NEEDLE/ NANO/32G X 4MM	2	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL

Drug name	Drug tier	Requirements & limits
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 3 READER	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
INPEN 100-BLUE-LILLY-HUMALOG	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP	3	ST
INPEN 100-GREY-LILLY-HUMALOG	3	ST
INPEN 100-GREY-NOVOLOG-FIASP	3	ST
INPEN 100-PINK-LILLY-HUMALOG	3	ST
INPEN 100-PINK-NOVOLOG-FIASP	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MINIMED 630G GUARDIAN PRESS	3	PA

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
MINIMED INSTINCT GLUC SENSOR	3	PA, QL
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 LIBRE INTRO	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
RELION GLUCOSE TEST STRIPS	3	QL
SIMPLERA SYNC SENSOR	3	PA
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkay)	2	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL

Drug name	Drug tier	Requirements & limits
HUMULIN R VIAL	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-insulin agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	
CYCLOSET	3	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	(manufactured by Fresenius)

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
glucagon emergency kit injection solution reconstituted 1 mg	2	
GLUCOTROL XL	3	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	2	
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL

Drug name	Drug tier	Requirements & limits
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	2	SP
AFSTYLA	2	SP
ALPROLIX	3	SP
ALTUVIIIO	2	SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
BENEFIX	2	SP
DOPTELET	3	PA, QL, SP
ELOCTATE	2	SP
eltrombopag olamine oral tablet	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA, QL, SP
IDELVION	3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
tranexamic acid oral	2	QL
UDENYCA	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	3	PA, QL

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
FLOTREX ORAL TABLET CHEWABLE 1 MG	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	

Drug name	Drug tier	Requirements & limits
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
tolvaptan oral tablet therapy pack	2	PA, QL, SP
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL

Drug name	Drug tier	Requirements & limits
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	2	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
prucalopride succinate	3	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	QL
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or enzyme disorder - Drugs for replacement, modification, treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
VYNDAMAX	2	PA, QL, SP
YUVIWEL	3	PA, QL, SP
ZENPEP	2	

Drug name	Drug tier	Requirements & limits
Genitourinary agents - Drugs for bladder, genital and kidney conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
FILSPARI	3	PA, QL, SP
mirabegron er oral tablet extended release 24 hour	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
trospium chloride	3	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST
VOYXACT	3	PA, QL, SP
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	3	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	2	
ACTIVELLA	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle	1	H
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H

Drug name	Drug tier	Requirements & limits
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	2	QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	2	
estradiol-norethindrone acet oral tablet 1-0.5 mg	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
estrogens conjugated	3	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	1	H
jasmiel	3	

Drug name	Drug tier	Requirements & limits
jencycla	1	H
jinteli	1	
jolessa	2	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg	1	H
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
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
low-ogestrel	1	H
lo-zumandimine	3	
luizza 1.5/30	1	H
luizza 1/20	1	H
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

Drug name	Drug tier	Requirements & limits
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
ocella oral tablet 3-0.03 mg	3	
orquidea	1	H
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROVERA	3	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	2	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H

Drug name	Drug tier	Requirements & limits
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal agents - Oral steroids		
CORTEF	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOGROYA	3	PA, QL, SP

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
Hormonal agents - Testosterone replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL (generic Androgel Pump)
Hormonal agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liomny	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological agents - Drugs for immune system stimulation or suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AVTOZMA SUBCUTANEOUS	3	PA, ST, QL, SP
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
cyclosporine modified oral capsule	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HYFTOR	3	PA, QL
JYLAMVO	3	PA
KEVZARA	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTEZLA XR	2	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
RINVOQ LQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	2	PA, QL, SP
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	H
TENIVAC	3	H
tofacitinib citrate er	2	PA, QL, SP
tofacitinib citrate oral tablet	2	PA, QL, SP
TREXALL	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	H
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
XOLAIR	2	PA, QL, SP
YESINTEK	2	PA, QL, SP
Immunological agents - Drugs for vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
COMIRNATY 5-11 YEARS	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE	3	H
FLUZONE HIGH-DOSE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MNEXSPIKE	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
clomid	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP

Drug name	Drug tier	Requirements & limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3	ST, SP
MENOPUR	3	QL, SP
milophene	2	
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone vaginal	2	
Inflammatory bowel disease agents		
ANALPRAM HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
EOHILIA	3	PA, QL
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA RECTAL ENEMA 4 GM/60ML	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet	3	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ACULAR	3	
ACULAR LS	3	

Drug name	Drug tier	Requirements & limits
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMVY	3	PA, QL
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic solution 0.03 %	2	QL
bimatoprost solution 0.01 % ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl-timolol mal	2	
ISTALOL	3	
latanoprost ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	

Drug name	Drug tier	Requirements & limits
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector	1	QL
NEFFY	3	QL
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet oral solution 5-1.5 mg/5ml	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RHAPSIDO	2	PA, QL, SP
sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	

Drug name	Drug tier	Requirements & limits
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	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	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA, QL, SP
FLEXICHAMBER	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	3	
ipratropium bromide hfa	3	QL
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
QVAR REDIHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP

Drug name	Drug tier	Requirements & limits
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/ CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
wixela inhub	3	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
nintedanib esylate	3	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
macitentan	2	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL, SP
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, QL, SP
YUTREPIA	2	PA, QL, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
TANLOR	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	2	QL
BELSOMRA	3	QL
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUMRYZ STARTER PACK	3	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL
RESTORIL	3	
sodium oxybate solution 500 mg/ml oral	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 5-7 for coverage details.

Index

A

abigale 30
abigale lo 30
abiraterone acetate oral tablet 250 mg 15
abirtega 15
ABRYSVO 36
acamprosate calcium 10
acarbose oral 26
ACCOLATE ORAL TABLET 10 MG, 20 MG 40
ACCU-CHEK FASTCLIX LANCET DEVICE KIT 24
ACCU-CHEK GUIDE 24
ACCU-CHEK GUIDE KIT W/ DEVICE 24
ACCU-CHEK GUIDE ME KIT W/ DEVICE 24
ACCU-CHEK GUIDE TEST STRIPS 24
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 24
accutane 22
acebutolol hcl oral 18
acetaminophen-codeine oral tablet 8
acetazolamide er 18
acetazolamide oral 18
acetic acid otic 39
acitretin 22
ACTEMRA ACTPEN 35
ACTEMRA SUBCUTANEOUS 35
ACTIVELLA 30
ACTOPLUS MET 26
ACULAR 38
ACULAR LS 38
acyclovir external ointment 17
acyclovir oral capsule 17
acyclovir oral suspension 200 mg/5ml 17
acyclovir oral tablet 17
ADACEL 36
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML 35
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML 35
ADALIMUMAB-AATY (2 PEN) 35
ADALIMUMAB-AATY (2 SYRINGE) 35
ADALIMUMAB-AATY CD/UC/HS START 35
ADALIMUMAB-ADAZ 35
adapalene-benzoyl peroxide external gel 0.1-2.5 % 22
ADBRY 22
ADDYI 27
ADEMPAS 41
ADVAIR HFA 40
ADVATE 27
ADYNOVATE 27
AEROCHAMBER HOLDING CHAMBER 40
AEROCHAMBER PLS FLOVU MTHPIECE 40
AEROCHAMBER PLUS FLO-VU INTERM 40
AEROCHAMBER PLUS FLO-VU LARGE DEVICE 40
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE 40
AEROCHAMBER PLUS FLO-VU SMALL DEVICE 40
AEROCHAMBER2GO ANTI-STATIC 40
afirmelle 31
AFLURIA PRESERVATIVE FREE 36
AFSTYLA 27
AIMOVIG 15
AIRSUPRA 40
AKLIEF 22
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 40
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml 40
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation 40
albuterol sulfate oral syrup 2 mg/5ml 40
alclometasone dipropionate 22
ALECENSA 15
alendronate sodium oral tablet 38
alfuzosin hcl er 30
allopurinol oral tablet 100 mg, 300 mg 14
ALOGLIPTIN BENZOATE 26
ALORA 31
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % 39
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % 39
alprazolam er 17
alprazolam oral 17
alprazolam xr 18
ALPROLIX 27
ALREX 38
altavera 31
ALTUVIIIO 27
ALUNBRIG 15
ALVAIZ 27
alyacen 1/35 31
alyacen 7/7/7 31
alyq 41
amantadine hcl oral capsule 16
amantadine hcl oral tablet 16
amiloride hcl oral 18
amiodarone hcl oral 18
amitriptyline hcl oral 13

