



Your 2023 Prescription Drug List

Advantage 4-Tier

Effective January 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans, Golden Rule, Oxford and UnitedHealthOne.



Reading your PDL (continued)

Coverage details

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

- **Central nervous system: sedatives/hypnotics**

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

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	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	4	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	E	
DUROLANE	E	
endocet	1	
ESGIC	4	QL
EUFLEXXA	E	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	4	QL
GELSYN-3	E	
GEN7T EXTERNAL PATCH	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA, ST, QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	4	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	3	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	E	PA, ST, QL
NALOCET	E	QL
NUCYNTA ER	3	PA, QL
NUCYNTA ORAL TABLET 100 MG, 75 MG	4	QL
NUCYNTA ORAL TABLET 50 MG	4	QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
QDOLO	E	PA, QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	E		EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ROXICODONE ORAL TABLET 5 MG	E	QL	ec-naproxen	1	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL	ENOVARX-DICLOFENAC SODIUM	E	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E		etodolac	2	
SUBSYS	E	PA, QL	etodolac er	3	
SUPARTZ FX	E		ibuprofen oral suspension 100 mg/5ml	E	
SYNOJOYNT	E		ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl er (biphasic)	2	(generic for Ryzolt), QL	INDOCIN	3	PA
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	(generic for Conzip), QL	indomethacin er	2	
tramadol hcl er oral tablet extended release 24 hour	2	(generic for Ultram ER), QL	INDOMETHACIN ORAL CAPSULE 20 MG	E	
TRAMADOL HCL ORAL SOLUTION	E	PA, QL	indomethacin oral capsule 25 mg, 50 mg	1	
tramadol hcl oral tablet 100 mg	E		KETOROLAC TROMETHAMINE NASAL	4	ST, QL
tramadol hcl oral tablet 50 mg	1		ketorolac tromethamine oral	1	
TREZIX	4	QL	LODINE	E	
TRILURON	E		LOFENA	E	
ULTRAM	E		meloxicam oral capsule	E	QL
VTOL LQ	2	PA, QL	MELOXICAM ORAL SUSPENSION	4	
XTAMPZA ER	4	PA, QL	meloxicam oral tablet	1	
ZEBUTAL	4	QL	nabumetone oral	1	
ZTLIDO	3	PA, QL	NAPRELAN	E	
Analgesics - Drugs for Pain and Inflammation			NAPROSYN ORAL SUSPENSION	E	PA
ANAPROX DS	E		NAPROSYN ORAL TABLET	E	
CATAFLAM	E		naproxen oral suspension	E	PA
CELEBREX	E	QL	naproxen oral tablet	1	
celecoxib oral	2	QL	naproxen oral tablet delayed release	1	
diclofenac potassium oral capsule	E		naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	E	
diclofenac potassium oral tablet 25 mg	E		NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
diclofenac potassium oral tablet 50 mg	2		naproxen sodium oral tablet 275 mg, 550 mg	2	
diclofenac sodium er	3		PENNSAID	E	
diclofenac sodium external gel 1 %	E		RELAFEN	E	
diclofenac sodium external solution	E				
diclofenac sodium oral	1				

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Drug Name	Drug Tier	Requirements & Limits
RELAFEN DS	E	
SPRIX	4	ST, QL
TIVORBEX	E	
ZIPSOR	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
KLOXXADO	2	QL
naloxone hcl injection	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	E	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	4	
levofloxacin oral	1	
LYMEPAK	E	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
minocycline hcl oral tablet	E		carbamazepine oral	1	
MINOLIRA	E	PA	CARBATROL	4	
mondoxine nl	1		DEPAKOTE	4	PA
mupirocin calcium	3	QL	DEPAKOTE ER	4	PA
mupirocin external	1	QL	DEPAKOTE SPRINKLES	4	PA
nitrofurantoin macrocrystal	1		divalproex sodium er	2	
nitrofurantoin monohydrate macrocrystals	1		divalproex sodium oral capsule delayed release sprinkle	2	
NUVESSA	E		divalproex sodium oral tablet delayed release	1	
NUZYRA ORAL	4	QL	ELEPSIA XR	E	PA
penicillin v potassium	1		epitol	1	
SOLODYN	E	PA	EPRONTIA	E	PA
sulfamethoxazole-trimethoprim oral	1		gabapentin oral capsule	1	
sulfatrim pediatric	1		gabapentin oral solution 250 mg/5ml	1	
TARGADOX	E		GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA, ST
VANDAZOLE	4		gabapentin oral tablet 600 mg, 800 mg	1	
VIBRAMYCIN ORAL CAPSULE	4		KEPPRA ORAL	4	PA
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4		KEPPRA XR	4	PA
XENLETA ORAL	3		lacosamide oral	3	PA
XEPI	3	QL	LAMICTAL	4	PA
XIMINO	E	PA	LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA
ZITHROMAX ORAL	4		LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	4	PA
ZITHROMAX TRI-PAK	4		LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
ZITHROMAX Z-PAK	4		LAMICTAL STARTER	4	PA
Anticoagulants - Drugs to Treat or Prevent Blood Clots			LAMICTAL XR	3	PA
dabigatran etexilate mesylate	1	QL	lamotrigine er	3	PA, ST
ELIQUIS	2	QL	lamotrigine oral kit	3	PA, ST
ELIQUIS DVT/PE STARTER PACK	2	QL	lamotrigine oral tablet	1	
enoxaparin sodium	2	QL	lamotrigine oral tablet chewable	1	
jantoven	1		lamotrigine oral tablet dispersible	3	PA, ST
LOVENOX	E	QL	lamotrigine starter kit-blue	1	
PRADAXA	4	QL	lamotrigine starter kit-green	1	
warfarin sodium oral	1		lamotrigine starter kit-orange	1	
XARELTO	2	QL	levetiracetam er	2	
XARELTO STARTER PACK	2	QL	levetiracetam oral	1	
Anticonvulsants - Drugs for Seizures					
BRIVIACT ORAL TABLET	3	PA			
carbamazepine er oral capsule extended release 12 hour	2				
carbamazepine er oral tablet extended release 12 hour	3				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NAYZILAM	3	PA, QL	bupropion hcl oral	1	
NEURONTIN	4	PA	CELEXA	E	
oxcarbazepine	1		CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
OXTELLAR XR	E		citalopram hydrobromide oral solution	1	
QUDEXY XR	E		citalopram hydrobromide oral tablet	1	
roweepra	1		CYMBALTA	E	QL
SPRITAM	E		desvenlafaxine succinate er	3	QL
subvenite	1		doxepin hcl oral capsule	1	
subvenite starter kit-blue	1		doxepin hcl oral concentrate	1	
subvenite starter kit-green	1		DRIZALMA SPRINKLE	4	PA, QL
subvenite starter kit-orange	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
TEGRETOL	3		duloxetine hcl oral capsule delayed release particles 40 mg	E	
TEGRETOL-XR	4		EFFEXOR XR	E	
TOPAMAX	4	PA	escitalopram oxalate oral solution	3	
TOPAMAX SPRINKLE	4	PA	escitalopram oxalate oral tablet	1	
topiramate er	E	ST	fluoxetine hcl oral capsule	1	
topiramate oral	1		fluoxetine hcl oral capsule delayed release	3	QL
TRILEPTAL	4	PA	fluoxetine hcl oral solution	1	
TROKENDI XR	E		fluoxetine hcl oral tablet 10 mg	3	QL
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL	fluoxetine hcl oral tablet 20 mg	3	
VIMPAT ORAL	4	PA	fluoxetine hcl oral tablet 60 mg	E	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA	fluvoxamine maleate	1	
ZONEGRAN	4	PA	fluvoxamine maleate er	3	QL
zonisamide oral	1		FORFIVO XL	E	QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			LEXAPRO	E	
ADLARITY	E		mirtazapine oral	1	
ARICEPT	E		nortriptyline hcl oral	1	
donepezil hcl oral tablet 10 mg, 5 mg	1		PAMELOR	E	
donepezil hcl oral tablet 23 mg	E		paroxetine hcl er	3	QL
donepezil hcl oral tablet dispersible	1		paroxetine hcl oral suspension	3	
Antidepressants - Drugs for Depression			paroxetine hcl oral tablet	1	
amitriptyline hcl oral	1		PAXIL CR	E	QL
bupropion hcl er (sr)	1		PAXIL ORAL SUSPENSION	4	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		PAXIL ORAL TABLET	E	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	PRISTIQ	E	QL
			PROZAC	E	

