



Your 2024 Prescription Drug List

Texas Essential 4-Tier

Effective May 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2024 and is subject to change after this date. This PDL applies to members of fully insured groups with corporate offices located in Texas. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL	6
Questions	7
Analgesics	
Drugs for Pain	8
Drugs for Pain and Inflammation	8
Anti-Addiction / Substance Abuse Treatment Agents	8
Antibacterials	
Drugs for Infections	8
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	9
Anticonvulsants	
Drugs for Seizures	9
Antidepressants	
Drugs for Depression	10
Antiemetics	
Drugs for Nausea and Vomiting	10
Antifungals	
Drugs for Fungal Infections	11
Antigout Agents	
Drugs for Gout	11
Antimigraine Agents	
Drugs for Migraines	11
Antineoplastics	
Drugs for Cancer	11
Antiparasitics	
Drugs for Parasitic Infections	12
Antiparkinson Agents	
Drugs for Parkinson’s Disease	12
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	12
Antipsychotics	
Drugs for Mood Disorders	12
Antivirals	
Drugs for Viral Infections	12
Anxiolytics	
Drugs for Anxiety	13
Bipolar Agents	
Drugs for Mood Disorders	13
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	13
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	15
Drugs for Multiple Sclerosis	15
Miscellaneous	15
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	16
Dermatological Agents	
Drugs for Skin Conditions	16



Diabetes	
Glucose Monitoring and Supplies	17
Insulin	19
Non-Insulin Agents	19
Drugs for Blood Disorders	20
Drugs for Sexual Dysfunction.	21
Electrolytes / Vitamins	21
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.	21
Drugs for Bowel, Intestine and Stomach Conditions	22
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	22
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.	22
Drugs for Prostate Conditions	22
Hormonal Agents	
Hormone Replacement and Birth Control	22
Oral Steroids	25
Other	25
Testosterone Replacement.	25
Thyroid	26
Immunological Agents	
Drugs for Immune System Stimulation or Suppression.	26
Drugs for Vaccination	27
Infertility Agents.	27
Inflammatory Bowel Disease Agents.	28
Metabolic Bone Disease Agents	
Drugs for Osteoporosis.	28
Other	28
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	28
Drugs for Glaucoma	28
Drugs for Miscellaneous Eye Conditions	29
Otic Agents	
Drugs for Ear Conditions.	29
Respiratory	
Drugs for Anaphylaxis.	29
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	29
Drugs for Asthma and COPD	30
Drugs for Cystic Fibrosis.	31
Drugs for Pulmonary Fibrosis.	31
Drugs for Pulmonary Hypertension	31
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm.	31
Sleep Disorder Agents	31
Index.	32



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often upon your group's renewal.

You can log in to the member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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.

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.
NF	Non-Formulary Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	Prior Authorization —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.
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 —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.



Reading your PDL (continued)

Coverage details

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	NF	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	NF	
endocet	1	
ESGIC ORAL TABLET	4	QL
GEN7T EXTERNAL PATCH	NF	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	3	PA, QL
LIDODERM	NF	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	NF	PA, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	NF	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	NF	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	NF	QL
PERCOCET	NF	
PROLATE ORAL TABLET	NF	
ROXICODONE	NF	
tramadol hcl oral tablet 100 mg	NF	

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 50 mg	1	
TREZIX	NF	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	NF	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	NF	
naproxen oral tablet	1	
RELAFEN DS	NF	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	(includes Narcan OTC) QL
SUBOXONE	NF	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	4	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
mondoxyne nl	1	

Drug Name	Drug Tier	Requirements & Limits
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	NF	
NUZYRA ORAL	4	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	NF	
VANAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XACIATO	NF	
XENLETA ORAL	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NF	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	NF	PA
BRIVIACT ORAL TABLET	NF	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EPIDIOLEX	4	PA, SP
FYCOMPA SUSPENSION	4	PA
FYCOMPA TAB	NF	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	NF	PA
LAMICTAL ORAL TABLET	NF	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	NF	PA
NEURONTIN ORAL TABLET	NF	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	NF	
TOPAMAX	NF	PA
TOPAMAX SPRINKLES	NF	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	NF	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NF	PA
ZONEGRAN	NF	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide oral tablet	1	
CYMBALTA	NF	
desvenlafaxine succinate er	3	QL