AMJEVITA . . . 35
amlodipine besylate oral . . . 18
amlodipine besylate-benazepril hcl . . . 18
amlodipine besylate-valsartan . . . 18
amlodipine-olmesartan . . . 18
amnesteem . . . 22
amoxicillin . . . 10
amoxicillin-potassium clavulanate . . . 10
amphet-dextroamphet 3-bead er . . . 20
amphetamine sulfate . . . 20
amphetamine-dextroamphetamine . . . 20
amphetamine-dextroamphetamine er . . . 20
ampicillin . . . 10
AMZEEQ . . . 22
ANALPRAM HC EXTERNAL CREAM . . . 37
ANALPRAM-HC EXTERNAL CREAM 1-1 % . . . 37
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG . . . 29
anastrozole oral . . . 15
ANDEMBRY . . . 35
ANNOVERA . . . 31
ANORO ELLIPTA . . . 40
ANUCORT-HC . . . 37
ANUSOL-HC EXTERNAL . . . 37
ANZUPGO . . . 22
apap-caff-dihydrocodeine . . . 8
aprepitant oral capsule . . . 14
apri . . . 31
APRISO . . . 37
APTIOM . . . 12
AQ INSULIN SYRINGE . . . 24
AQINJECT PEN NEEDLE . . . 24
ARAKODA . . . 16
aranelle . . . 31
ARANESP (ALBUMIN FREE) . . . 27
ARBLI . . . 18
AREXVY . . . 36
aripiprazole oral solution . . . 17
aripiprazole oral tablet . . . 17
armodafinil . . . 42
ARMOUR THYROID . . . 35
ARNUITY ELLIPTA . . . 40
ascomp-codeine . . . 8
asenapine maleate . . . 17
ashlyna . . . 31
aspirin 81 oral tablet delayed release . . . 8
aspirin adult low dose . . . 9
aspirin adult low strength . . . 9
aspirin childrens . . . 9
aspirin ec adult low dose . . . 9
aspirin ec low dose . . . 9
aspirin ec low strength . . . 9
aspirin low dose . . . 9
aspirin oral tablet chewable . . . 9
aspirin oral tablet delayed release 81 mg . . . 9
aspirin regimen . . . 9
atenolol oral . . . 18
atenolol-chlorthalidone . . . 18
atomoxetine hcl oral capsule . . . 21
ATORVALIQ . . . 18
atorvastatin calcium oral tablet 10 mg, 20 mg . . . 18
atorvastatin calcium oral tablet 40 mg, 80 mg . . . 18
atovaquone . . . 16
atovaquone-proguanil hcl . . . 16
atropine sulfate ophthalmic solution 1 % . . . 39
ATTRUBY . . . 30
aubra eq . . . 31
AUGTYRO . . . 15
aurovela 1/20 . . . 31
aurovela 1.5/30 . . . 31
aurovela 24 fe . . . 31
aurovela fe 1/20 . . . 31
aurovela fe 1.5/30 . . . 31
AUSTEDO . . . 21
AUSTEDO XR . . . 21
AUVELITY . . . 13
AUVI-Q . . . 39
AVAR CLEANSER . . . 22
aviane . . . 31
AVIDOXY . . . 10
AVONEX . . . 21
AVTOZMA SUBCUTANEOUS . . . 35
ayuna . . . 31
AZASAN . . . 35
AZASITE . . . 38
azathioprine oral tablet 100 mg, 75 mg . . . 35
azathioprine oral tablet 50 mg . . . 35
azelaic acid external . . . 22
azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . 39
azelastine hcl ophthalmic . . . 38
AZELEX . . . 22
azithromycin oral packet 1 gm . . . 11
AZSTARYS . . . 21
AZULFIDINE . . . 37
AZULFIDINE EN-TABS . . . 37
azurette . . . 31

B

bac (butalbital-acetamin-caff) . . . 8
bacitracin-polymyxin b . . . 38
baclofen oral tablet 10 mg, 20 mg, 5 mg . . . 41
BACTRIM . . . 11
BACTRIM DS . . . 11
BAFIERTAM . . . 21
balsalazide disodium . . . 37
balziva . . . 31
BAQSIMI ONE PACK . . . 26
BAQSIMI TWO PACK . . . 26

BD AUTOSHIELD DUO PEN NEEDLES . . . 24
BD ULTRA-FINE INSULIN SYRINGES . . . 24
BD ULTRA-FINE PEN NEEDLES . . . 24
BELBUCA . . . 8
BELSOMRA . . . 42
benazepril hcl oral . . . 18
benazepril-hydrochlorothiazide . . 18
BENEFIX . . . 27
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . 35
BENZAMYCIN . . . 22
benzonatate oral capsule 100 mg, 200 mg . . . 40
benzoyl peroxide-erythromycin . . 22
benztropine mesylate oral . . . 16
BESIVANCE . . . 38
BESREMI . . . 15
betamethasone dipropionate aug external cream . . . 22
betamethasone dipropionate aug external lotion . . . 22
betamethasone dipropionate aug external ointment . . . 22
betamethasone dipropionate external cream . . . 22
betamethasone dipropionate external lotion . . . 22
betamethasone dipropionate external ointment . . . 22
betamethasone valerate external cream . . . 22
betamethasone valerate external lotion . . . 22
betamethasone valerate external ointment . . . 22
BETASERON . . . 21
bethanechol chloride oral . . . 30
BETIMOL OPHTHALMIC SOLUTION 0.25 % . . . 39
BETIMOL OPHTHALMIC SOLUTION 0.5 % . . . 39
BEVESPI AEROSPHERE . . . 40
bicalutamide . . . 15
BIGFOOT UNITY PROGRAM . . . 24
BIJUVA . . . 31
BIKTARVY . . . 17
bimatoprost ophthalmic solution 0.03 % . . . 39
bimatoprost solution 0.01 % ophthalmic . . . 39
BIMZELX . . . 35
bisoprolol fumarate oral . . . 18
bisoprolol-hydrochlorothiazide . . . 18
blisovi 24 fe . . . 31
blisovi fe 1/20 . . . 31
blisovi fe 1.5/30 . . . 31
BLUJEPA . . . 11
BONSITY . . . 38
BOOSTRIX . . . 36
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 . . . 36
BREO ELLIPTA . . . 40
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT . . . 40
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT . . . 40
briellyn . . . 31
brimonidine tartrate ophthalmic solution 0.15 % . . . 39
brimonidine tartrate ophthalmic solution 0.2 % . . . 39
brinzolamide . . . 39
brivaracetam oral tablet . . . 12
BRIVIACT ORAL SOLUTION . . . 12
BRIVIACT ORAL TABLET . . . 12
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML . . . 40
bromfenac sodium (once-daily) . . 38
bromocriptine mesylate oral tablet . . . 16
BRUKINSA ORAL CAPSULE . . . 15
budesonide inhalation . . . 40
budesonide oral . . . 37
bumetanide oral . . . 18
BUMEX . . . 18
buprenorphine . . . 8, 10
buprenorphine hcl sublingual . . . 10
buprenorphine hcl-naloxone hcl sublingual film . . . 10
buprenorphine hcl-naloxone hcl sublingual tablet sublingual . . . 10
bupropion hcl er (smoking det) . . . 10
bupropion hcl er (sr) . . . 13
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . 13
bupropion hcl oral . . . 13
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg . . . 18
butalbital-acetaminophen oral tablet 50-325 mg . . . 8
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg . . . 8
butalbital-apap-caffeine oral capsule 50-300-40 mg . . . 8
butalbital-apap-caffeine oral capsule 50-325-40 mg . . . 8
butalbital-apap-caffeine oral tablet . . . 8
butalbital-asa-caff-codeine . . . 8
butalbital-aspirin-caffeine . . . 8
butorphanol tartrate nasal . . . 8
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML . . . 26
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML . 26
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML . . 26
BYLVAY . . . 29
BYLVAY (PELLETS) . . . 29

C

cabergoline . . . 34

CABOMETYX. 15
calcipotriene external cream 22
calcipotriene external ointment . . 22
calcipotriene external solution . . . 22
CALCITRENE. 22
calcitriol oral capsule. 38
calcium acetate (phos binder) oral capsule 30
CALQUENCE. 15
camila 31
camrese. 31
camrese lo 31
CAMZYOS 18
candesartan cilexetil 18
candesartan cilexetil-hctz 18
capecitabine. 15
CAPLYTA 17
captopril oral. 18
CAPVAXIVE 36
carbamazepine er 12
carbamazepine oral tablet 12
carbamazepine oral tablet chewable. 12
CARBATROL. 12
carbidopa-levodopa er oral tablet extended release. 16
carbidopa-levodopa oral tablet. . . 16
carbinoxamine maleate oral tablet 4 mg. 40
CARDURA 18
CAREPOINT POLY HUB NEEDLE 18G X 1” , 21G X 1” , 22G X 1” , 23G X 1” , 25G X 1” , 25G X 1-1/2” , 25G X 5/8”. 25
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2” 25
CAREPOINT PRECISION POLY HUB. 25
CAREPOINT SAFETY 1ST NEEDLE 25
carisoprodol oral tablet 350 mg . . 41
CARNITOR ORAL SOLUTION 28
CARNITOR ORAL TABLET 30
CARNITOR SF 28
cartia xt 18
carvedilol. 18
cefadroxil oral capsule 11
cefadroxil oral suspension reconstituted 11
cefdinir 11
cefixime oral capsule. 11
cefpodoxime proxetil oral tablet . .11
cefprozil. 11
cefuroxime axetil 11
celecoxib oral. 9
cephalexin 11
CEQUR SIMPLICITY 2U 10PK 25
CETROTIDE. 37
cevimeline hcl 21
charlotte 24 fe 31
chateal eq. 31
chlordiazepoxide hcl 18
chlordiazepoxide-clidinium 29
chlorhexidine gluconate mouth/ throat. 21
chlorpromazine hcl oral tablet 17
chlorthalidone 18
chlorzoxazone oral tablet 500 mg. 42
cholestyramine light 18
cholestyramine oral 18
CHORIONIC GONADOTROPIN INTRAMUSCULAR 37
CIBINQO 22
ciclodan 14
ciclopirox external gel. 14
ciclopirox external shampoo. 14
ciclopirox external solution 14
ciclopirox olamine external cream 14
ciclopirox olamine external suspension 22
cilostazol 16
CIMDUO 17
cimetidine oral. 29
CIMZIA 35
cinacalcet hcl 38
CIPRO ORAL TABLET 11
ciprofloxacin hcl ophthalmic. 38
ciprofloxacin hcl oral 11
ciprofloxacin-dexamethasone. . . . 39
citalopram hydrobromide oral tablet. 13
claravis 22
clarithromycin oral tablet 11
CLEOCIN ORAL CAPSULE 150 MG, 300 MG. 11
CLEOCIN ORAL CAPSULE 75 MG. .11
CLEOCIN ORAL SOLUTION RECONSTITUTED. 11
CLEOCIN VAGINAL CREAM 11
CLEOCIN-T. 22
CLIMARA PRO 31
clindacin etz 22
clindacin-p 22
clindamycin hcl oral 11
clindamycin palmitate hcl 11
clindamycin phos (twice-daily) gel 1 % external 22
clindamycin phos-benzoyl perox external gel 1.2-5 % 22
clindamycin phosphate external lotion 22
clindamycin phosphate external solution 23
clindamycin phosphate external swab. 23
clindamycin phosphate vaginal 11
CLINDESSE 11
CLINPRO 5000 21
clobazam oral suspension 2.5 mg/ml. 12
clobazam oral tablet. 12
clobetasol prop emollient base . . . 23
clobetasol propionate e 23
clobetasol propionate external cream 0.05 %. 23