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Drug Name	Drug Tier	Requirements & Limits
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	

Drug Name	Drug Tier	Requirements & Limits
ciclopirox treatment	E	
CRESEMBA INTRAVENOUS	E	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	4	ST
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	QL
eletriptan hydrobromide	2	QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, ST, QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
IMITREX ORAL	E	QL	KOSELUGO	3	PA, QL, SP
IMITREX STATDOSE REFILL	E	QL	lenalidomide	2	PA, QL, SP
IMITREX STATDOSE SYSTEM	E	QL	letrozole oral	1	H-PA
MAXALT	E	QL	LYNPARZA	2	PA, QL, SP
naratriptan hcl	1	QL	mercaptopurine oral	1	
NURTEC ODT	2	PA, ST, QL	NUBEQA	2	PA, QL, SP
ONZETRA XSAIL	E	QL	ODOMZO	2	PA, QL, SP
RELPAK	E	QL	ORGOVYX	3	PA, QL, SP
rizatriptan benzoate	1	QL	PURIXAN	4	PA, SP
sumatriptan succinate oral	1	QL	REVLIMID	2	PA, QL, SP
sumatriptan succinate refill subcutaneous solution cartridge	1	QL	SOLTAMOX	E	
sumatriptan succinate subcutaneous	1	QL	STIVARGA	2	PA, QL, SP
UBRELVY	2	PA, ST, QL	tamoxifen citrate oral tablet 10 mg	1	
ZEMBRACE SYMTOUCH	E	QL	tamoxifen citrate oral tablet 20 mg	1	H-PA
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL	TARGRETIN EXTERNAL	3	QL, SP
ZOMIG NASAL SOLUTION 2.5 MG	3	QL	TARGRETIN ORAL	2	SP
ZOMIG NASAL SOLUTION 5 MG	2	QL	TASIGNA	2	PA, ST, QL, SP
Antineoplastics - Drugs for Cancer			UKONIQ	4	PA, QL
ALECENSA	2	PA, QL, SP	VERZENIO	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP	VITRAKVI	2	PA, QL, SP
anastrozole oral	1	H-PA	XELODA	E	QL, SP
ARIMIDEX	E		ZEJULA	2	PA, QL, SP
bexarotene external	E	QL, SP	Antiparasitics - Drugs for Parasitic Infections		
bexarotene oral	E	SP	ARAKODA	4	QL
CALQUENCE	2	PA, QL, SP	atovaquone-proguanil hcl	2	
capecitabine	1	QL, SP	hydroxychloroquine sulfate oral	1	
ERIVEDGE	2	PA, QL, SP	ivermectin oral	1	PA, QL
ERLEADA	2	PA, QL, SP	KRINTAFEL	1	QL
EXKIVITY	4	PA, QL, SP	MALARONE	4	
FEMARA	E		permethrin external	1	
fluorouracil external solution	1		PLAQUENIL	E	
GAVRETO	4	PA, QL, SP	Antiparkinson Agents - Drugs for Parkinson's Disease		
IBRANCE	2	PA, QL, SP	carbidopa-levodopa	1	
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL, SP	carbidopa-levodopa er	1	
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP	DHIVY	E	
IDHIFA	2	PA, QL, SP	DUOPA	4	PA
IMBRUVICA ORAL TABLET	2	PA, QL, SP	INBRIJA	3	PA, QL, SP
			KYNMOBI	3	PA, QL, SP
			MIRAPEX ER	E	
			NOURIANZ	3	PA, QL
			pramipexole dihydrochloride	1	

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Drug Name	Drug Tier	Requirements & Limits
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	4	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	4	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
REXULTI	4	PA, ST, QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR ORAL CAPSULE	4	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL

Drug Name	Drug Tier	Requirements & Limits
efavirenz-emtricitab-tenofovir	2	QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL PACKET 150-37.5 MG	2	PA, QL, SP
EPCLUSA ORAL PACKET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL, SP
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL PACKET	2	PA, ST, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
MAVYRET ORAL TABLET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
ritonavir	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	

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Drug Name	Drug Tier	Requirements & Limits
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	H
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL
TRIUMEQ PD	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	E	PA, ST, SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	E	
triazolam	1	

Drug Name	Drug Tier	Requirements & Limits
VALIUM	E	
VISTARIL	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ASPRUZYO SPRINKLE	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	4	
CARDIZEM	E	
CARDIZEM CD	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARDIZEM LA	E		guanfacine hcl	1	
CARDURA	4		HEMANGEOL	E	
CAROSPIR	4	PA	hydralazine hcl oral	1	
cartia xt	2		hydrochlorothiazide oral	1	
carvedilol	1		HYZAAR	E	
chlorthalidone	1		icosapent ethyl	E	PA
clonidine hcl oral	1		INDERAL LA	E	
colesevelam hcl	2		irbesartan	1	
COREG	E		irbesartan-hydrochlorothiazide	1	
CORGARD	4		isosorb dinitrate-hydralazine	2	
CORLANOR	3	PA, QL	isosorbide mononitrate	1	
COZAAR	E		isosorbide mononitrate er	1	
CRESTOR	E	QL	KAPSPARGO SPRINKLE	4	
diltiazem hcl er	1		labetalol hcl oral	1	
diltiazem hcl er coated beads	2		LASIX	4	
diltiazem hcl oral	1		LIPITOR	E	QL
dilt-xr	1		LIPOFEN	E	
DIOVAN	E		lisinopril oral	1	
DIOVAN HCT	E		lisinopril-hydrochlorothiazide	1	
doxazosin mesylate oral	1		LOPID	4	
EDARBI	3		LOPRESSOR	4	
EDARBYCLOR	3		losartan potassium oral	1	
enalapril maleate oral solution	3	PA	losartan potassium-hctz	1	
enalapril maleate oral tablet	1		LOTENSIN	4	
ENTRESTO	4	PA, QL	LOTENSIN HCT	4	
EPANED	4	PA	LOTREL	E	
EXFORGE	E		lovastatin oral	1	H
EZALLOR SPRINKLE	3	PA	LOVAZA	E	
ezetimibe	2		matzim la	2	
ezetimibe-simvastatin	3		MAXZIDE	4	
fenofibrate oral capsule 150 mg, 50 mg	E		MAXZIDE-25	4	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
FENOGLIDE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
flecainide acetate	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
FLOLIPID	4	PA	MICARDIS	E	
furosemide oral	1		MINIPRESS	4	
gemfibrozil oral	1				
GONITRO	E	QL			

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Drug Name	Drug Tier	Requirements & Limits
MULTAQ	4	PA
nadolol oral	1	
nebivolol hcl	E	
NEXICLON XR	E	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	2	
niacor	E	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	4	QL
NITROSTAT	4	
NITRO-TIME	3	
NORLIQVA	E	
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	4	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	

Drug Name	Drug Tier	Requirements & Limits
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
sotalol hcl oral	1	
SOTYLIZE	4	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VERQUVO	4	PA, QL
VYTORIN	E	
WELCHOL	E	

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Drug Name	Drug Tier	Requirements & Limits
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	3	
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	E	
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm)	E	QL
methylphenidate hcl er (xr)	E	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release	4	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
PROCENTRA	3	
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
relexxii	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF REBIDOSE	E	PA, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
EXSERVAN	E	PA, SP
LYRICA	4	PA, QL
LYRICA CR	E	ST, QL
NUDEXTA	2	PA, QL
pregabalin er	E	ST, QL
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	E	SP
riluzole	1	SP
TIGLUTIK	4	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
PERIDEX	4	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	