Drug Name	Drug Tier	Requirements & Limits
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
EFFEXOR XR	NF	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	NF	
fluvoxamine maleate	1	
FORFIVO XL	NF	QL
LEXAPRO	NF	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	NF	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	NF	
PRISTIQ	NF	QL
PROZAC	NF	
REMERON	NF	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	NF	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT ORAL TABLET	NF	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	NF	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL TABLET	NF	
fluconazole oral tablet	1	
GNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	PA, QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	NF	
COLCHICINE ORAL CAPSULE	NF	
colchicine oral capsule	2	(generic for Mitigare)
colchicine oral tablet	2	
COLCRYS	NF	
MITIGARE	2	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	3	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
eletriptan hydrobromide	3	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA, ST, QL
IMITREX ORAL	NF	QL
MAXALT	NF	QL

Drug Name	Drug Tier	Requirements & Limits
NURTEC ODT	3	PA, ST, QL
RELPAZ	NF	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	3	PA, ST, QL
ZAVZPRET	NF	
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	NF	
CALQUENCE	3	PA, QL, SP
COTELLIC	4	PA, QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	3	PA, QL
ERLEADA ORAL TABLET 60 MG	3	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	NF	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	3	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	4	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA, QL, SP
IDHIFA	3	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	NF	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	3	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	3	PA, QL, SP
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ORGOVYX	4	PA, QL, SP
POMALYST	4	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	3	PA, ST, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XTANDI	3	PA, QL, SP
ZEJULA	3	PA, QL, SP
ZELBORAF	3	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	NF	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	4	PA, QL, SP
NEUPRO	NF	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	NF	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	NF	
aripiprazole oral tablet	2	
LATUDA	NF	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
quetiapine fumarate	1	
REXULTI	NF	PA, ST, QL
RISPERDAL ORAL TABLET	NF	
risperidone oral tablet	1	
SEROQUEL	NF	
UZEDY	NF	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	NF	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	NF	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	3	PA, QL, SP
HARVONI ORAL TABLET	3	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET ORAL PACKET	3	PA, QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	NF	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 200-300 MG	NF	QL
valacyclovir hcl oral	1	QL
VALTREX	NF	QL
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	NF	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	NF	
AVAPRO	NF	
benazepril hcl oral	1	
BENICAR	NF	
BENICAR HCT	NF	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	NF	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	NF	
CORLANOR	3	PA, QL
COZAAR	NF	
CRESTOR	NF	
diltiazem hcl er coated beads	2	
DIOVAN	NF	
DIOVAN HCT	NF	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
EXFORGE	NF	
ezetimibe	2	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
FENOGLIDE	NF	
flecainide acetate	1	
FUROSCIX	NF	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	NF	
hydralazine hcl oral	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
hydrochlorothiazide oral	1	
HYZAAR	NF	
INDERAL LA	NF	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	NF	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTREL	NF	
lovastatin oral	1	H
LOVAZA	NF	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF	
MICARDIS	NF	
MINIPRESS	4	
minoxidil oral	1	
MULTAQ	NF	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	

Drug Name	Drug Tier	Requirements & Limits
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	NF	
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	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	NF	
propranolol hcl er	2	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	NF	QL
spironolactone oral tablet	1	
TEKTURNA	NF	
telmisartan	2	
TENORMIN	NF	
THALITONE	NF	
TOPROL XL	NF	
torseamide	1	
triamterene-hctz	1	
TRICOR	NF	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	NF	
verapamil hcl er oral tablet extended release	1	
VERQUVO	NF	PA, QL
ZESTORETIC	NF	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ZESTRIL	NF	
ZETIA	NF	
ZOCOR	NF	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	NF	
ADDERALL XR	NF	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr	NF	(generic for Mydayis), QL
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	NF	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
AZSTARYS	3	ST, QL
CONCERTA	NF	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	NF	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	NF	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (osm) oral tablet extended release 72 mg	NF	QL
methylphenidate hcl er (xr)	NF	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral tablet	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	NF	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	NF	
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA	NF	QL
VYVANSE	NF	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
ingolimod hcl	1	PA, QL, SP
GILENYA	NF	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP
REBIF	NF	PA, QL, SP
REBIF TITRATION PACK	NF	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
pregabalin oral capsule	2	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RADICAVA ORS	4	PA, QL, SP
RADICAVA ORS STARTER KIT	4	PA, QL, SP
TIGLUTIK	4	PA
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT	4	PA, ST, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	