clobetasol propionate external gel . . . 23
clobetasol propionate external liquid . . . 23
clobetasol propionate external ointment . . . 23
clobetasol propionate external solution . . . 23
clomid . . . 37
clomiphene citrate oral . . . 37
clomipramine hcl oral . . . 13
clonazepam oral . . . 18
clonidine hcl er . . . 21
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg . . . 18
clonidine patch weekly . . . 18
clopidogrel bisulfate oral . . . 16
clorazepate dipotassium . . . 18
clotrimazole mouth/throat . . . 14
clotrimazole-betamethasone . . . 23
clozapine oral tablet . . . 17
CLOZARIL . . . 17
CO-NATAL FA . . . 28
colchicine oral . . . 14
colchicine-probenecid . . . 14
colesevelam hcl oral tablet . . . 18
COLESTID ORAL TABLET . . . 18
colestipol hcl oral tablet . . . 18
COMBIGAN . . . 39
COMBIPATCH . . . 31
COMBIVENT RESPIMAT . . . 40
COMIRNATY . . . 36
COMIRNATY 5-11 YEARS . . . 36
constulose . . . 29
CONTOUR NEXT EZ KIT W/ DEVICE . . . 25
CONTOUR NEXT GEN MONITOR KIT W/DEVICE . . . 25
CONTOUR NEXT GEN TEST STRIPS . . . 25
CONTOUR NEXT MONITOR KIT W/DEVICE . . . 25
CONTOUR NEXT ONE KIT . . . 25
CONTOUR PLUS BLUE KIT W/ DEVICE . . . 25
CONTOUR PLUS TEST STRIP . . . 25
CORLANOR ORAL TABLET . . . 18
CORTEF . . . 34
CORTIFOAM . . . 37
COSENTYX . . . 35
COSOPT . . . 39
COTELLIC . . . 15
COVARYX . . . 31
COVARYX HS . . . 31
CREON . . . 30
CRESEMBA ORAL . . . 14
CREXONT . . . 16
cromolyn sodium ophthalmic . . . 39
cromolyn sodium oral . . . 29
cryselle . . . 31
cryselle-28 . . . 31
cvs aspirin adult low dose . . . 9
cvs aspirin adult low strength . . . 9
cvs aspirin ec . . . 9
cvs aspirin low dose . . . 9
cvs aspirin low strength . . . 9
cvs nicotine . . . 10
cvs nicotine polacrilex . . . 10
cyanocobalamin injection solution 1000 mcg/ml . . . 28
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML . . . 28
cyanocobalamin nasal . . . 28
cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . 42
CYCLOGYL . . . 39
cyclopentolate hcl ophthalmic . . . 39
CYCLOSET . . . 26
cyclosporine modified oral capsule . . . 36
cyproheptadine hcl oral syrup 2 mg/5ml . . . 40
cyproheptadine hcl oral tablet . . . 40
cyred eq . . . 31
CYTOTEC . . . 29

D

dabigatran etexilate mesylate . . . 12
dalfampridine er . . . 21
dapsone external . . . 23
dapsone oral . . . 15
dasatinib . . . 15
dasetta 1/35 (28) . . . 31
dasetta 7/7/7 . . . 31
DAYPRO ORAL TABLET 600 MG . . . 9
daysee . . . 31
deblitane . . . 31
DELESTROGEN . . . 31
DELSTRIGO . . . 17
delyla . . . 31
DENTA 5000 PLUS . . . 21, 28
DENTA 5000 PLUS SENSITIVE . . . 28
DENTAGEL . . . 21
DEPAKOTE . . . 12
DEPAKOTE ER . . . 12
DEPAKOTE SPRINKLES . . . 12
DEPEN TITRATABS . . . 30
DEPO-PROVERA . . . 31
DEPO-SUBQ PROVERA 104 . . . 31
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . 35
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . 35
DERMA-SMOOTHE/FS BODY . . . 23
DERMA-SMOOTHE/FS SCALP . . . 23
DERMOTIC . . . 39
DESCOVY ORAL TABLET 120-15 MG . . . 17
DESCOVY ORAL TABLET 200-25 MG . . . 17
desipramine hcl oral . . . 13
desmopressin acetate oral . . . 34
desmopressin acetate spray . . . 34
desogestrel-ethinyl estradiol . . . 31

desonide external cream..... 23
desonide external lotion 23
desonide external ointment 23
DESOWEN EXTERNAL CREAM 0.05 % 23
desoximetasone external cream . 23
desoximetasone external ointment 23
desvenlafaxine succinate er 13
dexamethasone intensol.....34
dexamethasone oral elixir.....34
dexamethasone oral solution.....34
dexamethasone oral tablet 34
dexamethasone sodium phosphate ophthalmic 38
DEXCOM G6 RECEIVER 25
DEXCOM G6 SENSOR 25
DEXCOM G6 TRANSMITTER..... 25
DEXCOM G7 15 DAY SENSOR 25
DEXCOM G7 RECEIVER 25
DEXCOM G7 SENSOR 25
dexmethylphenidate hcl 21
dexmethylphenidate hcl er 21
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg 21
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg 21
dextroamphetamine sulfate oral tablet 10 mg, 5 mg..... 21
diazepam oral solution 18
diazepam oral tablet..... 18
diazepam rectal..... 12
diclofenac potassium oral tablet 50 mg 9
diclofenac sodium er 9
diclofenac sodium external gel 3 %..... 23
diclofenac sodium ophthalmic....38
diclofenac sodium oral 9
diclofenac-misoprostol 9
dicloxacillin sodium.....11
dicyclomine hcl oral capsule 29
dicyclomine hcl oral tablet 20 mg 29
DIFICID ORAL SUSPENSION RECONSTITUTED.....11
difluprednate 39
digoxin oral tablet 18
DILANTIN..... 12
dilt-xr..... 18
diltiazem hcl er beads 18
diltiazem hcl er coated beads..... 18
diltiazem hcl er oral capsule extended release 12 hour 18
diltiazem hcl er oral capsule extended release 24 hour 18
diltiazem hcl er oral tablet extended release 24 hour 18
diltiazem hcl oral..... 18
dimethyl fumarate oral..... 21
DIPENTUM 37
diphenoxylate-atropine oral tablet.....29
DIPROLENE.....23
disulfiram oral 10
divalproex sodium er 12
divalproex sodium oral capsule delayed release sprinkle..... 12
divalproex sodium oral tablet delayed release 12
DIVIGEL..... 31
DODEX INJECTION SOLUTION 1000 MCG/ML 28
dofetilide..... 18
donepezil hcl oral tablet..... 13
DOPTELET 27
dorzolamide hcl solution 2 % ophthalmic.....39
dorzolamide hcl-timolol mal 39
dotti 31
DOVATO..... 17
doxazosin mesylate oral..... 18
doxepin hcl oral capsule..... 13
doxepin hcl oral concentrate 13
doxycycline hyclate oral capsule 100 mg, 50 mg 11
doxycycline hyclate oral tablet 100 mg 11
doxycycline hyclate oral tablet 20 mg 11
doxycycline monohydrate oral capsule 100 mg, 50 mg.....11
doxycycline monohydrate oral suspension reconstituted 11
doxycycline monohydrate oral tablet.....11
DRISDOL.....28
dronabinol oral capsule 14
DROPSAFE SAFETY SYRINGE/ NEEDLE 25
DROPSAFE SICURA..... 25
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg..... 31
drospirenone-ethinyl estradiol ... 31
DRYSOL 23
DUAVEE 31
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg 13
DUPIXENT 23
dutasteride oral.....30

E

E.E.S. GRANULES 11
EASIVENT..... 40, 41
EASIVENT MASK LARGE 40
EASIVENT MASK MEDIUM 41
EASIVENT MASK SMALL 41
EBGLYSS 23
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG..... 9
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG 9
ec-naproxen oral tablet delayed release 375 mg, 500 mg..... 9
econazole nitrate external cream. 14
EEMT 31
EEMT HS..... 31