Drug Name	Drug Tier	Requirements & Limits
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
accutane	2	
ACZONE	E	QL
ALA SCALP	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALTRENO	E	PA, QL
amnesteem	2	
AMZEEQ	4	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop	E	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	E	
CIBINQO	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
claravis	2		desonide external lotion	3	QL
CLEOCIN-T	4		desonide external ointment	3	QL
clindacin etz external swab	1		DESOWEN	3	QL
clindacin-p	1		desrx	3	ST, QL
CLINDAGEL	E	QL	DIPROLENE	4	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
clindamycin phosphate external foam	3		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL, SP
clindamycin phosphate external lotion	3		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
clindamycin phosphate external solution	1		EFUDEX	4	
clindamycin phosphate external swab	1		ENSTILAR	4	QL
clindamycin phosphate gel 1 % external	E	QL	EUCRISA	3	ST, QL
clindamycin phosphate gel 1 % external	3	QL	EVOCLIN	4	
clobetasol propionate external cream	2	QL	FINACEA	4	
clobetasol propionate external foam	E	QL	fluocinolone acetonide body	3	QL
clobetasol propionate external gel	2	QL	fluocinolone acetonide external cream	3	QL
clobetasol propionate external liquid	1	QL	fluocinolone acetonide external ointment	2	QL
clobetasol propionate external lotion	E	QL	fluocinolone acetonide external solution	3	QL
clobetasol propionate external ointment	2	QL	fluocinolone acetonide scalp	3	
clobetasol propionate external shampoo	E	QL	fluocinonide external cream 0.05 %	1	
clobetasol propionate external solution	1	QL	fluocinonide external cream 0.1 %	E	QL
CLOBEX	E	QL	fluocinonide external gel	1	
CLOBEX SPRAY	E	QL	fluocinonide external ointment	1	
clodan external shampoo	E	QL	fluocinonide external solution	1	
clotrimazole-betamethasone external cream	1	QL	FLUOROPLEX EXTERNAL CREAM 1 %	4	
clotrimazole-betamethasone external lotion	1		FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
dapsone external	3	QL	fluorouracil external cream 5 %	1	
DERMA-SMOOTH/FS BODY	4	QL	hydrocortisone external cream 1 %	E	
DERMA-SMOOTH/FS SCALP	4		hydrocortisone external cream 2.5 %	1	
desonide external cream	3	QL	hydrocortisone external lotion 2.5 %	1	
desonide external gel	3	ST, QL	hydrocortisone external ointment 1 %, 2.5 %	1	
			imiquimod external cream 3.75 %	E	QL
			imiquimod external cream 5 %	1	

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Drug Name	Drug Tier	Requirements & Limits
imiquimod pump	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	PA
isotretinoin capsule 10 mg oral	2	
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	2	
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	2	
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
KENALOG EXTERNAL	E	QL
KLISYRI	4	ST, QL
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	4	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PICATO	3	QL
pimecrolimus	3	ST, QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	QL
SERNIVO	E	QL
SOOLANTRA	4	QL
sss 10-5	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	4	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	ST, QL
tazarotene external cream	3	PA, QL
TAZORAC	4	PA, QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL

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Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
tritocin	E	
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	4	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	
BD INSULIN SYRINGE U-500	2	

Drug Name	Drug Tier	Requirements & Limits
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BD VEO INSULIN SYRINGE ULTRA-FINE	2	
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CHEMSTRIP BG LOG BOOK	1	
CONTOUR MONITOR DEVICE	E	
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	4	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G4 MOBILE RECEIVER	3	PA, QL
DEXCOM G4 PLATINUM	3	PA, QL
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	3	PA, QL
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	3	PA, QL
DEXCOM G4 PLATINUM RECEIVER KIT	3	PA, QL
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	3	PA, QL
DEXCOM G4 PLATINUM SENSOR KIT	3	PA, QL
DEXCOM G4 PLATINUM TRANSMITTER KIT	3	PA, QL
DEXCOM G4 SENSOR	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEXCOM G4 TRANSMITTER	3	PA, QL	MM EASY TOUCH GLUCOSE METER	E	
DEXCOM G5 MOBILE RECEIVER	3	PA, QL	NEUTEK 2TEK TEST	E	QL
DEXCOM G5 SENSOR	3	PA, QL	NOVOFINE AUTOCOVER PEN NEEDLE	2	
DEXCOM G5 TRANSMITTER	3	PA, QL	NOVOFINE PEN NEEDLE	2	
DEXCOM G6 RECEIVER	3	PA, QL	NOVOFINE PLUS PEN NEEDLE	2	
DEXCOM G6 SENSOR	3	PA, QL	NOVOTWIST	2	
DEXCOM G6 TRANSMITTER	3	PA, QL	OMNIPOD 5 G6 INTRO KIT (Gen 5)	2	PA, QL
EASY TOUCH TEST	E	QL	OMNIPOD 5 G6 PODS (Gen 5)	2	PA, QL
EASYMAX 15 TEST	E	QL	ONETOUCH CLUB LANCETS FINE PT	1	
EASYMAX NG BLOOD GLUCOSE	E		ONETOUCH DELICA LANCETS 30G	1	
EASYMAX V BLOOD GLUCOSE	E		ONETOUCH DELICA LANCETS 33G	1	
ENLITE GLUCOSE SENSOR	3	PA	ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
EQ BLOOD GLUCOSE TEST	E	QL	ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
FORTISCARE G1 TEST STRIP	E	QL	ONETOUCH FINEPOINT LANCETS	1	
FORTISCARE T1 GLUCOSE SYSTEM	E		ONETOUCH SOLUTIONS STARTER KIT	E	
FORTISCARE TEST	E	QL	ONETOUCH SURESOFT LANCING DEV	1	
FREESTYLE LIBRE 14 DAY READER	3	PA	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA	ONETOUCH ULTRA MINI KIT W/DEVICE	1	
FREESTYLE LIBRE 2 READER	3	PA	ONETOUCH ULTRA TEST STRIPS	1	QL
FREESTYLE LIBRE 2 SENSOR	3	PA	ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
FREESTYLE LIBRE 3 SENSOR	3	PA	ONETOUCH VERIO FLEX SYSTEM	1	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH VERIO IQ SYSTEM	1	
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH VERIO KIT W/DEVICE	1	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GENTLE-LET PLATFORMS	3		ONETOUCH VERIO TEST STRIPS	1	QL
GLUCOCARD EXPRESSION TEST	E	QL	OPTIUMEZ TEST	E	QL
GLUCOCARD SHINE TEST	E	QL	PARADIGM REAL-TIME TRANSMITTER	3	
GLUCOCARD VITAL TEST	E	QL	PENLET II BLOOD SAMPLER	1	
GUARDIAN LINK 3 TRANSMITTER	3				
GUARDIAN REAL-TIME REPLACE PED	3	PA			
GUARDIAN SENSOR (3)	3	PA			
IN TOUCH	1				
INSULIN PEN NEEDLES	2				
LANCETS	3				
MICRODOT TEST	E	QL			
MINILINK REAL-TIME TRANSMITTER	3				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PENLET II REPLACEMENT CAP	3		HUMALOG MIX 75/25 KWIKPEN	2	QL
PRECISION XTRA	E		HUMALOG MIX 75/25 VIAL	1	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL	HUMALOG SUBCUTANEOUS	2	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	HUMALOG U-100 JUNIOR KWIKPEN	2	QL
PSS SELECT PLATFORMS	3		HUMULIN 70/30 KWIKPEN	2	QL
QUINTET AC BLOOD GLUCOSE	E		HUMULIN 70/30 VIAL	1	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL	HUMULIN N KWIKPEN	2	QL
QUINTET BLOOD GLUCOSE SYSTEM	E		HUMULIN N VIAL	1	QL
QUINTET BLOOD GLUCOSE TEST	E	QL	HUMULIN R U-500 KWIKPEN	2	QL
RELION TRUE MET AIR GLUC METER	E		HUMULIN R U-500 VIAL	1	QL
RELION TRUE METRIX TEST STRIPS	E	QL	HUMULIN R VIAL	1	QL
RELION ULTIMA GLUCOSE SYSTEM	E		INSULIN ASPART	E	ST, QL
RELION ULTIMA TEST	E	QL	INSULIN ASPART FLEXPEN	E	ST, QL
SURESTEP PRO LINEARITY	1		INSULIN ASPART PENFILL	E	ST, QL
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL	INSULIN GLARGINE	E	QL
TRUE METRIX AIR GLUCOSE METER	E		INSULIN GLARGINE SOLOSTAR	E	QL
TRUE METRIX BLOOD GLUCOSE TEST	E	QL	INSULIN LISPRO	E	QL
TRUE METRIX GO GLUCOSE METER	E		INSULIN LISPRO (1 UNIT DIAL)	E	QL
TRUE METRIX METER KIT	E		INSULIN LISPRO JUNIOR KWIKPEN	E	QL
TRUE METRIX PRO BLOOD GLUCOSE	E	QL	INSULIN LISPRO KWIKPEN	E	
TRUETRACK BLOOD GLUCOSE DEVICE	E		INSULIN LISPRO PROT & LISPRO	E	QL
TRUETRACK TEST	E	QL	LANTUS SOLOSTAR	1	QL
UNISTRIP1 GENERIC	E	QL	LANTUS U-100 VIAL	1	QL
Diabetes - Insulin			LEVEMIR U-100 FLEXTOUCH	E	PA, QL
ADMELOG	E	QL	LEVEMIR U-100 VIAL	E	PA, QL
ADMELOG SOLOSTAR	E	QL	LYUMJEV KWIKPEN	2	QL
AFREZZA	E	PA, QL	LYUMJEV VIAL	1	QL
BASAGLAR KWIKPEN	E	QL	NOVOLIN 70/30 FLEXPEN	E	ST, QL
HUMALOG INJECTION	1	QL	NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLIN 70/30 RELION	E	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN 70/30 VIAL	E	ST, QL
HUMALOG MIX 50/50 VIAL	1	QL	NOVOLIN N FLEXPEN	E	ST, QL
			NOVOLIN N FLEXPEN RELION	E	ST, QL
			NOVOLIN N RELION	E	ST, QL
			NOVOLIN N VIAL	E	ST, QL
			NOVOLIN R FLEXPEN	E	ST, QL
			NOVOLIN R FLEXPEN RELION	E	ST, QL
			NOVOLIN R RELION	E	ST, QL
			NOVOLIN R VIAL	E	ST, QL
			NOVOLOG FLEXPEN	E	ST, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOLOG FLEXPEN RELION	E	ST, QL	metformin hcl er	1	
NOVOLOG PENFILL	E	ST, QL	metformin hcl er (mod)	E	PA
NOVOLOG RELION	E	ST, QL	metformin hcl er (osm)	E	PA
NOVOLOG U-100 VIAL	E	ST, QL	metformin hcl oral solution	3	
TOUJEO MAX SOLOSTAR	2	QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
TOUJEO SOLOSTAR	2	QL	metformin hcl oral tablet 625 mg	E	
TRESIBA	E	QL	MOUNJARO	2	PA, ST, QL
TRESIBA FLEXTOUCH	E	QL	NESINA	2	QL
Diabetes - Non-Insulin Agents			ONGLYZA	2	QL
ACTOS	E	QL	OSENI	2	QL
ADLYXIN	4	PA, ST, QL	OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	PA, ST, QL
ADLYXIN STARTER PACK	4	PA, ST, QL	OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	2	PA, ST
ALOGLIPTIN BENZOATE	E	QL	pioglitazone hcl	1	QL
ALOGLIPTIN-METFORMIN HCL	E	QL	RIOMET	E	
ALOGLIPTIN-PIOGLITAZONE	E	QL	RYBELSUS	2	PA, ST, QL
AMARYL	E		SOLIQUA	2	QL
BAQSIMI ONE PACK	2	QL	SYMLINPEN 120	3	QL
BAQSIMI TWO PACK	2	QL	SYMLINPEN 60	3	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL	SYNJARDY	2	QL
BYETTA 10 MCG PEN	2	PA, ST, QL	SYNJARDY XR	2	QL
BYETTA 5 MCG PEN	2	PA, ST, QL	TRADJENTA	2	QL
FARXIGA	E	ST, QL	TRIJARDY XR	2	QL
glimepiride	1		TRULICITY	2	PA, ST, QL
glipizide er	1		VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
glipizide ir	1		VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
glipizide xl	1		ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
glucagon emergency kit 1 mg injection 1 mg	2	QL	Drugs for Blood Disorders		
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	E	QL	ADVATE	2	SP
GLUCOTROL XL	4		ADYNOVATE	4	PA, SP
GLUMETZA	E	PA	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, SP
glyburide oral	1		AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
glyburide-metformin	1				
GLYXAMBI	2	ST, QL			
JANUVIA	E	ST, QL			
JARDIANCE	2	ST, QL			
JENTADUETO	2	QL			
JENTADUETO XR	2	QL			
KAZANO	2	QL			
KOMBIGLYZE XR	2	QL			