Dermatological Agents - Drugs for Skin Conditions

AKLIEF	4	PA, QL
ala-cort	NF	
AMZEEQ	NF	QL
AVITA EXTERNAL CREAM 0.025 %	NF	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	NF	
CIBINQO	3	PA, QL, SP
CLEOCIN-T	NF	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	NF	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DAZOMON	NF	PA
DUPIXENT	3	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	NF	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	NF	QL
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	NF	
OPZELURA	NF	PA, QL, SP
RETIN-A EXTERNAL CREAM	NF	PA, QL
RHOFADE	4	PA, QL
SANTYL	4	QL
SOOLANTRA	4	QL
TACLONEX EXTERNAL OINTMENT	NF	QL
tacrolimus external	2	QL
TOLAK	NF	
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbbase	NF	
triderm	1	QL
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	NF	PA, ST, QL
ZORYVE	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	NF	QL
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd ultra-fine U-500 insulin syringes	2	QL
bd ultra-fine veo insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	NF	
BLOOD GLUCOSE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS 333	NF	QL
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL

Drug Name	Drug Tier	Requirements & Limits
CONTOUR MONITOR KIT W/DEVICE	NF	
CONTOUR NEXT EZ KIT W/DEVICE	NF	
CONTOUR NEXT GEN MONITOR KIT	NF	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/DEVICE	NF	(Contour Next Link 2.4)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL
CVS GLUCOSE METER TEST STRIPS	NF	QL
D-CARE BLOOD GLUCOSE	NF	QL
D-CARE GLUCOMETER	NF	
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	NF	
DIABETES MONITOR DIGIT SOLN	NF	
EASY TOUCH HEALTHPRO GLUCOSE	NF	
EASY TOUCH TEST	NF	QL
EASYGLUCO	NF	
EASYMAX 15 TEST	NF	QL
EASYMAX NG BLOOD GLUCOSE KIT	NF	
EMBRACE BLOOD GLUCOSE TEST	NF	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	NF	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	NF	QL
FORA 6 CONNECT/GTEL TEST	3	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FORTISCARE G1 TEST STRIP	NF	QL	NOVOFINE PLUS PEN NEEDLE	2	QL
FORTISCARE TEST	NF	QL	NOVOTWIST PEN NEEDLE	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	ON CALL EXPRESS BLOOD GLUCOSE	NF	QL
FREESTYLE PRECISION NEO SYSTEM	NF		ON CALL EXPRESS MONITORING SYS	NF	
FREESTYLE PRECISION NEO TEST	NF	QL	ONETOUCH DELICA PLUS LANCETS	1	
FREESTYLE TEST	NF	QL	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
GLUCOCARD EXPRESSION TEST	NF	QL	ONETOUCH ULTRA IN VITRO STRIP	1	QL
GLUCOCARD SHINE TEST	NF	QL	ONETOUCH ULTRA MINI BLOOD GLUCOSE METER	1	
GLUCOCARD VITAL TEST	NF	QL	ONETOUCH ULTRASOFT LANCETS	1	
GUARDIAN 4 GLUCOSE SENSOR	3	PA	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
GUARDIAN 4 TRANSMITTER	3	PA	ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	ONETOUCH VERIO TEST STRIPS	1	QL
GUARDIAN SENSOR (3)	3	PA, QL	OPTIUMEZ TEST	NF	QL
GUARDIAN SENSOR 3	3	PA, QL	PARADIGM REAL-TIME TRANSMITTER	3	PA
GVOKE HYPOPEN 1-PACK	2	QL	PIP BLOOD GLUCOSE TEST STRIP	NF	QL
GVOKE HYPOPEN 2-PACK	2	QL	PRECISION XTRA	NF	
GVOKE KIT	2		PRECISION XTRA BLOOD GLUCOSE	NF	QL
GVOKE PFS	2	QL	PREMIUM BLOOD GLUCOSE TEST	NF	QL
HEALTHPRO BLOOD GLUCOSE MONITO	NF		PTS PANELS EGLU TEST	NF	QL
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL	QUINTET AC BLOOD GLUCOSE TEST	NF	QL
LANCETS	1		QUINTET BLOOD GLUCOSE TEST	NF	QL
MICRODOT TEST	NF	QL	RELION TRUE MET AIR GLUC METER	NF	
MINILINK REAL-TIME TRANSMITTER	3	PA	RELION TRUE METRIX TEST STRIPS	NF	QL
MINIMED 630G GUARDIAN PRESS	3	PA			
MM EASY TOUCH GLUCOSE METER	NF				
NEUTEK 2TEK TEST	NF	QL			
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL			
NOVOFINE PEN NEEDLE	2	QL			