EFUDEX EXTERNAL CREAM 5 % . . 23
ELESTRIN 31
eletriptan hydrobromide 15
ELIMITE EXTERNAL CREAM 5 % . . 16
elinest 31
ELIQUIS TABLET. 12
ELLA. 31
ELMIRON. 30
ELOCTATE. 27
eltrombopag olamine oral tablet . 27
eluryng 31
EMBECTA AUTOSHIELD 30GX5MM. 25
EMBECTA INSULIN SYRINGE 25
EMBECTA INSULIN SYRINGE U-500 25
EMBECTA PEN NEEDLE/ NANO/32G X 4MM. 25
EMGALITY 15
EMPAVELI. 36
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg 17
emtricitabine-tenofovir df oral tablet 200-300 mg 17
emzahh. 31
enalapril maleate oral solution. . . . 19
enalapril maleate oral tablet 19
enalapril-hydrochlorothiazide 19
ENBREL 36
ENBREL MINI 36
ENBREL SURECLICK. 36
endocet 8
ENDOMETRIN 37
ENGERIX-B. 36
enilloring 31
ENLITE GLUCOSE SENSOR 25
enoxaparin sodium injection solution prefilled syringe. 12
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg. 31
ENSACOVE. 15
enskyce 31
ENSTILAR. 23
entecavir 17
ENTYVIO PEN. 36
enulose. 29
EOHILIA. 37
EPIDIOLEX. 12
epinastine hcl 38
epinephrine solution auto-injector 39
epitol oral tablet 200 mg 12
eplerenone. 19
eq aspirin adult low dose 9
eq aspirin low dose 9
eq nicotine 10
eq nicotine mouth/throat gum 4 mg. 10
eq nicotine polacrilex. 10
eq nicotine step 3. 10
eql aspirin low dose. 9
ergocalciferol oral capsule 28, 29
ERIVEDGE 15
ERLEADA. 15
ERMEZA ORAL SOLUTION 150 MCG/5ML. 35
errin 31
ERYGEL EXTERNAL GEL 2 % 23
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML . . .11
ERYPED 400 11
erythromycin base oral tablet 11
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml 11
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml 11
erythromycin external. 23
erythromycin ophthalmic 38
escitalopram oxalate oral solution 13
escitalopram oxalate oral tablet . . 13
ESGIC ORAL CAPSULE 50-325-40 MG 8
ESGIC ORAL TABLET 50-325-40 MG. 8
eslicarbazepine acetate 12
esomeprazole magnesium oral packet. 29
est estrogens-methyltest 31
est estrogens-methyltest ds 31
est estrogens-methyltest hs 31
estarylla 31
estradiol oral. 31-33
estradiol patch twice weekly 31
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm 31
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) 31
estradiol transdermal patch weekly 32
estradiol vaginal cream. 32
estradiol vaginal tablet 32
estradiol valerate intramuscular . . 32
estradiol-norethindrone acet oral tablet 0.5-0.1 mg. 32
estradiol-norethindrone acet oral tablet 1-0.5 mg. 32
estratest f.s. oral tablet 1.25-2.5 mg. 32
ESTRATEST H.S. 32
ESTRING 32
estrogens conjugated 32
eszopiclone 42
ethambutol hcl oral. 15
ethosuximide oral 12
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg 32
etodolac. 9
etonogestrel-ethinyl estradiol 32
EUCRISA 23

euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg 35
EVAMIST 32
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg 36
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg 15
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG 35
EVRYSDI 30
exemestane 15
EXXUA 13
EXXUA TITRATION PACK 13
EYSUVIS 38
ezetimibe 19
ezetimibe-simvastatin 19

F

FABHALTA 27
falmina 32
famciclovir oral 17
famotidine oral suspension reconstituted 29
FASENRA PEN 41
febuxostat 15
feirza 1/20 32
feirza 1.5/30 32
felodipine er 19
FEMRING 32
fenofibrate micronized 19
fenofibrate oral capsule 134 mg, 200 mg, 67 mg 19
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg 19
fenofibric acid oral capsule delayed release 19
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr 8
FETZIMA 13
fidaxomicin 11
FILSPARI 30
FINACEA EXTERNAL FOAM 23
finasteride oral tablet 5 mg 30
fingolimod hcl 21
finzala 32
FIORICET 8
flac otic oil 0.01 % 39
FLAREX 38
flecainide acetate 19
FLEXICHAMBER 41
FLOTREX ORAL TABLET CHEWABLE 1 MG 28
FLUAD 36
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML 36
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 37
fluconazole oral 14
fludrocortisone acetate oral 34
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML 37
flunisolide nasal 40
fluocinolone acetonide body 23
fluocinolone acetonide external cream 23
fluocinolone acetonide external ointment 23
fluocinolone acetonide external solution 23
fluocinolone acetonide otic 39
fluocinolone acetonide scalp 23
fluocinonide external cream 0.05 % 23
fluocinonide external gel 23
fluocinonide external ointment 23
fluocinonide external solution 23
FLUORIDEX 21
FLUORIDEX ENHANCED WHITENING 21
FLUORIMAX 5000 ..... 21, 28
FLUORIMAX 5000 SENSITIVE 28
fluorometholone 38
fluorouracil external cream 5 % 23
fluoxetine hcl oral capsule 13
fluoxetine hcl oral solution 13
fluoxetine hcl oral tablet 13
fluticasone propionate external cream 23
fluticasone propionate external ointment 23
fluticasone propionate nasal 40
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act 41
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT 41
fluvoxamine maleate 14
fluvoxamine maleate er 14
FLUZONE 37
FLUZONE HIGH-DOSE 37
FML FORTE 38
FML LIQUIFILM 38
FOCALIN 21
folic acid oral tablet 1 mg 28
FOLLISTIM AQ 37
FOSAMAX 38
fosfomycin tromethamine 11
fosinopril sodium 19
FRAICHE 5000 DENTAL DENTAL GEL 1.1 % 21
FREESTYLE LIBRE 14 DAY READER 25
FREESTYLE LIBRE 14 DAY SENSOR 25
FREESTYLE LIBRE 2 PLUS SENSOR 25
FREESTYLE LIBRE 2 READER 25
FREESTYLE LIBRE 2 SENSOR 25

FREESTYLE LIBRE 3 PLUS SENSOR . . . 25
FREESTYLE LIBRE 3 READER . . . 25
FREESTYLE LIBRE 3 SENSOR . . . 25
frovatriptan succinate . . . 15
ft aspirin low dose . . . 9
ft aspirin oral tablet chewable . . . 9
ft naloxone hcl . . . 10
ft nicotine . . . 10
ft nicotine mini . . . 10
furosemide oral . . . 19
fyavolv . . . 32
FYCOMPA ORAL SUSPENSION . . . 12
FYCOMPA ORAL TABLET . . . 12
FYREMADEL . . . 37

G

gabapentin oral capsule 100 mg, 300 mg, 400 mg . . . 12
gabapentin oral solution 250 mg/5ml . . . 12
gabapentin oral tablet 600 mg, 800 mg . . . 12
gallifrey . . . 32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous . . . 37
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . 37
gatifloxacin ophthalmic . . . 38
gavilyte-c . . . 29
gavilyte-g . . . 29
gavilyte-n with flavor pack . . . 29
GAVRETO . . . 15
gemfibrozil oral . . . 19
generlac . . . 29
gengraf . . . 36
gentamicin sulfate external . . . 11
gentamicin sulfate ophthalmic . . . 38
GENVOYA . . . 17
GILENYA ORAL CAPSULE 0.25 MG21
glatiramer acetate . . . 21
glatopa . . . 21
glimepiride oral tablet 1 mg, 2 mg, 4 mg . . . 26
glipizide er . . . 26
glipizide oral tablet 10 mg, 5 mg . . . 26
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg . . . 26
glipizide-metformin hcl . . . 26
GLUCAGON EMERGENCY KIT . . . 26, 27
glucagon emergency kit injection solution reconstituted 1 mg . . . 27
GLUCOTROL XL . . . 27
glyburide . . . 27
glyburide-metformin . . . 27
glycopyrrolate oral tablet 1 mg, 2 mg . . . 29
GLYXAMBI . . . 27
gnp adult aspirin low strength . . . 9
gnp aspirin low dose . . . 9
gnp aspirin oral tablet delayed release 81 mg . . . 9
gnp naloxone hcl . . . 10
gnp nicotine mini . . . 10
gnp nicotine polacrilex mouth/throat gum 2 mg . . . 10
gnp nicotine polacrilex mouth/throat lozenge . . . 10
gnp nicotine transdermal . . . 10
GOLYTELY . . . 29
GONAL-F . . . 37
GONAL-F RFF REDIJECT . . . 37
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT . . . 37
goodsense aspirin low dose . . . 9
goodsense aspirin oral tablet chewable . . . 9
goodsense nicotine . . . 10
goodsense nicotine policrilex . . . 10
griseofulvin microsize oral suspension . . . 14
guanfacine hcl . . . 19, 21
guanfacine hcl er . . . 21
GUARDIAN 4 GLUCOSE SENSOR . 25
GUARDIAN 4 TRANSMITTER . . . 25
GUARDIAN CONNECT TRANSMITTER . . . 25
GUARDIAN LINK 3 TRANSMITTER . . . 25
GUARDIAN SENSOR 3 . . . 25
GVOKE HYPOPEN 1-PACK . . . 27
GVOKE HYPOPEN 2-PACK . . . 27
GVOKE KIT . . . 27
GVOKE PFS . . . 27
GYNAZOLE-1 . . . 14

H

h-e-b aspirin . . . 9
habitrol . . . 10
HAEGARDA . . . 36
hailey 1.5/30 . . . 32
hailey 24 fe . . . 32
hailey fe 1/20 . . . 32
hailey fe 1.5/30 . . . 32
HALCION ORAL TABLET 0.25 MG . 18
halobetasol propionate external cream . . . 23
halobetasol propionate external ointment . . . 23
haloette vaginal ring 0.12-0.015 mg/24hr . . . 32
haloperidol oral . . . 17
HAVRIX . . . 37
heather . . . 32
HEMANGEOL . . . 19
HEMLIBRA . . . 27
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG . . . 37
HEPLISAV-B . . . 37
HIPREX . . . 11

hm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg 10
HUMALOG KWIKPEN 26
HUMALOG MIX 50/50 KWIKPEN . 26
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML 26
HUMALOG MIX 75/25 KWIKPEN .. 26
HUMALOG MIX 75/25 VIAL 26
HUMALOG U-100 JUNIOR KWIKPEN..... 26
HUMULIN 70/30 KWIKPEN 26
HUMULIN 70/30 VIAL..... 26
HUMULIN N KWIKPEN 26
HUMULIN N VIAL..... 26
HUMULIN R U-500 KWIKPEN 26
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML 26
HUMULIN R VIAL 26
hydralazine hcl oral 19
hydrochlorothiazide oral 19
hydrocod poli-chlorphe poli er.... 40
hydrocodone bit-homatrop mbr oral solution..... 40
hydrocodone-acetaminophen oral solution 10-300 mg/15ml 8
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml..... 8
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg..... 8
hydrocort-pramoxine (perianal) .. 38
hydrocortisone (perianal) external cream 2.5 %..... 37
hydrocortisone ace-pramoxine external cream 1-1 %..... 38
hydrocortisone acetate rectal 38
hydrocortisone external cream 2.5 %..... 23
hydrocortisone external lotion 2.5 %..... 23
hydrocortisone external ointment 1 %, 2.5 %..... 23
hydrocortisone oral..... 34
hydrocortisone valerate external cream 23
hydrocortisone-acetic acid 39
hydromet oral solution 5-1.5 mg/5ml 40
hydromorphone hcl oral tablet 8
hydroxychloroquine sulfate oral .. 16
hydroxyurea oral..... 15
hydroxyzine hcl oral syrup 10 mg/5ml 18
hydroxyzine hcl oral tablet 18
hydroxyzine pamoate oral..... 18
HYFTOR 36
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML 27
hyoscyamine sulfate er..... 29
hyoscyamine sulfate oral tablet... 29
hyoscyamine sulfate oral tablet dispersible 29
hyoscyamine sulfate sl 29
hyoscyamine sulfate sublingual... 29
HYPERSAL 40
HYRNUO 15