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ALPHANATE	2	SP	OSPHENA	3	PA, QL
ARANESP (ALBUMIN FREE)	2	QL, SP	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
DOPTelet	4	PA, ST, QL, SP	STENDRA	4	PA, QL
ELOCTATE	4	PA, SP	tadalafil oral	2	QL
EMPAVELI	2	PA, QL, SP	VIAGRA	E	QL
HEMOFIL M	2	SP	VYLEESI	4	PA, QL
HUMATE-P	2	SP	Electrolytes / Vitamins		
JIVI	4	PA, SP	cyanocobalamin injection solution 1000 mcg/ml	1	
KOATE	2	SP	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
KOATE-DVI	2	SP	DODEX	4	
KOGENATE FS	2	SP	DRISDOL	4	
KOVALTRY	2	SP	ERGOCAL	3	
MULPLETA	2	PA, QL, SP	ergocalciferol oral capsule	1	
NEULASTA	3	SP	FLORIVA PLUS	3	
NOVOEIGHT	2	SP	folic acid oral tablet 1 mg	1	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP	klor-con	1	
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	SP	klor-con 10	1	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP	klor-con m10	1	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	2	SP	klor-con m15	3	
RECOMBINATE	2	SP	klor-con m20	1	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP	K-TAB	3	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	SP	LOKELMA	3	PA, QL
TAVALLISSE	4	PA, QL, SP	multi-vitamin/fluoride	1	
WILATE	2		multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
ZARXIO	2	SP	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
ZIEXTENZO	3	SP	multivitamin/fluoride tablet chewable 0.5 mg oral	1	
Drugs for Sexual Dysfunction			MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
ADDYI	4	PA, QL	multivitamin/fluoride tablet chewable 1 mg oral	1	
CIALIS	E	QL	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
IMVEXXY MAINTENANCE PACK	2	QL	MULTI-VIT-FLOR	3	
IMVEXXY STARTER PACK	2	QL	NASCOBAL	3	
INTRAROSA	4	PA, QL	POLY-VI-FLOR	3	
			potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	

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Drug Name	Drug Tier	Requirements & Limits
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE	E	
CYTOTEC	4	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	E	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	4	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NA SULFATE-K SULFATE-MG SULF	3	QL
NULEV	4	
OSCIMIN	4	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELSTONE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	4	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA
ORFADIN	2	PA, SP
PANCREAZE	3	ST
penicillamine oral capsule	E	SP
penicillamine oral tablet	2	SP
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	E	
DITROPAN XL	E	
fesoterodine fumarate er	E	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
THIOLA	4	SP
THIOLA EC	3	SP
TOVIAZ	E	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	

Drug Name	Drug Tier	Requirements & Limits
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
ANNOVERA	3	QL
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	1	H
BEYAZ	E	
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	3	
camrese lo	3	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyred	1	H