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
RIGHTEST GT333 GLUCOSE TEST	NF	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	NF	
TEMPO WELCOME	NF	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER KIT	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER KIT	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TRUETRACK TEST	NF	QL
UNISTRIP1 GENERIC	NF	QL
Diabetes - Insulin		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
BASAGLAR KWIKPEN	NF	QL
BASAGLAR TEMPO PEN	NF	
HUMALOG INJECTION	NF	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG TEMPO PEN	NF	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL

Drug Name	Drug Tier	Requirements & Limits
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
HUMULIN R VIAL	2	QL
INSULIN GLARGINE	NF	QL
INSULIN GLARGINE SOLOSTAR	NF	QL
INSULIN LISPRO	2	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	NF	QL
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN	NF	ST, QL
NOVOLIN R FLEXPEN RELION	NF	ST, QL
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
Diabetes - Non-Insulin Agents		
ACTOS	NF	QL
ADLYXIN	NF	ST
ADLYXIN STARTER PACK	NF	ST
ALOGLIPTIN BENZOATE	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ALOGLIPTIN-PIOGLITAZONE	NF	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	3	PA, ST, QL
BYETTA 10 MCG PEN	3	PA, ST, QL
BYETTA 5 MCG PEN	3	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	NF	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	NF	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	NF	
MOUNJARO	3	PA, ST, QL
NESINA	2	QL
ONGLYZA	NF	QL
OSENI	2	QL
OZEMPIC	3	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	3	PA, ST, QL
saxagliptin hcl	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	NF	QL
SYMLINPEN 60	NF	QL

Drug Name	Drug Tier	Requirements & Limits
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	3	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (2 pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	PA, SP
ARANESP (ALBUMIN FREE)	3	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	NF	PA, SP
HEMLIBRA	3	PA, SP
HEMOFIL M	3	SP
HUMATE-P	3	SP
JIVI	4	PA, SP
KOATE	3	SP
KOATE-DVI	3	SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	4	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
UDENYCA	NF	
WILATE	3	
ZARXIO	3	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	

Drug Name	Drug Tier	Requirements & Limits
DRISDOL	4	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
NASCOBAL	4	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium citrate er	1	
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	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	NF	QL
bis subcit-metronid-tetracycl	NF	QL
bismuth/metronidaz/tetracyclin	NF	QL
CARAFATE ORAL TABLET	NF	
CYTOTEC	4	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	NF	
ROBINUL-FORTE	NF	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA, SP
CREON	2	

Drug Name	Drug Tier	Requirements & Limits
DEPEN TITRATABS	3	SP
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
TEGSEDI	3	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	4	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
VELPHORO	2	
VESICARE	NF	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	NF	
PROSCAR	NF	
tamsulosin hcl	1	
UROXATRAL	NF	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	NF	
DUAVEE	4	QL
ELESTRIN	3	
eluryng	1	H
enilloring	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	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 0.075 mg/24hr transdermal	4	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 patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
isibloom	1	H
jasmiel	NF	
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
loryna	NF	
lo-zumandimine	NF	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	NF	QL
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	NF	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	NF	
nymyo	1	H
ocella	NF	
portia-28	1	H
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	4	
progesterone oral	2	
PROMETRIUM	NF	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
syeda	NF	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	NF	
VEOZAH	4	PA, QL
vestura	NF	
vienva	1	H
VIVELLE-DOT	NF	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	NF	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	NF	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	

Drug Name	Drug Tier	Requirements & Limits
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	NF	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
LANREOTIDE ACETATE	NF	SP
NGENLA	4	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPRO	3	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	NF	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	NF	PA, QL
NATESTO	NF	PA, QL
TESTIM	2	PA, QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
testosterone cypionate intramuscular	1	
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	NF	
ARMOUR THYROID	3	
CYTOMEL	NF	
ERMEZA	3	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
thyroid oral	1	
TIROSINT-SOL	NF	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADALIMUMAB-ADAZ	3	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT	NF	PA, SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	PA, QL, SP
ADBRY	3	PA, QL, SP
AMJEVITA	3	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	