I

ibandronate sodium oral 38
IBRANCE ORAL TABLET..... 15
ibuprofen oral tablet 400 mg, 600 mg, 800 mg..... 9
iclevia 32
ICLUSIG..... 15
ICOTYDE..... 23
IDELVION 27
IDHIFA 15
imatinib mesylate oral..... 15
IMBRUVICA ORAL CAPSULE..... 15
IMBRUVICA ORAL SUSPENSION . 15
IMBRUVICA ORAL TABLET 420 MG..... 15
imipramine hcl oral 14
imiquimod external cream 5 %.... 23
IMKELDI..... 15
IMVEXXY MAINTENANCE PACK .. 28
IMVEXXY STARTER PACK..... 28
INBRIJA..... 16
incassia..... 32
indapamide 19
indomethacin er 9
indomethacin oral capsule..... 9
INGREZZA 21
INGREZZA SPRINKLE 21
INPEN 100-BLUE-LILLY-HUMALOG 25
INPEN 100-BLUE-NOVOLOG-FIASP..... 25
INPEN 100-GREY-LILLY-HUMALOG 25
INPEN 100-GREY-NOVOLOG-FIASP..... 25
INPEN 100-PINK-LILLY-HUMALOG 25
INPEN 100-PINK-NOVOLOG-FIASP..... 25
INSPIREASE..... 41
INSULIN LISPRO (1 UNIT DIAL) .. 26
INSULIN LISPRO JUNIOR KWIKPEN..... 26
INSULIN LISPRO PROT & LISPRO..... 26
INSULIN LISPRO VIAL 26
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM 25
INSULIN SYRINGES 27G X 1/2” 0.5 ML, 27G X 1/2” 1 ML, 28G X 1/2” 0.5 ML, 28G X 1/2” 1 ML, 29G X 1/2” 0.5 ML, 29G X 1/2” 1 ML, 30G X 1/2” 1 ML, 30G X 5/16” 0.5 ML, 31G X 5/16” 0.5 ML, 31G X 5/16” 1 ML 25
INTRAROSA..... 28
introvale..... 32
INVELTYS 38
INZIRQO 19

IPOL 37
ipratropium bromide hfa 41
ipratropium bromide inhalation 41
ipratropium bromide nasal 40
ipratropium-albuterol 41
IQIRVO 29
irbesartan 19
irbesartan-hydrochlorothiazide 19
ISENTRESS HD 17
ISENTRESS ORAL TABLET 17
isibloom 32
isoniazid oral tablet 15
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg 19
isosorbide mononitrate er 19
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg 23
ISTALOL 39
itraconazole oral capsule 14
ivabradine hcl 19
ivermectin oral tablet 3 mg 16
ivermectin oral tablet 6 mg 16

J

jaimiess 32
JAKAFI 15
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg 12
JARDIANCE 27
jasmiel 32
jencycla 32
JENTADUETO 27
JENTADUETO XR 27
jinteli 32
jolessa 32
JORNAY PM 21
JOURNAVX 8
JUBLIA 14
juleber 32
JULUCA 17
junel 1/20 32
junel 1.5/30 32
junel fe 1/20 32
junel fe 1.5/30 32
junel fe 24 32
JUST RIGHT 5000 22
JYLAMVO 36

K

K-PHOS-NEUTRAL 28
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ 28
kalliga 32
KAPSPARGO SPRINKLE 19
kariva 32
kelnor 1/35 32
kelnor 1/50 oral tablet 1-50 mg-mcg 32
KEPPRA ORAL 12
KEPPRA XR 12
KERENDIA 19
KESIMPTA 21
ketoconazole external cream 14
ketoconazole external shampoo 14
ketoconazole oral 14
ketorolac tromethamine ophthalmic 38
ketorolac tromethamine oral 9
KEVZARA 36
KISQALI (200 MG DOSE) 15
KISQALI (400 MG DOSE) 15
KISQALI (600 MG DOSE) 15
KLARON 23
klayesta 14
KLISYRI 23
klor-con 28
klor-con 10 28
klor-con m10 28
klor-con m15 28
klor-con m20 28
KLOXXADO 10
kls aspirin low dose 9
kls quit2 10
kls quit4 10
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT 27
KOSELUGO ORAL CAPSULE 16
KOURZEQ 22
KOVALTRY 27
kp aspirin 9
kurvelo 32
KYZATREX 35

L

labetalol hcl oral 19
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml 12
lacosamide oral tablet 12
lactulose encephalopathy 29
lactulose oral solution 29
LAGEVRIO 17
LAMICTAL 12
LAMICTAL ODT ORAL TABLET DISPERSIBLE 12
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12
lamotrigine er 12
lamotrigine oral tablet 13
lamotrigine oral tablet chewable 13
lamotrigine oral tablet dispersible 13
LANCETS 25
LANOXIN ORAL TABLET 125 MCG, 250 MCG 19
LANOXIN ORAL TABLET 62.5 MCG 19
lansoprazole oral tablet delayed release dispersible 29
LANTUS SOLOSTAR 26
LANTUS U-100 VIAL 26
larin 1/20 32
larin 1.5/30 32
larin 24 fe 32

larin fe 1/20 32
larin fe 1.5/30 32
LASIX. 19
latanoprost ophthalmic 39
lederle leucovorin 16
LEDIPASVIR-SOFOSBUVIR. 17
leena oral tablet 0.5/1/0.5-35 mg-mcg 32
leflunomide oral 36
lenalidomide 16
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG 16
lessina 32
letrozole oral 16
leucovorin calcium oral. 16
leuprolide acetate injection 16
levalbuterol hcl inhalation. 41
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT 41
LEVBID 29
levetiracetam er 13
levetiracetam oral solution. 13
levetiracetam oral tablet 13
levo-t 35
levocarnitine oral solution. 28
levocarnitine oral tablet 30
levocarnitine sf 28
levocetirizine dihydrochloride oral solution. 40
levocetirizine dihydrochloride oral tablet 40
levofloxacin oral tablet 11
levonest 32
levonorg-eth estrad triphasic 32
levonorgest-eth est & eth est oral tablet 42-21-21-7 days 32
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg 32
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg. 32
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg 32
levora 0.15/30 (28) 32
levothyroxine sodium oral tablet . 35
levoxyl. 35
LEVSIN 29
LEVSIN/SL 29
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG. 13
lidocaine external ointment 5 % . . . 8
lidocaine external patch 5 % 8
lidocaine hcl mouth/throat 22
lidocaine viscous hcl. 22
lidocaine-prilocaine external cream 8
linezolid oral tablet 11
LINZESS. 30
liomny 35
liothyronine sodium oral 35
liraglutide solution pen-injector 18 mg/3ml subcutaneous 27
lisdexamfetamine dimesylate. 21
lisinopril oral 19
lisinopril-hydrochlorothiazide. 19
LITFULO 36
lithium carbonate er. 18
lithium carbonate oral. 18
LITHOBID 18
LIVDELZI 30
LO LOESTRIN FE. 32
lo-zumandimine 33
LODOCO 19
lojaimiess 32
LOKELMA 28
LOMOTIL. 30
LOPID 19
LOPRESSOR ORAL SOLUTION. . . . 19
lorazepam oral tablet. 18
loryna 32
losartan potassium oral 19
losartan potassium-hctz 19
LOTEMAX OPHTHALMIC OINTMENT. 38
LOTEMAX SM 38
LOTENSIN. 19
LOTENSIN HCT 19
loteprednol etabonate ophthalmic suspension. 38
lovastatin oral. 19
low-ogestrel 33
lubiprostone 30
luizza 1/20. 33
luizza 1.5/30. 33
LUMAKRAS. 16
LUMRYZ 42
LUMRYZ STARTER PACK. 42
LUPKYNIS. 36
lurasidone hcl 17
lutera 33
lyleq 33
lyllana 33
LYNKUET. 21
LYNPARZA 16
LYRICA ORAL CAPSULE. 21
LYUMJEV KWIKPEN 26
LYUMJEV VIAL 26
lyza 33

M

M-M-R II. 37
M-NATAL PLUS. 28
macitentan. 41
MACROBID. 11
MACRODANTIN. 11
MALARONE 16
marlissa 33
matzim la. 19
MAVYRET 17
MAXITROL 38