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Drug Name	Drug Tier	Requirements & Limits
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	3	
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	3	
dotti	2	QL
drosipren-eth estrad-levomefol	E	
drosiprenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gemmily	E	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
kariva	2		microgestin 1.5/30	1	H
kurvelo	1	H	microgestin 1/20	1	H
larin 1.5/30	1	H	microgestin 24 fe	1	H
larin 1/20	1	H	microgestin fe 1.5/30	1	H
larin 24 fe	1	H	microgestin fe 1/20	1	H
larin fe 1.5/30	1	H	mili	1	H
larin fe 1/20	1	H	MINASTRIN 24 FE	E	
larissia	1	H	MINIVELLE	E	QL
lessina	1	H	MIRCETTE	E	
levonorgest-eth est & eth est	E		mono-lynyah	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3		MYFEMBREE	2	PA, QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	NATAZIA	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	necon 0.5/35 (28)	1	H
levora 0.15/30 (28)	1	H	nikki	3	
lillow oral tablet 0.15-30 mg-mcg	1	H	nora-be	1	H
LO LOESTRIN FE	1	H	norethin ace-eth estrad-fe oral capsule	E	
LOESTRIN 1.5/30 (21)	E		norethin ace-eth estrad-fe oral tablet	1	H
LOESTRIN 1/20 (21)	E		norethindrone acetate oral	1	
LOESTRIN FE 1.5/30	E		norethindrone acet-ethinyl est	1	H
LOESTRIN FE 1/20	E		norethindrone oral	1	H
lojaimiess	3		norgestimate-eth estradiol	1	H
loryna	3		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
LOSEASONIQUE	4		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
low-ogestrel	1	H	norlyda	1	H
lo-zumandimine	3		norlyroc	1	H
lutura	1	H	nortrel 0.5/35 (28)	1	H
lyleq	1	H	nortrel 1/35 (21)	1	H
lyllana	4	QL	nortrel 1/35 (28)	1	H
lyza	1	H	NUVARING	E	
marlissa	1	H	nylia 1/35	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H	nymyo	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H	ocella	3	
medroxyprogesterone acetate oral	1		philith	1	H
MENOSTAR	3	QL	pimtrea	2	
merzee	E		pirmella 1/35	1	H
			portia-28	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PREMARIN ORAL	3		VIVELLE-DOT	E	QL
PREMARIN VAGINAL	3		volnea	2	
PREMPHASE	3		vyfemla	1	H
PREMPRO	3		vylibra	1	H
progesterone oral	2		wera	1	H
PROVERA	4		xulane	3	H
QUARTETTE	E		YASMIN 28	2	
reclipsen	1	H	YAZ	2	
rivelsa	E		yuvaferm	2	
SAFYRAL	E		zafemy	3	H
SEASONIQUE	E		zumandimine	3	
setlakin	2	H	Hormonal Agents - Oral Steroids		
sharobel	1	H	ALKINDI SPRINKLE	E	PA
simliya	2		CORTEF	4	
simpesse	3		DEXABLISS	E	
sprintec 28	1	H	dexamethasone intensol	1	
sronyx	1	H	dexamethasone oral elixir	1	
syeda	3		dexamethasone oral solution	1	
tarina 24 fe	1	H	dexamethasone oral tablet	1	
tarina fe 1/20	1	H	dexamethasone oral tablet therapy pack	3	
tarina fe 1/20 eq	1	H	DXEVO 11-DAY	E	
taysofy	E		HEMADY	E	
TAYTULLA	E		HIDEX 6-DAY	E	
tri femynor	1	H	hydrocortisone oral	1	
tri-estarylla	1	H	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
tri-lynyah	1	H	MEDROL ORAL TABLET 2 MG	2	
tri-lo-estarylla	2		MEDROL ORAL TABLET 32 MG	3	
tri-lo-marzia	2		MEDROL ORAL TABLET THERAPY PACK	4	
tri-lo-mili	2		methylprednisolone oral	1	
tri-lo-sprintec	2		MILLIPRED	2	
tri-mili	1	H	ORAPRED ODT	4	
tri-nymyo	1	H	PEDIAPRED	2	
tri-sprintec	1	H	prednisolone oral	1	
tri-vylibra	1	H	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
tri-vylibra lo	2		prednisolone sodium phosphate oral solution 15 mg/5ml	1	
tyblume	1	H	prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
tydemy	E				
VAGIFEM	E				
vestura	3				
vienva	1	H			
viorele	2				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral tablet dispersible	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
prednisone intensol	1		DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
prednisone oral	1		FORTESTA	E	PA, QL
RAYOS	E		NATESTO	E	PA, QL
TAPERDEX 12-DAY	3		TESTIM	2	PA, QL
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4		testosterone cypionate intramuscular	1	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3		testosterone transdermal	E	PA, QL
TAPERDEX 7-DAY	3		VOGELXO	E	PA, QL
ZCORT 7-DAY	E		VOGELXO PUMP	E	PA, QL
Hormonal Agents - Other			Hormonal Agents - Thyroid		
cabergoline	2		ARMOUR THYROID	3	
DDAVP	E		CYTOMEL	E	
DDAVP PF	E		euthyrox	1	
desmopressin acetate injection	1		levo-t	1	
DESMOPRESSIN ACETATE NASAL	3		LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
desmopressin acetate oral	1		levothyroxine sodium oral tablet	1	
desmopressin acetate pf	1		levoxyl	2	
GENOTROPIN	E	PA, QL, SP	liothyronine sodium oral	2	
GENOTROPIN MINIQUICK	E	PA, QL, SP	methimazole oral	1	
HUMATROPE	E	PA, QL, SP	np thyroid	1	
LANREOTIDE ACETATE	E	SP	SYNTHROID	E	
NOC DURNA	3	PA, QL	THYQUIDITY	E	PA
NORDITROPIN FLEXPOR	2	PA, QL, SP	TIROSINT	E	
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP	TIROSINT-SOL	2	PA
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP	unithroid	1	
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP	Immunological Agents - Drugs for Immune System Stimulation or Suppression		
OMNITROPE	E	PA, QL, SP	ACTEMRA ACTPEN	3	PA, ST, QL, SP
ORIAHNN	2	PA, QL	ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ORILISSA	2	PA, QL	ADBRY	2	PA, SP
SOMATULINE DEPOT	4	SP	ASTAGRAF XL	E	
STIMATE	3		AZASAN	4	
ZOMACTON	E	PA, QL, SP	azathioprine oral tablet 100 mg, 75 mg	3	
Hormonal Agents - Testosterone Replacement			azathioprine oral tablet 50 mg	1	
ANDRODERM	2	PA, QL	BERINERT	4	PA, ST, QL, SP
ANDROGEL PUMP	E	PA, QL	CELLCEPT	E	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CIMZIA	E	PA	methotrexate sodium	1	
CIMZIA PREFILLED KIT	2	PA, QL, SP	methotrexate sodium (pf)	1	
CIMZIA STARTER KIT	2	PA, QL, SP	mycophenolate mofetil oral	1	
CINRYZE	E	PA, QL, SP	mycophenolate sodium	2	
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP	MYFORTIC	E	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP	NEORAL	E	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP	OLUMIANT ORAL TABLET 1 MG	2	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP	OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP	OLUMIANT ORAL TABLET 4 MG	E	PA, SP
cyclosporine modified	1		ORENCIA CLICKJECT	3	PA, ST, QL, SP
ENBREL MINI	4	PA, ST, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	4	PA, ST, QL, SP	OTEZLA	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, ST, QL, SP	OTREXUP	E	QL
ENBREL SURECLICK	4	PA, ST, QL, SP	PROGRAF ORAL CAPSULE	4	
ENVARUSUS XR	E		PROGRAF ORAL PACKET	4	PA
FIRAZYR	E	PA, QL, SP	RAPAMUNE ORAL SOLUTION	4	
gengraf	1		RAPAMUNE ORAL TABLET	E	
HAEGARDA	2	PA, QL, SP	RASUVO	2	QL
HUMIRA	2	PA, QL, SP	REDITREX	E	QL
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP	RINVOQ	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP	RUCONEST	4	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP	sajazir	E	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP	SIMPONI	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP	sirolimus oral solution	2	
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP	sirolimus oral tablet	1	
icatibant acetate	2	PA, QL, SP	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	E	
IMURAN	E		SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA, QL, SP	STELARA SUBCUTANEOUS	2	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP	tacrolimus oral	1	
methotrexate oral	1		TAKHZYRO	2	PA, QL, SP
			TREMFYA	2	PA, QL, SP
			TREXALL	2	
			XELJANZ	2	PA, QL, SP
			XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
			XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
			XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	PA, SP
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	SP
CRINONE	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(Ferring), QL, SP
NOVAREL	3	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	

Drug Name	Drug Tier	Requirements & Limits
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral	1	
TARPEYO	4	PA, QL, SP
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL TABLET 150 MG	E	
calcitriol oral	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
ROCALTROL	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL

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LOTEMAX SM	3	QL	brimonidine tartrate ophthalmic solution 0.15 %	2	QL
loteprednol etabonate ophthalmic gel	E		brimonidine tartrate ophthalmic solution 0.2 %	1	
loteprednol etabonate ophthalmic suspension	3	QL	brimonidine tartrate-timolol	E	QL
MAXITROL	4		brinzolamide	2	QL
moxifloxacin hcl (2x day)	3		COMBIGAN	2	QL
moxifloxacin hcl ophthalmic solution	3		COSOPT	4	
neomycin-polymyxin-dexameth ophthalmic ointment	1		COSOPT PF	E	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		dorzolamide hcl-timolol mal	2	
NEVANAC	4		dorzolamide hcl-timolol mal pf	E	QL
OCUFLOX	4		ISTALOL	4	
ofloxacin ophthalmic	1		latanoprost ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3		LUMIGAN	2	
olopatadine hcl ophthalmic solution 0.2 %	E		RHOPRESSA	3	QL
polymyxin b-trimethoprim	1		ROCKLATAN	3	QL
POLYTRIM	4		timolol maleate (once-daily)	3	
PRED FORTE	E		timolol maleate ocudose	2	
PRED MILD	3		timolol maleate ophthalmic	1	
prednisolone acetate ophthalmic	1		timolol maleate pf	2	
TOBRADEX OPHTHALMIC OINTMENT	3		TIMOPTIC	4	
TOBRADEX OPHTHALMIC SUSPENSION	4		TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TOBRADEX ST	E		TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	4	
tobramycin ophthalmic	1	QL	TIMOPTIC-XE	4	
tobramycin-dexamethasone	2		TRAVATAN Z	E	QL
TOBREX	3	QL	travoprost (bak free)	E	QL
VIGAMOX	E		VYZULTA	E	ST, QL
ZYLET	3		XALATAN	E	
Ophthalmic Agents - Drugs for Glaucoma			XELPROS	3	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL	ZIOPTAN	3	ST, QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AZOPT	E	QL	CEQUA	E	PA, QL
BETIMOL	2	QL	CYCLOSPORINE IN KLARITY	E	PA
bimatoprost ophthalmic	E	QL	cyclosporine ophthalmic	E	PA, QL
			FLAREX	2	
			RESTASIS	4	PA, QL
			RESTASIS MULTIDOSE	E	PA, QL
			TYRVAYA	4	PA, QL
			VERKAZIA	E	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cypheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polster susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AIRDUO DIGIHALER	E	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL

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Drug Name	Drug Tier	Requirements & Limits
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL
FLEXICHAMBER	3	
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
formoterol fumarate inhalation	3	QL
INCRUSE ELLIPTA	E	QL
INSPIRACHAMBER/LARGE	3	
INSPIRACHAMBER/MEDIUM	3	
INSPIRACHAMBER/MOUTHPIECE	3	
INSPIRACHAMBER/SMALL	3	
INSPIREASE	3	
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	

Drug Name	Drug Tier	Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL, SP
PERFOROMIST	4	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
TRACLEER	2	PA, QL, SP
treprostinil	E	PA, SP
TYVASO DPI MAINTENANCE KIT	E	PA, SP
TYVASO DPI TITRATION KIT	E	PA, SP
TYVASO INHALATION POWDER	E	PA, SP
TYVASO INHALATION SOLUTION	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

AMRIX	E	
BACLOFEN ORAL SOLUTION	4	PA
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
FLEQSUVY	4	PA
LYVISPAH	E	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA

Drug Name	Drug Tier	Requirements & Limits
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	4	

Sleep Disorder Agents

AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	4	ST, QL

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BRONCHITOL	38	carbamazepine er oral tablet extended release 12 hour.	11	CIMZIA PREFILLED KIT	34
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CLOBEX	21	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML.	34	daysee	30
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CONTOUR MONITOR DEVICE	23	cyanocobalamin injection solution 1000 mcg/ml	27	DEPO-SUBQ PROVERA 104	30
CONTOUR MONITOR KIT W/DEVICE	23	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.	27	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	33
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desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	30	DHIVY	14	DOVATO	15
desonide external cream	21	diazepam intensol	16	doxazosin mesylate oral	17
desonide external gel	21	diazepam oral	16	doxepin hcl oral capsule	12
desonide external lotion	21	DICLEGIS	13	doxepin hcl oral concentrate	12
desonide external ointment	21	diclofenac potassium oral capsule	9	doxycycline hyclate oral capsule	10
DESOWEN	21	diclofenac potassium oral tablet 25 mg	9	doxycycline hyclate oral tablet 100 mg	10
desrx	21	diclofenac potassium oral tablet 50 mg	9	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10
desvenlafaxine succinate er	12	diclofenac sodium er	9	doxycycline hyclate oral tablet 20 mg	10
DEXABLISS	32	diclofenac sodium external gel 1 %	9	doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10
dexamethasone intensol	32	diclofenac sodium external solution	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	10
dexamethasone oral elixir	32	diclofenac sodium oral	9	doxycycline monohydrate oral capsule 100 mg, 50 mg	10
dexamethasone oral solution	32	dicyclomine hcl oral	28	doxycycline monohydrate oral capsule 150 mg, 75 mg	10
dexamethasone oral tablet	32	DIFICID	10	doxycycline monohydrate oral suspension reconstituted	10
dexamethasone oral tablet therapy pack	32	DIFLUCAN	13	doxycycline monohydrate oral tablet	10
DEXCOM G4 MOBILE RECEIVER	23	DILAUDID ORAL	8	doxylamine-pyridoxine	13
DEXCOM G4 PLATINUM	23	dilt-xr	17	DRISDOL	27
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT	23	diltiazem hcl er	17	DRIZALMA SPRINKLE	12
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER KIT/SHARE	23	diltiazem hcl er coated beads	17	drospiren-eth estrad-levomefol	30
DEXCOM G4 PLATINUM RECEIVER KIT	23	diltiazem hcl oral	17	drospirenone-ethinyl estradiol	30
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	23	DIOVAN	17	DUAVEE	30
DEXCOM G4 PLATINUM RECEIVER KIT/SHARE	23	DIOVAN HCT	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
DEXCOM G4 PLATINUM SENSOR KIT	23	DIPENTUM	35	duloxetine hcl oral capsule delayed release particles 40 mg	12
DEXCOM G4 PLATINUM TRANSMITTER KIT	23	diphenoxylate-atropine	28	DUOPA	14
DEXCOM G4 SENSOR	23	DIPROLENE	21	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	21
DEXCOM G4 TRANSMITTER	24	DITROPAN XL	29	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	21
DEXCOM G5 MOBILE RECEIVER	24	divalproex sodium er	11	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	21
DEXCOM G5 SENSOR	24	divalproex sodium oral capsule delayed release sprinkle	11	DUROLANE	8
DEXCOM G5 TRANSMITTER	24	divalproex sodium oral tablet delayed release	11	DXEVO 11-DAY	32
DEXCOM G6 RECEIVER	24	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	30		
DEXCOM G6 SENSOR	24	DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	30		
DEXCOM G6 TRANSMITTER	24	DODEx	27		
DEXEDRINE	19	donepezil hcl oral tablet 10 mg, 5 mg	12		
DEXILANT	28	donepezil hcl oral tablet 23 mg	12		
DEXLANSOPRAZOLE	28	donepezil hcl oral tablet dispersible	12		
dexmethylphenidate hcl	19	DOPTelet	27		
dexmethylphenidate hcl er	19	DORYX	10		
dextroamphetamine sulfate er	19	DORYX MPC	10		
dextroamphetamine sulfate oral solution	19	dorzolamide hcl-timolol mal	36		

E

EASIVENT 38



FEXMID.	39	FLUTICASONE PROPIONATE HFA. .	38	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	35
FINACEA	21	fluticasone propionate nasal	37	gavilyte-c	28
finasteride oral tablet 5 mg.	29	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.	38	gavilyte-g	28
FIORICET	8	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38	GAVRETO.	14
FIRAZYR	34	fluvoxamine maleate	12	GELNIQUE	29
FIRST-OMEPRAZOLE.	28	fluvoxamine maleate er.	12	GELSYN-3	8
FLAGYL	10	FOCALIN	19	gemfibrozil oral	17
FLAREX	36	FOCALIN XR	19	gemmily	30
flecainide acetate	17	folic acid oral tablet 1 mg	27	GEN7T EXTERNAL PATCH	8
FLEQSUVY.	39	FOLLISTIM AQ.	35	gengraf.	34
FLEXICHAMBER	38	FORFIVO XL.	12	GENOTROPIN	33
FLOLIPID	17	formoterol fumarate inhalation.	38	GENOTROPIN MINIQUE.	33
FLOMAX.	29	FORTEO	35	GENTLE-LET PLATFORMS	24
FLORIVA PLUS	27	FORTESTA.	33	GENVOYA.	15
FLOVENT DISKUS.	38	FORTISCARE G1 TEST STRIP.	24	GEODON ORAL	15
FLOVENT HFA	38	FORTISCARE T1 GLUCOSE SYSTEM	24	GILENYA.	19
fluconazole oral	13	FORTISCARE TEST	24	GIMOTI.	13
fluocinolone acetonide body	21	FOSAMAX	35	glatiramer acetate	19
fluocinolone acetonide external cream	21	FREESTYLE LIBRE 14 DAY READER.	24	glatopa	19
fluocinolone acetonide external ointment	21	FREESTYLE LIBRE 14 DAY SENSOR.	24	glimepiride	26
fluocinolone acetonide external solution.	21	FREESTYLE LIBRE 2 READER	24	glipizide er	26
fluocinolone acetonide external scalp	21	FREESTYLE LIBRE 2 SENSOR	24	glipizide ir	26
fluocinonide external cream 0.05 % ..	21	FREESTYLE LIBRE 3 SENSOR	24	glipizide xl.	26
fluocinonide external cream 0.1 % ..	21	FREESTYLE LIBRE READER.	24	GLOPERBA	13
fluocinonide external gel	21	FREESTYLE PRECISION NEO SYSTEM	24	glucagon emergency kit 1 mg injection 1 mg	26
fluocinonide external ointment.	21	FREESTYLE PRECISION NEO TEST	24	GLUCOCARD EXPRESSION TEST. .	24
fluocinonide external solution	21	furosemide oral	17	GLUCOCARD SHINE TEST	24
FLUORIDEX	20	fyremadel	35	GLUCOCARD VITAL TEST.	24
FLUORIDEX ENHANCED WHITENING.	20			GLUCOTROL XL	26
FLUORIMAX 5000.	20			GLUMETZA	26
FLUOROPLEX EXTERNAL CREAM 1 %	21			glyburide oral.	26
FLUOROURACIL EXTERNAL CREAM 0.5 %	21			glyburide-metformin	26
fluorouracil external cream 5 %	21			glycopyrrolate oral tablet 1 mg, 2 mg	28
fluorouracil external solution	14			GLYXAMBI	26
fluoxetine hcl oral capsule	12			GOLYTELY	28
fluoxetine hcl oral capsule delayed release	12			GONITRO.	17
fluoxetine hcl oral solution	12			guanfacine hcl	17, 19
fluoxetine hcl oral tablet 10 mg	12			guanfacine hcl er.	19
fluoxetine hcl oral tablet 20 mg	12			GUARDIAN LINK 3 TRANSMITTER .	24
fluoxetine hcl oral tablet 60 mg	12			GUARDIAN REAL-TIME REPLACE PED	24
FLUTICASONE FUROATE- VILANTEROL	38			GUARDIAN SENSOR (3).	24
				GYNAZOLE-1	13