Drug Name	Drug Tier	Requirements & Limits
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
CELLCEPT ORAL TABLET	NF	
CIMZIA STARTER KIT	3	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	NF	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA, QL, SP
CINRYZE	NF	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
COSENTYX UNOREADY	4	PA, ST, QL, SP
CYLTEZO	3	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER	3	PA, QL, SP
CYLTEZO-PSORIASIS STARTER	3	PA, QL, SP
ENBREL	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
HADLIMA	3	PA, QL, SP
HADLIMA PUSHTOUCH	3	PA, QL, SP
HAEGARDA	3	PA, QL, SP
HUMIRA	3	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	3	PA, QL, SP
HUMIRA PEN	3	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	3	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	3	PA, QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-PSOR/UEVIT STARTER	3	PA, QL, SP
HYFTOR	4	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NF	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	NF	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NF	PA, SP
HYRIMOZ-CROHNS/UC STARTER PACK	NF	PA, QL, SP
HYRIMOZ-PED CROHNS STARTER	NF	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	NF	PA, QL, SP
IMURAN	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	4	PA, ST, QL, SP
LITFULO	4	PA, QL, SP
LUPKYNIS	NF	PA, QL, SP
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET	3 4	PA, QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA ORAL TABLET	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
SKYRIZI PEN	3	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
STELARA SUBCUTANEOUS SOLUTION	NF	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, ST, QL
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
Immunological Agents - Drugs for Vaccination		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
APRISO	2	
budesonide rectal	2	
CORTIFOAM	2	
DIPENTUM	NF	
LIALDA	NF	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	NF	
PROCTOFOAM HC	2	
UCERIS	NF	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
teriparatide inj	NF	PA, ST, SP
TYMLOS	NF	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	NF	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	NF	

Drug Name	Drug Tier	Requirements & Limits
INVELTYS	3	
KLARITY-A	NF	
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	NF	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	NF	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.1 %	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	NF	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	NF	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
IYUZEH	NF	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
XALATAN	NF	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	NF	PA
cyclosporine ophthalmic	NF	PA, QL
EMPAVELI	3	PA, QL, SP
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
TYRVAYA	NF	PA, QL
VERKAZIA	4	PA
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	4	
neomycin-polymyxin-hc otic suspension	1	

Drug Name	Drug Tier	Requirements & Limits
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN JR 2-PAK	NF	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 %	NF	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
BROMFED DM	3	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
LASTACFT	3	QL
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	NF	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NF	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	3	RS
brey-na	NF	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
budesonide-formoterol fumarate	NF	QL, RS
COMBIVENT RESPIMAT	4	QL

Drug Name	Drug Tier	Requirements & Limits
FASENRA PEN	4	PA, QL
FLOVENT HFA	NF	QL
FLUTICASONE FUROATE-VILANTEROL	NF	QL, RS
FLUTICASONE PROPIONATE HFA	NF	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	NF	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	NF	QL
PROVENTIL HFA	NF	QL
PULMICORT SUSPENSION	NF	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, QL
tiotropium bromide monohydrate	NF	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	NF	QL
wixela inhub	3	QL
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	NF	PA, QL, SP
BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
KITABIS PAK	NF	PA, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI NEBULIZER	NF	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	NF	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NF	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	NF	PA, QL, SP
------	----	------------

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
REMODULIN	NF	PA
REVATIO ORAL TABLET	NF	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	4	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	3	PA, QL, SP
treprostinil	NF	PA
TYVASO	3	PA

Drug Name	Drug Tier	Requirements & Limits
TYVASO DPI MAINTENANCE KIT	3	PA, QL, SP
TYVASO DPI TITRATION KIT	3	PA, QL, SP
TYVASO REFILL	3	PA
TYVASO STARTER	3	PA

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FEXMID	NF	
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	

Sleep Disorder Agents

AMBIEN	NF	
AMBIEN CR	NF	
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
eszopiclone	2	
LUMRYZ	NF	PA, QL, SP
LUNESTA	NF	
modafinil	2	QL
PROVIGIL	NF	QL
RESTORIL	4	
SODIUM OXYBATE	NF	(manufactured by Hikma) PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	NF	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6, 7 for coverage details.