MAYZENT 21
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG..... 34
MEDROL ORAL TABLET 2 MG..... 34
MEDROL ORAL TABLET THERAPY PACK 34
medroxyprogesterone acetate intramuscular..... 33
medroxyprogesterone acetate oral 33
mefloquine hcl..... 16
megestrol acetate oral suspension 40 mg/ml 34
megestrol acetate oral tablet..... 33
meleya 33
meloxicam oral tablet 9
memantine hcl er..... 13
memantine hcl oral tablet..... 13
MENOPUR..... 37
MENOSTAR..... 33
MENQUADFI..... 37
MENVEO 37
mercaptopurine oral tablet 16
mesalamine oral capsule delayed release 400 mg..... 38
mesalamine oral tablet delayed release 1.2 gm..... 38
mesalamine rectal enema..... 38
mesalamine rectal suppository... 38
metaxalone oral tablet 400 mg, 800 mg..... 42
metformin hcl er..... 27
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg 27
methadone hcl oral tablet..... 8
methenamine hippurate 11
methimazole oral..... 35
methocarbamol oral tablet 500 mg, 750 mg 42
methotrexate sodium (pf) 36
methotrexate sodium injection solution 36
methotrexate sodium oral 36
METHYLIN 21
methylphenidate hcl er (cd)..... 21
methylphenidate hcl er (la) 21
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg..... 21
methylphenidate hcl er oral tablet extended release 21
methylphenidate hcl er(diffus) ... 21
methylphenidate hcl oral solution 21
methylphenidate hcl oral tablet .. 21
methylphenidate hcl oral tablet chewable 21
methylprednisolone oral 34
metoclopramide hcl oral tablet... 14
metolazone 19
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg 19
metoprolol succinate er oral tablet extended release 24 hour 25 mg..... 19
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg 19
metoprolol-hydrochlorothiazide.. 19
METROCREAM EXTERNAL CREAM 0.75 %..... 23
METROLOTION EXTERNAL LOTION 0.75 %..... 23
metronidazole external cream.... 23
metronidazole external gel 0.75 % 24
metronidazole external lotion 24
metronidazole oral tablet 250 mg, 500 mg 11
metronidazole vaginal.....11
mexiletine hcl oral 19
mibelas 24 fe..... 33
MICROCHAMBER..... 41
microgestin 1/20 33
microgestin 1.5/30 33
microgestin fe 1/20..... 33
microgestin fe 1.5/30..... 33
midodrine hcl 19
MIEBO.....39
mili 33
milnacipran hcl oral tablet 21
milophene 37
mimvey.....33
MINIMED 630G GUARDIAN PRESS 25
MINIMED INSTINCT GLUC SENSOR 26
minocycline hcl oral capsule 11
minoxidil oral 19
mirabegron er oral tablet extended release 24 hour 30
mirtazapine oral 14
MIRVASO..... 24
misoprostol oral 29
MITIGARE..... 15
mm aspirin 9
MNEXSPIKE.....37
modafinil oral 42
mometasone furoate external 24
mometasone furoate nasal 40
mono-linyah 33
MONOJECT HYPODERMIC NEEDLE 18G X 1”.....26
montelukast sodium oral packet . 41
montelukast sodium oral tablet .. 41
montelukast sodium oral tablet chewable 41
morphine sulfate er..... 8
morphine sulfate oral tablet 8
MOTPOLY XR..... 13
MOUNJARO..... 27
MOVIPREP 30
moxifloxacin hcl (2x day).....38
moxifloxacin hcl ophthalmic.....38
moxifloxacin hcl oral 11
MULTAQ..... 19
multivitamin w/fluoride tablet chewable 0.25 mg oral 28
multivitamin w/fluoride tablet chewable 0.5 mg oral.....28

multivitamin w/fluoride tablet chewable 1 mg oral . . . 28
multivitamin/fluoride oral tablet chewable . . . 28
mupirocin cream . . . 11
mupirocin ointment . . . 11
MYAMBUTOL ORAL TABLET 400 MG . . . 15
mycophenolate mofetil oral capsule . . . 36
mycophenolate mofetil oral tablet . . . 36
mycophenolate sodium . . . 36
mycophenolic acid . . . 36
MYFEMBREE . . . 33
MYHIBBIN . . . 36
MYSOLINE . . . 13

N

na sulfate-k sulfate-mg sulf . . . 30
nabumetone oral . . . 9
nadolol oral . . . 19
naloxone hcl nasal . . . 10
naltrexone hcl oral . . . 10
naproxen dr . . . 9
naproxen oral tablet . . . 9
naproxen oral tablet delayed release . . . 9
naproxen sodium oral tablet 275 mg, 550 mg . . . 9
naratriptan hcl . . . 15
NARCAN . . . 10
NASCOBAL . . . 28
NATAZIA . . . 33
nateglinide . . . 27
NAYZILAM . . . 13
nebivolol hcl . . . 19
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % . . . 40
necon 0.5/35 (28) . . . 33
NEFFY . . . 39
NEMLUVIO . . . 24
neomycin sulfate oral . . . 11
neomycin-polymyxin-dexameth . 38
neomycin-polymyxin-hc otic . . . 39
NEONATAL COMPLETE . . . 28
NEONATAL PLUS . . . 28
neuac . . . 24
NEULASTA . . . 27
NEUPRO . . . 16
NEURONTIN . . . 13
NEVANAC . . . 38
NEXLETOL . . . 19
NEXLIZET . . . 19
NGENLA . . . 34
niacin er (antihyperlipidemic) . . . 19
NICODERM CQ . . . 10
NICORETTE MINI . . . 10
NICORETTE MOUTH/THROAT GUM . . . 10
NICORETTE MOUTH/THROAT LOZENGE . . . 10
NICORETTE STARTER KIT . . . 10
nicotine mini . . . 10
nicotine polacrilex mini . . . 10
nicotine polacrilex mouth/throat . 10
nicotine step 1 . . . 10
nicotine step 2 . . . 10
nicotine step 3 . . . 10
nicotine transdermal patch 24 hour . . . 10
nifedipine er . . . 19
nifedipine er osmotic release . . . 19
nifedipine oral . . . 19
nikki . . . 33
nilotinib hcl . . . 16
nintedanib esylate . . . 41
nitro-bid . . . 19
NITRO-DUR . . . 19
nitrofurantoin macrocrystal . . . 11
nitrofurantoin monohydrate macrocrystals . . . 11
nitroglycerin rectal . . . 19
nitroglycerin sublingual . . . 19
nitroglycerin transdermal ointment . . . 19
nitroglycerin transdermal patch 24 hour . . . 20
NITROSTAT . . . 20
NIVA THYROID . . . 35
NIVA-PLUS . . . 28
NIVESTYM . . . 27
nora-be . . . 33
NORDITROPIN FLEXPRO . . . 34
norelgestromin-eth estradiol . . . 33
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg . . . 33
norethin ace-eth estrad-fe oral tablet chewable . . . 33
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg . . . 33
norethindrone acet-ethinyl est . . . 33
norethindrone acetate oral . . . 33
norethindrone oral . . . 33
norethindrone-eth estradiol . . . 33
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg . . . 33
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg . . . 33
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg . . . 33
NORLIQVA . . . 20
norlyroc . . . 33
NORPRAMIN . . . 14
nortrel 0.5/35 (28) . . . 33
nortrel 1/35 (21) . . . 33
nortrel 1/35 (28) . . . 33
nortrel 7/7/7 . . . 33
nortriptyline hcl oral capsule . . . 14
NOVAREL . . . 37
NOVOEIGHT . . . 27
NOVOFINE PEN NEEDLE . . . 26

NOVOFINE PLUS PEN NEEDLE ... 26
np thyroid ... 35
NUBEQA ... 16
NUCALA ... 41
NUCYNTA ER ... 8
NUEDEXTA ... 21
NULEV ... 30
NURTEC ... 15
NUWIQ ... 27
NUZYRA ORAL ... 11
nyamyc external powder 100000 unit/gm ... 14
nylia 1/35 ... 33
nylia 7/7/7 ... 33
nystatin external ... 14
nystatin mouth/throat suspension 100000 unit/ml ... 14
nystatin oral ... 14
nystatin-triamcinolone ... 14
nystop ... 14

O

ocella oral tablet 3-0.03 mg ... 33
OCUFLOX ... 38
ODACTRA ... 40
ODEFSEY ... 17
ODOMZO ... 16
ofloxacin ophthalmic ... 38
ofloxacin otic ... 39
olanzapine oral tablet ... 17
olanzapine oral tablet dispersible. 17
olmesartan medoxomil oral ... 20
olmesartan medoxomil-hctz ... 20
olopatadine hcl nasal ... 40
OLUMIANT ... 36
omega-3-acid ethyl esters ... 20
omeprazole oral capsule delayed release ... 29
OMNIPOD 5 DEXCOM INTRO KIT ... 26
OMNIPOD 5 DEXCOM PODS ... 26
OMNIPOD 5 LIBRE INTRO ... 26
OMNIPOD 5 LIBRE PODS ... 26
OMNITROPE ... 34
OMVOH SUBCUTANEOUS ... 36
ondansetron hcl oral solution 4 mg/5ml ... 14
ondansetron hcl oral tablet ... 14
ondansetron odt oral tablet dispersible 4 mg, 8 mg ... 14
ONE VITE WOMENS PLUS ... 28
ONFI ... 13
ONYDA XR ... 21
OPVEE ... 10
OPZELURA ... 24
ORACIT ... 28
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML ... 28
ORALONE ... 22
ORENCIA CLICKJECT ... 36
ORENCIA SUBCUTANEOUS ... 36
ORFADIN ... 30
ORGOVYX ... 16
ORIAHNN ... 34
ORILISSA ... 34
ORLYNVAH ... 11
orphenadrine citrate er ... 42
orquidea ... 33
OSCIMIN ... 30
oseltamivir phosphate oral ... 17
OSPHENA ... 28
OTEZLA ... 36
OTEZLA XR ... 36
OVACE PLUS WASH EXTERNAL LIQUID 10 % ... 24
OVACE WASH EXTERNAL LIQUID 10 % ... 24
OVIDREL ... 37
oxaprozin oral tablet ... 9
oxcarbazepine ... 13
oxybutynin chloride er ... 30
oxybutynin chloride oral solution. 30
oxybutynin chloride oral tablet 2.5 mg ... 30
oxybutynin chloride oral tablet 5 mg ... 30
oxycodone hcl oral capsule ... 8
oxycodone hcl oral solution ... 8
oxycodone hcl oral tablet ... 8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg ... 8
OZEMPIC ... 27