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gabapentin oral capsule	11
gabapentin oral solution 250 mg/5ml	11
GABAPENTIN ORAL TABLET 25 MG, 50 MG	11
gabapentin oral tablet 600 mg, 800 mg	11



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HAEGARDA	34
hailey 1.5/30	30
hailey 24 fe	30
hailey fe 1/20	30
hailey fe 1.5/30	30
HALCION	16
HARVONI ORAL PACKET	15
HARVONI ORAL TABLET	15
heather	30
HEMADY	32
HEMANGEOL	17
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HIDEX 6-DAY	32
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HUMALOG MIX 50/50 VIAL	25
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HUMALOG MIX 75/25 VIAL	25
HUMALOG SUBCUTANEOUS	25
HUMALOG U-100 JUNIOR KWIKPEN	25
HUMATE-P	27
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HUMIRA PEDIATRIC CROHNS START	34
HUMIRA PEN	34
HUMIRA PEN-CD/UC/HS STARTER	34
HUMIRA PEN-PEDIATRIC UC START	34
HUMIRA PEN-PS/UV/ADOL HS START	34
HUMIRA PEN-PSOR/UEIT STARTER	34
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HUMULIN 70/30 VIAL	25
HUMULIN N KWIKPEN	25
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hydralazine hcl oral	17
hydrochlorothiazide oral	17

hydrocodone bitartrate er oral capsule extended release 12 hour ...	8
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent ...	8
hydrocodone polst-chlorphen polst er susp	37
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocort-pramoxine (perianal)	35
hydrocortisone ace-pramoxine external cream 1-1 %	35
hydrocortisone external cream 1 % ..	21
hydrocortisone external cream 2.5 %	21
hydrocortisone external lotion 2.5 % ..	21
hydrocortisone external ointment 1 %, 2.5 %	21
hydrocortisone oral	32
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8
hydroxychloroquine sulfate oral ...	14
hydroxyzine hcl oral	16
hydroxyzine pamoate oral	16
hyoscyamine sulfate er	28
hyoscyamine sulfate oral	28
hyoscyamine sulfate sl	28
hyoscyamine sulfate sublingual ...	28
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I

ibandronate sodium oral	35
IBRANCE	14
ibuprofen oral suspension 100 mg/5ml	9
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
icatibant acetate	34
iclevia	30
ICLUSIG ORAL TABLET 10 MG, 30 MG	14
ICLUSIG ORAL TABLET 15 MG, 45 MG	14

icosapent ethyl	17
IDHIFA	14
ILEVRO	35
IMBRUVICA ORAL TABLET	14
imiquimod external cream 3.75 % ...	21
imiquimod external cream 5 %	21
imiquimod pump	22
IMITREX ORAL	14
IMITREX STATDOSE REFILL	14
IMITREX STATDOSE SYSTEM	14
IMPEKLO	22
IMPOYZ	22
IMURAN	34
IMVEXXY MAINTENANCE PACK ...	27
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INBRIJA	14
incassia	30
INCRUSE ELLIPTA	38
INDERAL LA	17
INDOCIN	9
indomethacin er	9
INDOMETHACIN ORAL CAPSULE 20 MG	9
indomethacin oral capsule 25 mg, 50 mg	9
INSPIRACHAMBER/LARGE	38
INSPIRACHAMBER/MEDIUM	38
INSPIRACHAMBER/MOUTHPIECE .	38
INSPIRACHAMBER/SMALL	38
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INSULIN ASPART	25
INSULIN ASPART FLEXPEN	25
INSULIN ASPART PENFILL	25
INSULIN GLARGINE	25
INSULIN GLARGINE SOLOSTAR ...	25
INSULIN LISPRO	25
INSULIN LISPRO (1 UNIT DIAL) ...	25
INSULIN LISPRO JUNIOR KWIKPEN	25
INSULIN LISPRO KWIKPEN	25
INSULIN LISPRO PROT & LISPRO ..	25
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INTRAROSA	27
introvale	30
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ipratropium bromide nasal	37

ipratropium-albuterol	38
irbesartan	17
irbesartan-hydrochlorothiazide	17
ISENTRESS	15
ISENTRESS HD	15
isibloom	30
isosorb dinitrate-hydralazine	17
isosorbide mononitrate	17
isosorbide mononitrate er	17
isotretinoin capsule 10 mg oral	22
isotretinoin capsule 20 mg oral	22
isotretinoin capsule 30 mg oral	22
isotretinoin capsule 40 mg oral	22
isotretinoin oral capsule 25 mg, 35 mg	22
ISTALOL	36
ivermectin oral	14

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jaimiess	30
jantoven	11
JANUVIA	26
JARDIANCE	26
jasmiel	30
jencycla	30
JENTADUETO	26
JENTADUETO XR	26
JIVI	27
jolessa	30
JORNAY PM	19
juleber	30
JULUCA	15
junel 1/20	30
junel 1.5/30	30
junel fe 1/20	30
junel fe 1.5/30	30
junel fe 24	30
JUST RIGHT 5000	20

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kalliga	30
KAPSPARGO SPRINKLE	17
kariva	31
KAZANO	26
KENALOG EXTERNAL	22
KEPPRA ORAL	11
KEPPRA XR	11
KESIMPTA	19

ketoconazole external cream	13
ketoconazole external foam	13
ketoconazole external shampoo	13
ketodan external foam	13
KETOROLAC TROMETHAMINE NASAL	9
ketorolac tromethamine ophthalmic	35
ketorolac tromethamine oral	9
KITABIS PAK	38
KLARITY-A	35
KLISYRI	22
KLONOPIN	16
klor-con	27
klor-con 10	27
klor-con m10	27
klor-con m15	27
klor-con m20	27
KLOXXADO	10
KOATE	27
KOATE-DVI	27
KOGENATE FS	27
KOMBIGLYZE XR	26
KOSELUGO	14
KOVALTRY	27
KRINTAFEL	14
kurvelo	31
KYNMOBI	14

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labetalol hcl oral	17
lacosamide oral	11
LAMICTAL	11
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	11
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	11
LAMICTAL ODT ORAL TABLET DISPERSIBLE	11
LAMICTAL STARTER	11
LAMICTAL XR	11
lamotrigine er	11
lamotrigine oral kit	11
lamotrigine oral tablet	11
lamotrigine oral tablet chewable	11
lamotrigine oral tablet dispersible	11
lamotrigine starter kit-blue	11
lamotrigine starter kit-green	11
lamotrigine starter kit-orange	11