Index

A	
ABILIFY	12
ACCU-CHEK AVIVA PLUS TEST STRIPS	17
ACCU-CHEK FASTCLIX LANCET KIT.....	17
ACCU-CHEK FASTCLIX LANCETS ..	17
ACCU-CHEK GUIDE KIT W/DEVICE ..	17
ACCU-CHEK GUIDE ME METER....	17
ACCU-CHEK GUIDE TEST STRIPS..	17
ACCU-CHEK MULTICLIX LANCET KIT.....	17
ACCU-CHEK MULTICLIX LANCETS ..	17
ACCU-CHEK SMARTVIEW TEST STRIPS	17
ACCU-CHEK SOFT TOUCH LANCETS.....	17
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17
ACCU-CHEK SOFTCLIX LANCETS ..	17
ACCUTREND GLUCOSE	17
acetaminophen-codeine oral tablet ..	8
ACIPHEX	21
ACTEMRA ACTPEN	26
ACTEMRA SUBCUTANEOUS	26
ACTOS	19
acyclovir oral tablet	12
ADALIMUMAB-ADAZ	26
ADALIMUMAB-ADBMSUBCUTANEOUS AUTO-INJECTOR KIT	26
ADALIMUMAB-ADBMSUBCUTANEOUS PREFILLED SYRINGE KIT	26
ADBRY	26
ADDERALL	15
ADDERALL XR	15
ADDYI	21
ADEMPAS	31
ADLYXIN.....	19
ADLYXIN STARTER PACK	19
ADMELOG	19
ADMELOG SOLOSTAR.....	19
ADTHYZA.....	26
ADVAIR DISKUS	30
ADVAIR HFA.....	30
ADVATE	20
ADYNOVATE	20
afirmelle	22
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	20
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	20
AIMOVIQ.....	11
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11
AIRDUO RESPICLICK 113/14	30
AIRDUO RESPICLICK 232/14	30
AIRDUO RESPICLICK 55/14	30
AIRSUPRA	30
AKLIEF	16
ala-cort	16
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	30
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	30
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	30
ALDACTONE	13
ALECENSA.....	11
alendronate sodium oral tablet	28
alfuzosin hcl er.....	22
aliskiren fumarate	13
allopurinol oral tablet 100 mg, 300 mg	11
ALLOPURINOL ORAL TABLET 200 MG.....	11
ALOGLIPTIN BENZOATE	19
ALOGLIPTIN-METFORMIN HCL	19
ALOGLIPTIN-PIOGLITAZONE	20
ALORA	22
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %.....	28
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	28
ALPHANATE	20
alprazolam oral tablet	13
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	20
ALREX	28
ALTACE.....	13
altavera.....	22
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20
ALUNBRIG	11
AMBIEN	31
AMBIEN CR	31
amiodarone hcl oral	13
amitriptyline hcl oral	10
AMJEVITA	26
amlodipine besylate oral	13
amlodipine besylate-benazepril hcl ..	13
amlodipine besylate-valsartan	13
amoxicillin oral capsule	8
amoxicillin oral suspension reconstituted	8
amoxicillin oral tablet	8
amoxicillin-potassium clavulanate oral suspension reconstituted	8
amoxicillin-potassium clavulanate oral tablet	8
amphet-dextroamphet 3-bead er....	15
amphetamine-dextroamphetamine ..	15
amphetamine-dextroamphetamine 3-bead cap er 24hr	15
amphetamine-dextroamphetamine er.....	15
AMZEEQ.....	16
anastrozole oral	11
ANDRODERM	25
ANDROGEL PUMP	25