P

PACERONE ORAL TABLET 100 MG, 400 MG ... 20
PACERONE ORAL TABLET 200 MG ... 20
paliperidone er ... 17
PANCREAZE ... 30
PANRETIN ... 24
pantoprazole sodium oral tablet delayed release ... 29
paroxetine hcl er ... 14
paroxetine hcl oral tablet ... 14
PAXLOVID (150/100) ... 17
PAXLOVID (300/100 & 150/100) .. 17
PAXLOVID (300/100) ... 17
PEDIAPRED ORAL SOLUTION 5 MG/5ML ... 34
peg 3350-kcl-na bicarb-nacl ... 30
peg-3350/electrolytes ... 30
peg-3350/electrolytes/ascorbat . 30
peg-kcl-nacl-nasulf-na asc-c ... 30
PELLIX ... 24
penicillin v potassium ... 11
pentoxifylline er ... 20
perampanel oral tablet ... 13
PERFOROMIST ... 41
PERIDEX ... 22
periogard ... 22
permethrin external ... 16
perphenazine oral ... 14
PERTZYE ... 30
phenazo oral tablet 200 mg ... 30

phenazopyridine hcl oral tablet 100 mg, 200 mg 30
phenobarbital oral tablet..... 13
phenytek..... 13
phenytoin sodium extended..... 13
philith 33
PHOSPHA 250 NEUTRAL 28
phospho-trin 250 neutral 28
phosphorous..... 28
pilocarpine hcl oral 22
pimecrolimus 24
pimtrea..... 33
pioglitazone hcl..... 27
pioglitazone hcl-metformin hcl... 27
PIQRAY..... 16
piroxicam oral..... 9
PIVYA.....11
PLEGRIDY..... 21
pnv 27-ca/fe/fa 28
podofilox external solution 24
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM..... 38
polymyxin b-trimethoprim..... 38
pomalidomide 16
portia-28 33
posaconazole oral tablet delayed release 14
potassium chloride crys er 28
potassium chloride er 28
potassium chloride oral packet 20 meq 28
potassium chloride oral solution.. 28
potassium citrate er 28
pramipexole dihydrochloride 16
prasugrel hcl 16
pravastatin sodium 20
prazosin hcl oral 20
PRED MILD..... 38
prednisolone acetate ophthalmic..... 39
prednisolone oral solution 34
prednisolone sodium phosphate oral solution 15 mg/5ml 34
prednisone oral solution 34
prednisone oral tablet..... 34
prednisone oral tablet therapy pack 34
pregabalin oral capsule..... 21
PREGNYL..... 37
PREMARIN ORAL 33
PREMARIN VAGINAL 33
premium lidocaine external ointment 5 %..... 8
PREMPHASE 33
PREMPRO 33
prenatal oral tablet 27-1 mg..... 28
prenatal plus..... 28
prenatal plus vitamin/mineral..... 28
prevalite..... 20
PREVIDENT 5000 BOOSTER PLUS..... 22
PREVIDENT 5000 DRY MOUTH... 22
PREVIDENT 5000 ENAMEL PROTECT..... 28
PREVIDENT 5000 KIDS 22
PREVIDENT 5000 ORTHO DEFENSE..... 22
PREVIDENT 5000 PLUS 22
PREVIDENT 5000 SENSITIVE 28
PREVIDENT DENTAL 22
PREVNAR 20 37
PREVYMIS ORAL TABLET 17
PREZCOBIX..... 17
primidone oral 13
PRIORIX..... 37
probenecid..... 15
PROCHAMBER VHC..... 41
prochlorperazine maleate oral.... 14
procto-med hc..... 38
PROCTOFOAM HC..... 38
PROCTOSOL HC 38
PROCTOZONE-HC 38
progesterone intramuscular 33
progesterone oral 33
progesterone vaginal..... 37
PROGRAF ORAL CAPSULE..... 36
promethazine hcl oral 14
promethazine hcl rectal 14
promethazine-codeine..... 40
promethazine-dm 40
PROMETHEGAN 14
propafenone hcl 20
propafenone hcl er 20
propranolol hcl er..... 20
propranolol hcl oral..... 20
propylthiouracil oral 35
PROVERA.....31, 33
prucalopride succinate..... 30
pseudoephedrine-bromphen-dm..... 40
PULMOSAL..... 40
PULMOZYME..... 41
PYLERA..... 29
PYRIDIUM..... 30
pyridostigmine bromide oral tablet 60 mg 15

Q

qc aspirin low dose 9
qc childrens aspirin 9
qc nicotine transdermal system .. 10
QUESTRAN..... 20
QUESTRAN LIGHT..... 20
quetiapine fumarate 17
quetiapine fumarate er..... 17
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG 28
QULIPTA 15
QVAR REDIHALER 41

R

ra aspirin adult low dose oral tablet chewable 81 mg 9

ra aspirin adult low strength oral tablet chewable 81 mg 9
ra aspirin childrens oral tablet chewable 81 mg..... 9
ra aspirin ec adult low st oral tablet delayed release 81 mg..... 9
ra aspirin ec oral tablet delayed release 81 mg 9
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg 10
ra nicotine mouth/throat gum 4 mg..... 10
ra nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg 10
ra nicotine transdermal patch 24 hour 21 mg/24hr..... 10
rabeprazole sodium oral tablet delayed release 29
RADICAVA ORS 21
RADICAVA ORS STARTER KIT 21
RALDESY..... 14
raloxifene hcl 38
ramelteon..... 42
ramipril..... 20
ranolazine er 20
rasagiline mesylate oral 16
RASUVO..... 36
reclipsen 33
RECOMBINATE 27
RECOMBIVAX HB 37
RECTIV..... 20
REGLAN..... 14
RELION GLUCOSE TEST STRIPS.. 26
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG 35
repaglinide..... 27
REPATHA 20
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML 20
REPATHA SURECLICK 20
RESTASIS..... 39
RESTORIL..... 42
RETACRIT..... 27
RETEVMO 16
REXTOVY..... 10
REXULTI..... 17
REYVOW ORAL TABLET 100 MG, 50 MG 15
REZDIFFRA..... 30
REZENOPY 10
RHAPSIDO 40
RHOFADE 24
RHOPRESSA..... 39
rifampin oral 15
RINVOQ..... 36
RINVOQ LQ 36
risedronate sodium oral tablet.... 38
risperidone..... 17
rivaroxaban oral tablet 12
rivastigmine..... 13
rivastigmine tartrate 13
rivelsa 33
rizatriptan benzoate oral 15
ROCALTROL ORAL CAPSULE..... 38
ROCKLATAN 39
roflumilast 41
ropinirole hcl..... 16
rosuvastatin calcium oral 20
rosyrah 33
roweepra..... 13
ROZLYTREK..... 16
RUCONEST..... 36
RYBELSUS..... 27
RYDAPT 16

S

sacubitril-valsartan..... 20
SALAGEN 22
SANTYL 24
saxagliptin hcl 27
saxagliptin-metformin er 27
SCEMBLIX 16
scopolamine 14
selenium sulfide external lotion .. 24
SEREVENT DISKUS 41
sertraline hcl oral concentrate.... 14
sertraline hcl oral tablet..... 14
setlakin..... 33
sevelamer carbonate oral tablet.. 30
sf 5000 plus..... 22
sf gel 1.1% 22
SFROWASA RECTAL ENEMA 4 GM/60ML..... 38
sharobel..... 33
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML 37
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg..... 28
sildenafil citrate oral tablet 20 mg 41
silodosin..... 30
SILVADENE..... 11
silver sulfadiazine external 11
simliya..... 33
simpesse 33
SIMPLERA SYNC SENSOR..... 26
SIMPONI 36
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg..... 20
simvastatin oral tablet 80 mg..... 20
SINEMET 16
SINGULAIR ORAL PACKET..... 41
sirolimus oral tablet 36
SKYRIZI 36
SKYTROFA 34
SLYND..... 33
sm aspirin low dose oral tablet chewable 81 mg..... 9
sm childrens aspirin oral tablet chewable 81 mg..... 9
sm nicotine mouth/throat gum... 10
sm nicotine polacrilex mouth/ throat gum 2 mg, 4 mg 10
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr... 10

sod citrate-citric acid oral solution 500-334 mg/5ml. 28
sod fluoride-potassium nitrate . . . 28
sodium chloride inhalation 40
sodium fluoride 5000 enamel 28
sodium fluoride 5000 plus 22
sodium fluoride 5000 ppm 22
sodium fluoride 5000 ppm dental cream 1.1 % 22
sodium fluoride 5000 sensitive . . . 28
sodium fluoride dental 22
sodium fluoride oral solution 1.1 (0.5 f) mg/ml. 29
sodium fluoride oral tablet chewable 29
sodium oxybate solution 500 mg/ml oral 42
sodium sulfacetamide wash 24
SOFOSBUVIR-VELPATASVIR 17
SOGROYA 34
solifenacin succinate 30
SOLIQUA. 27
SOOLANTRA. 24
sotalol hcl oral 20
SPIKEVAX 37
SPIKEVAX 6M-11Y 37
SPIRIVA HANDIHALER 41
SPIRIVA RESPIMAT 41
spironolactone oral tablet. 20
spironolactone-hctz. 20
SPORANOX 14
SPRAVATO. 14
sprintec 28 34
sronyx 34
ssd. 12
STARJEMZA SUBCUTANEOUS 24
STEQEYMA SUBCUTANEOUS SOLUTION 24
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . 24
STIOLTO RESPIMAT 41
STIVARGA. 16
STRENSIQ. 30
STRIVERDI RESPIMAT. 41
STROMECTOL 16
subvenite oral tablet. 13
SUCRAID. 30
sucralfate oral suspension 29
sucralfate oral tablet 29
SUFLAVE 30
sulfacetamide sod-sulfur wash external liquid 9-4 %. 24
sulfacetamide sodium (acne) 24
sulfacetamide sodium external . . . 24
sulfacetamide sodium ophthalmic. 39
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 % 24
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml. . 12
sulfamethoxazole-trimethoprim oral tablet 12
sulfasalazine oral 38
sulfatrim pediatric. 12
sulindac oral 9
sumatriptan nasal 15
sumatriptan succinate oral. 15
sumatriptan succinate subcutaneous solution auto-injector. 15
SUNOSI 42
SUPREP BOWEL PREP KIT. 30
SUTAB. 30
syeda 34
SYMBICORT. 41
SYMFI 17
SYMFI LO ORAL TABLET 400-300-300 MG 17
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML 27
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML 27
SYMPAZAN. 13
SYMPROIC 30
SYNJARDY 27
SYNJARDY XR. 27