LANCETS	23, 24
LANREOTIDE ACETATE	33
LANTUS SOLOSTAR	25
LANTUS U-100 VIAL	25
larin 1/20	31
larin 1.5/30	31
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larin fe 1/20	31
larin fe 1.5/30	31
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LASIX	17
LASTACFT	35
latanoprost ophthalmic	36
LATUDA	15
LEDIPASVIR-SOFOSBUVIR	15
lenalidomide	14
lessina	31
letrozole oral	14
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	38
LEVBIID	28
LEVEMIR U-100 FLEXTOUCH	25
LEVEMIR U-100 VIAL	25
levetiracetam er	11
levetiracetam oral	11
levo-t	33
levocetirizine dihydrochloride oral solution	37
levocetirizine dihydrochloride oral tablet	37
levofloxacin oral	10
levonorgest-eth est & eth est	31
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	31
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	31
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	31
levora 0.15/30 (28)	31
LEVOTHYROXINE SODIUM ORAL CAPSULE	33
levothyroxine sodium oral tablet	33
levoxyl	33
LEVSIN ORAL	28
LEVSIN/SL	28
LEXAPRO	12
LIALDA	35
lidocaine external ointment 5 %	8



metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	17	mono-lynyah	31	NAPROSYN ORAL SUSPENSION.	9
metoprolol tartrate oral tablet 37.5 mg, 75 mg	17	montelukast sodium oral packet	38	NAPROSYN ORAL TABLET.	9
METROCREAM.	22	montelukast sodium oral tablet	38	naproxen oral suspension	9
METROGEL	22	montelukast sodium oral tablet chewable	38	naproxen oral tablet	9
METROLOTION.	22	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml.	8	naproxen oral tablet delayed release	9
metronidazole external cream	22	morphine sulfate er oral capsule extended release 24 hour.	8	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	9
metronidazole external gel 0.75 %	22	morphine sulfate er oral tablet extended release.	8	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9
metronidazole external gel 1 %	22	morphine sulfate oral	8	naproxen sodium oral tablet 275 mg, 550 mg.	9
metronidazole external lotion.	22	morphine sulfate rectal	8	naratriptan hcl	14
metronidazole oral.	10	MOTEGRITY	28	NARCAN	10
metronidazole vaginal.	10	MOUNJARO.	26	NASCOBAL	27
MICARDIS	17	MOVIPREP.	28	NATAZIA.	31
MICRODOT TEST	24	moxifloxacin hcl (2x day).	36	NATESTO	33
microgestin 1/20	31	moxifloxacin hcl ophthalmic solution.	36	NAYZILAM	12
microgestin 1.5/30	31	MS CONTIN	8	nebivolol hcl.	18
microgestin 24 fe.	31	MULPLETA.	27	necon 0.5/35 (28)	31
microgestin fe 1/20	31	MULTAQ.	18	neomycin-polymyxin-dexameth ophthalmic ointment	36
microgestin fe 1.5/30	31	MULTI-VIT-FLOR	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	36
mili.	31	multi-vitamin/fluoride	27	neomycin-polymyxin-hc otic.	37
MILLIPRED.	32	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	27	NEORAL.	34
MINASTRIN 24 FE.	31	multivitamin/fluoride tablet chewable 0.5 mg oral	27	NESINA.	26
MINILINK REAL-TIME TRANSMITTER	24	multivitamin/fluoride tablet chewable 1 mg oral	27	neuac external gel.	22
MINIPRESS	17	mupirocin calcium.	11	NEULASTA.	27
MINIVELLE.	30, 31	mupirocin external.	11	NEURONTIN	12
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	10	mycophenolate mofetil oral	34	NEUTEK 2TEK TEST.	24
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	10	mycophenolate sodium	34	NEVANAC.	36
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg.	10	MYDAYIS	19	NEXICLON XR.	18
minocycline hcl oral capsule	10	MYFEMBREE.	31	NEXLETOL.	18
minocycline hcl oral tablet	11	MYFORTIC.	34	NEXLIZET.	18
MINOLIRA	11	myorisan.	22	niacin (antihyperlipidemic)	18
MIRAPEX ER	14			niacin er (antihyperlipidemic)	18
MIRCETTE	31			niacor	18
mirtazapine oral.	12			NIASPAN	18
MIRVASO	22			nifedipine er	18
misoprostol oral.	28			nifedipine er osmotic release.	18
MITIGARE	13			nifedipine oral	18
MM EASY TOUCH GLUCOSE METER	24			nikki.	31
modafinil.	39			nitisinone	29
mometasone furoate external	22			NITRO-BID	18
mondoxylene nl	11			NITRO-DUR	18
				NITRO-TIME.	18

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nitrofurantoin macrocrystal	11	NOVOLIN 70/30 VIAL	25	nylia 1/35	31
nitrofurantoin monohydrate macrocrystals	11	NOVOLIN N FLEXPEN	25	nymyo	31
nitroglycerin sublingual	18	NOVOLIN N FLEXPEN RELION	25	nystatin external	13
nitroglycerin transdermal	18	NOVOLIN N RELION	25	nystatin mouth/throat	13
nitroglycerin translingual	18	NOVOLIN N VIAL	25	nystop	13
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NORDITROPIN FLEXPEN	33	NOVOLOG PENFILL	26	ofloxacin ophthalmic	36
norethin ace-eth estrad-fe oral capsule	31	NOVOLOG RELION	26	ofloxacin otic	37
norethin ace-eth estrad-fe oral tablet	31	NOVOLOG U-100 VIAL	26	olanzapine oral tablet	15
norethindrone acet-ethinyl est	31	NOVOTWIST	24	olanzapine oral tablet dispersible	15
norethindrone acetate oral	31	np thyroid	33	olmesartan medoxomil oral	18
norethindrone oral	31	NUBEQA	14	olmesartan medoxomil-hctz	18
norgestimate-eth estradiol	31	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38	olopatadine hcl ophthalmic solution 0.1 %	36
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	38	olopatadine hcl ophthalmic solution 0.2 %	36
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	38	OLUMIANT ORAL TABLET 1 MG	34
NORITATE	22	NUCYN TA ER	8	OLUMIANT ORAL TABLET 2 MG	34
NORLIQVA	18	NUCYN TA ORAL TABLET 100 MG, 75 MG	8	OLUMIANT ORAL TABLET 4 MG	34
norlyda	31	NUCYN TA ORAL TABLET 50 MG	8	OLUX	22
norlyroc	31	NUEDEXTA	20	OMECLAMOX-PAK	28
nortrel 0.5/35 (28)	31	NULEV	28	omega-3-acid ethyl esters	18
nortrel 1/35 (21)	31	NURTEC ODT	14	omeprazole oral capsule delayed release	28
nortrel 1/35 (28)	31	NUTROPIN AQ NUSPIN 10	33	OMEPRAZOLE+SYRSPEND SF ALKA	28
nortriptyline hcl oral	12	NUTROPIN AQ NUSPIN 20	33	OMNARIS	37
NORVASC	18	NUTROPIN AQ NUSPIN 5	33	OMNIPOD 5 G6 INTRO KIT (Gen 5)	24
NORVIR ORAL PACKET	15	NUVARING	31	OMNIPOD 5 G6 PODS (Gen 5)	24
NORVIR ORAL SOLUTION	15	NUVESSA	11	OMNITROPE	33
NORVIR ORAL TABLET	15	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	27	ondansetron hcl oral	13
NOURIANZ	14	NUWIQ INTRAVENOUS KIT 1500 UNIT	27	ondansetron odt	13
NOVAREL	35	NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	27	ONETOUCH CLUB LANCETS FINE PT	24
NOVOEIGHT	27	NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	27	ONETOUCH DELICA LANCETS 30G	24
NOVOFINE AUTOCOVER PEN NEEDLE	24	NUZYRA ORAL	11	ONETOUCH DELICA LANCETS 33G	24
NOVOFINE PEN NEEDLE	24	nyamyc	13	ONETOUCH DELICA PLUS LANCET30G	24
NOVOFINE PLUS PEN NEEDLE	24			ONETOUCH DELICA PLUS LANCET33G	24
NOVOLIN 70/30 FLEXPEN	25			ONETOUCH FINEPOINT LANCETS	24
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oseltamivir phosphate oral suspension reconstituted	15
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OXAYDO.	8
oxcarbazepine	12
OXTELLAR XR.	12
oxybutynin chloride er	29
oxybutynin chloride oral	29
OXYCODONE HCL ER	8
oxycodone hcl oral capsule	8
oxycodone hcl oral concentrate 100 mg/5ml	8
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ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយកតម្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខស័ព្ទស្តាប់ចំណុចសំខាន់ៗ។

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DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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