butalbital-apap-caffeine oral tablet . . .	8	ciprofloxacin hcl ophthalmic	28	CONTOUR NEXT GEN MONITOR	
BYDUREON	20	ciprofloxacin hcl oral	9	KIT	17
BYETTA 10 MCG PEN.	20	ciprofloxacin-dexamethasone	29	CONTOUR NEXT GEN TEST	
BYETTA 5 MCG PEN.	20	citalopram hydrobromide oral tablet. 10		STRIPS	17
C					
cabergoline	25	CLENPIQ	22	CONTOUR NEXT LINK KIT	
calcitriol oral capsule	28	CLEOCIN ORAL CAPSULE		W/DEVICE	17
CALQUENCE	11	150 MG, 300 MG.	9	CONTOUR NEXT MONITOR KIT	
camila	23	CLEOCIN ORAL CAPSULE 75 MG . . .	9	W/DEVICE	17
CARAC	16	CLEOCIN-T.	16	CONTOUR NEXT ONE KIT.	17
CARAFATE ORAL TABLET.	21	CLIMARA	23	CONTOUR TEST STRIPS.	17
CARDIZEM CD	13	CLIMARA PRO	23	COPAXONE	15
CARDURA	13	clindacin etz external swab	16	COREG.	13
CARETOUCH MONITOR SYSTEM . . .	17	clindacin-p	16	CORLANOR.	13
CARETOUCH TEST	17	CLINDAGEL	16	CORTEF	25
cartia xt.	13	clindamycin hcl oral	9	CORTIFOAM	28
carvedilol	13	clindamycin phosphate external		COSENTYX (300 MG DOSE).	26
cefdinir	9	lotion	16	COSENTYX 150 MG/ML	
cefuroxime axetil	9	clindamycin phosphate external		SUBCUTANEOUS SOLUTION	
CELEBREX.	8	solution.	16	PREFILLED SYRINGE 150 MG/ML . .	26
celecoxib oral.	8	clindamycin phosphate external		COSENTYX 150 MG/ML	
CELEXA	10	swab	16	SUBCUTANEOUS SOLUTION	
CELLCEPT ORAL TABLET.	26	clindamycin phosphate gel 1 %		PREFILLED SYRINGE	
cephalexin oral capsule	9	external.	16	75 MG/0.5ML.	26
cephalexin oral suspension		CLINDESSE	9	COSENTYX SENSOREADY	
reconstituted	9	clobetasol propionate external		(300 MG).	26
CERDELGA	22	cream	16	COSENTYX SENSOREADY PEN. . . .	26
chateal eq.	23	clobetasol propionate external		COSENTYX UNOREADY	26
chlorhexidine gluconate mouth/		ointment	16	COSOPT.	29
throat.	16	clobetasol propionate external		COSOPT PF.	29
chlorthalidone	13	solution.	16	COTELLIC	11
CHORIONIC GONADOTROPIN		CLOMID	27	COZAAR	13
INTRAMUSCULAR	27	clonazepam oral tablet.	13	CREON.	22
CIALIS.	21	clonidine hcl oral.	13	CRESEMBA ORAL CAPSULE	
CIBINQO.	16	clopidogrel bisulfate oral	12	186 MG.	11
ciclodan	11	clotrimazole-betamethasone		CRESTOR.	13
ciclopirox external solution.	11	external cream.	16	CVS ADVANCED GLUCOSE TEST . .	17
CIMDUO.	12	COLCHICINE ORAL CAPSULE	11	CVS GLUCOSE METER TEST	
CIMZIA STARTER KIT.	26	colchicine oral tablet.	11	STRIPS.	17
CIMZIA SUBCUTANEOUS KIT.	26	COLCRYS.	11	cyanocobalamin injection solution	
CIMZIA SUBCUTANEOUS		COMBIGAN	29	1000 mcg/ml	21
PREFILLED SYRINGE KIT	26	COMBIVENT RESPIMAT	30	CYANOCOBALAMIN INJECTION	
CINRYZE	26	CONCERTA	15	SOLUTION 2000 MCG/ML.	21
CIPRO ORAL TABLET	9	CONTOUR MONITOR KIT		cyclobenzaprine hcl oral tablet	
		W/DEVICE	17	10 mg, 5 mg	31
		CONTOUR NEXT EZ KIT		cyclobenzaprine hcl oral tablet	
		W/DEVICE	17	7.5 mg.	31
				CYCLOSPORINE IN KLARITY	29



cyclosporine ophthalmic.	29
CYLTEZO	26
CYLTEZO-CD/UC/HS STARTER	26
CYLTEZO-PSORIASIS STARTER	26
CYMBALTA.	10
cyproheptadine hcl oral tablet	29
cyred eq	23
CYTOMEL	26
CYTOTEC.	21

D

D-CARE BLOOD GLUCOSE.	17
D-CARE GLUCOMETER.	17
dabigatran etexilate mesylate	9
DAYVIGO	31
DAZOMON.	16
deblitane.	23
delyla	23
DEPAKOTE.	9
DEPAKOTE ER.	9
DEPEN TITRATABS.	22
DEPO-PROVERA INTRAMUSCULAR SUSPENSION REFILLED SYRINGE	23
DEPO-SUBQ PROVERA 104	23
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	25
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	25
DESCOVY.	12
desvenlafaxine succinate er	10
DEXABLISS	25
dexamethasone oral tablet.	25
dexamethasone oral tablet therapy pack	25
DEXCOM G6 SENSOR	17
DEXCOM G6 TRANSMITTER	17
DEXCOM G7 RECEIVER.	17
DEXCOM G7 SENSOR	17
dexamethylphenidate hcl	15
dexamethylphenidate hcl er.	15
DIABETES MONITOR DIGIT ADD-ON	17