T

TABRECTA. 16
tacrolimus external. 24
tacrolimus oral. 36
tadalafil (pah) 41
tadalafil oral. 28
TADLIQ. 41
tafluprost (pf). 39
TAGRISSO. 16
TAKHZYRO 36
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML. 36
tamoxifen citrate oral tablet 10 mg. 16
tamoxifen citrate oral tablet 20 mg. 16
tamsulosin hcl 30
TANLOR 42
tapentadol hcl 8
tarina 24 fe 34
tarina fe 1/20 eq 34
tazarotene external cream 24
TAZORAC EXTERNAL CREAM 24
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML 36
TECHLITE INSULIN SYRINGES (Arkray). 26
TECHLITE PEN NEEDLES (Arkay) . 26
TEGLUTIK. 21
TEGRETOL ORAL TABLET 13
TEGRETOL-XR. 13
TEKTURNA 20
telmisartan. 20
telmisartan-hctz. 20
temazepam 42
temozolomide 16
TENCON 8
TENIVAC 36

tenofovir disoproxil fumarate 17
TEPMETKO 16
terazosin hcl 30
terbinafine hcl oral 14
terconazole 14
teriflunomide 21
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS 38
TESTIM 35
testosterone cypionate intramuscular 35
testosterone enanthate intramuscular 35
testosterone gel 20.25 mg/act (1.62%) transdermal 35
testosterone transdermal gel 1.62 % 35
tetracycline hcl oral capsule 12
TEZRULY 30
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 41
THRIVE 10
thyroid oral 35
tiadylt er 20
TIAZAC 20
ticagrelor 16
TIGLUTIK 21
TIKOSYN 20
tilia fe 34
timolol maleate (once-daily) 39
timolol maleate ocudose 39
timolol maleate ophthalmic 39
timolol maleate pf 39
TIMOPTIC OCUDOSE 39
tinidazole oral 12
TIROSINT-SOL 35
TIVICAY 17
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg 42
tizanidine hcl oral tablet 42
TOBI PODHALER 41
TOBRADEX 39
tobramycin ophthalmic 39
tobramycin-dexamethasone 39
tofacitinib citrate er 36
tofacitinib citrate oral tablet 36
tolterodine tartrate 30
tolvaptan oral tablet therapy pack 29
TOPAMAX 13
TOPAMAX SPRINKLE 13
TOPICORT 24
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % 24
topiramate oral capsule sprinkle 13
topiramate oral tablet 13
torpenz 16
torsemide 20
TOUJEO MAX SOLOSTAR 26
TOUJEO SOLOSTAR 26
TRADJENTA 27
tramadol hcl (er biphasic) oral tablet extended release 24 hour 8
tramadol hcl er tablet extended release 24 hour 100 mg oral 8
tramadol hcl er tablet extended release 24 hour 200 mg oral 8
tramadol hcl er tablet extended release 24 hour 300 mg oral 8
tramadol hcl oral tablet 50 mg 8
tramadol-acetaminophen 8
trandolapril 20
tranexamic acid oral 27
travoprost (bak free) 39
trazodone hcl oral 14
TRELEGY ELLIPTA 41
TREMFYA 24
tretinoin external cream 24
TREXALL 36
TREZIX 8
tri-estarylla 34
tri-legest fe 34
tri-linyah 34
tri-lo-estarylla 34
tri-lo-marzia 34
tri-lo-mili 34
tri-lo-sprintec 34
tri-mili 34
tri-sprintec 34
tri-vite/fluoride 29
tri-vylibra 34
tri-vylibra lo 34
triamcinolone acetonide external cream 0.025 %, 0.1 % 24
triamcinolone acetonide external cream 0.5 % 24
triamcinolone acetonide external lotion 24
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % 24
triamcinolone acetonide mouth/throat 22
triamterene-hctz 20
triazolam 18
TRICARE ORAL TABLET 29
triderm 24
trihexyphenidyl hcl oral tablet 16
TRIJARDY XR 27
TRIKAFTA ORAL TABLET THERAPY PACK 41
TRILEPTAL 13
trimethoprim oral 12
TRINATAL RX 1 29
TRINATE 29
TRINTELLIX 14
TRIUMEQ 17
trivora (28) 34
trospium chloride 30
TRULICITY 27
TRUQAP 16
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG 17
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML 20

TRYPTYR 39
turqoz 34
TWIIST REFILL KIT 26
TWIIST REFILL KIT/INFUSION SET 26
TWIIST STARTER KIT 26
TWINRIX 37
TYBLUME 34
tydemy 34
TYMLOS 38
TYRVAYA 39
TYVASO 41

U

UBRELVY 15
UCERIS ORAL 38
UDENYCA 27
unithroid 35
urea external cream 20 %, 40 %, 45 % 24
UREMEZ-40 EXTERNAL CREAM 40 % 24
UROCIT-K 10 29
UROCIT-K 15 29
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) 29
ursodiol oral capsule 300 mg 30
ursodiol oral tablet 30

V

valacyclovir hcl oral tablet 1 gm . . . 17
valacyclovir hcl oral tablet 500 mg 17
valganciclovir hcl oral tablet 17
valproic acid oral capsule 13
valproic acid oral solution 250 mg/5ml 13
valsartan oral solution 20
valsartan oral tablet 20
valsartan-hydrochlorothiazide 20
VALTOCO 10 MG DOSE 13
VALTOCO 15 MG DOSE 13
VALTOCO 20 MG DOSE 13
VALTOCO 5 MG DOSE 13
valtya 1/35 34
valtya 1/50 34
VANCOCIN 12
vancomycin hcl oral capsule 12
VANDAZOLE 12
VANRAFIA 30
VAQTA INTRAMUSCULAR SUSPENSION 36, 37
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 37
vardenafil hcl oral tablet 28
varenicline tartrate 10
VARIVAX 37
velivet 34
VELPHORO 30
VELTASSA 29
VENCLEXTA 16
venlafaxine hcl 14
venlafaxine hcl er oral capsule extended release 24 hour 14
VEOZAH 21
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg 20
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg 20
verapamil hcl er oral tablet extended release 20
verapamil hcl oral 20
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG 20
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG 20
VERISAFE SAFETY STERILE NEEDLE 26
VERKAZIA 39
VERQUVO 20
VERZENIO 16
vestura 34
VFEND ORAL TABLET 50 MG 14
VIBERZI 30
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML 12
vienva 34
vilazodone hcl 14
VIMPAT ORAL 13
viorele 34
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG 17
VITAFOL FE+ 29
VITAFOL ULTRA 29
VITAFOL-OB 29
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit 29
VITATHELY WITH GINGER 29
VITRAKVI 16
VIVJOA 14
volnea 34
VOQUEZNA 29
VOQUEZNA DUAL PAK 29
VOQUEZNA TRIPLE PAK 29
voriconazole oral tablet 14
VORTEX HOLD CHMBR/MASK/ CHILD DEVICE 41
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE 41
VORTEX VALVE CHAMBER-PEDI MASK 41
VORTEX VALVED HOLDING CHAMBER DEVICE 41
VOSEVI 17
VOYDEYA 27
VOYXACT 30
VRAYLAR 17
VTAMA 24
vyfemla 34
VYLEESI 28
vylibra 34

VYNDAMAX 30
VYNDAQEL ORAL CAPSULE 20 MG. 20
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 36

W

WAKIX 42
warfarin sodium oral. 12
wera 34
WEZLANA SUBCUTANEOUS. 24
WILATE. 27
wixela inhub. 41

X

XACIATO 12
xarah fe 34
XARELTO. 12
XCOPRI. 13
XDEMVY. 39
XEPI 12
XIFAXAN 12
XIIDRA 39
XOFLUZA (40 MG DOSE) 17
XOFLUZA (80 MG DOSE) 17
XOLAIR. 36
XOPENEX HFA 41
XTAMPZA ER 8
XTANDI. 16
xulane 34
XYWAV 42

Y

YASMIN 28 34
YAZ 34
YESINTEK 36
YORVIPATH 38
yulithira 16
YUPELRI. 41
YUTREPIA 41
yuvafem. 34
YUVIWEL. 30

Z

zafemy 34
zafirlukast. 41
zaleplon 42
ZARONTIN 13
ZARXIO. 27
ZAVZPRET. 15
ZEJULA 16
ZELBORAF 16
ZELSUVMI. 24
zenatane 24
ZENPEP. 30
ZEPOSIA 21
ZILXI 24
ZIOPTAN 39
ziprasidone hcl. 17
ZITHROMAX 12
zolmitriptan oral tablet. 15
zolmitriptan oral tablet dispersible15
zolpidem tartrate er 42
zolpidem tartrate oral tablet. 42
ZOMIG NASAL SOLUTION 2.5 MG 15
ZOMIG NASAL SOLUTION 5 MG . . 15
ZONEGRAN 13
zonisamide oral 13
ZORYVE 24
zovia 1/35 (28) 34
ZTLIDO. 8
ZUBSOLV. 10
zumandimine 34
ZURZUVAE 14
ZYLET 39

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፡- **አማርኛ** (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث **اللغة العربية** (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانيَة والمراسلات المجانيَة بتنسيَقات أخرى، مثل الطبَاعة بأحرف كبيرة .اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায়** (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំៈ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Cambodian-Mon-Khmer) សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរស័ព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意：如果您說**中文** (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά** (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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や、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्।. आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان **فارسی** (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ** (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ! Если вы говорите на **русском** языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณ**พูดภาษาไทย** (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською** (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ **اردو (Urdu)** زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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