DIABETES MONITOR DIGIT SOLN.	17
diazepam oral tablet	13
diclofenac sodium oral	8
dicyclomine hcl oral capsule	22
dicyclomine hcl oral tablet	22
DIFICID ORAL TABLET.	9
DIFLUCAN ORAL TABLET	11
DILAUDID ORAL TABLET	8
diltiazem hcl er coated beads	13
DIOVAN	13
DIOVAN HCT	13
DIPENTUM.	28
divalproex sodium er.	9
divalproex sodium oral tablet delayed release	9
DIVIGEL	23
DODEX	21
DOPTelet.	20
dorzolamide hcl-timolol mal	29
dorzolamide hcl-timolol mal pf.	29
dotti.	23
DOVATO	12
doxazosin mesylate oral	13
doxepin hcl oral capsule.	10
doxycycline hyclate oral capsule	9
doxycycline hyclate oral tablet 100 mg	9
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9
doxycycline hyclate oral tablet 20 mg.	9
doxycycline monohydrate oral capsule 100 mg, 50 mg	9
doxycycline monohydrate oral capsule 150 mg, 75 mg.	9
doxycycline monohydrate oral tablet	9
DRISDOL	21
drosiprenone-ethinyl estradiol	23
DUAVEE	23
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10
duloxetine hcl oral capsule delayed release particles 40 mg	10
DUPIXENT	16

E

EASY TOUCH HEALTHPRO GLUCOSE	17
EASY TOUCH TEST	17
EASYGLUCO	17
EASYMAX 15 TEST.	17
EASYMAX NG BLOOD GLUCOSE KIT.	17
EFFEXOR XR	10
EFUDEX	16
ELESTRIN.	23
eletriptan hydrobromide	11
ELIQUIS	9
ELIQUIS DVT/PE STARTER PACK.	9
ELOCTATE	20
eluryng	23
EMBRACE BLOOD GLUCOSE TEST	17
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	17
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
EMPAVELI	29
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.	12
emtricitabine-tenofovir df oral tablet 200-300 mg	12
enalapril maleate oral tablet.	13
ENBREL	26
ENBREL MINI.	26
ENBREL SURECLICK.	26
endocet	8
ENDOMETRIN	27
enilloring.	23
ENLITE GLUCOSE SENSOR	17
enoxaparin sodium injection solution prefilled syringe.	9
enskyce	23
ENSTILAR	16
ENTRESTO.	13
EPCLUSA ORAL TABLET.	12
EPIDIOLEX	10
epinephrine solution auto-injector 0.15 mg/0.15ml injection	29



LOPRESSOR	14	MAXITROL OPHTHALMIC SUSPENSION 0.1 %	28	methylphenidate hcl er oral tablet extended release	15
lorazepam oral tablet	13	MAXZIDE	14	methylphenidate hcl oral tablet	15
loryna	24	MAXZIDE-25	14	methylprednisolone oral tablet therapy pack	25
losartan potassium oral	14	MAYZENT STARTER PACK	15	metoclopramide hcl oral tablet	10
losartan potassium-hctz	14	MEDROL ORAL TABLET THERAPY PACK	25	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	14
LOTEMAX OPHTHALMIC GEL	28	medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	metoprolol succinate er oral tablet extended release 24 hour 25 mg	14
LOTEMAX OPHTHALMIC OINTMENT	28	medroxyprogesterone acetate oral	24	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
LOTEMAX OPHTHALMIC SUSPENSION	28	meloxicam oral tablet	8	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
LOTEMAX SM	28	MENOPUR	28	METROCREAM	16
LOTENSIN	14	MENOSTAR	24	metronidazole external cream	16
loteprednol etabonate ophthalmic gel	28	mesalamine oral tablet delayed release 1.2 gm	28	metronidazole oral tablet	9
loteprednol etabonate ophthalmic suspension	28	mesalamine oral tablet delayed release 800 mg	28	metronidazole vaginal	9
LOTREL	14	metformin hcl er	20	MICARDIS	14
lovastatin oral	14	metformin hcl er (mod)	20	MICRODOT TEST	18
LOVAZA	14	metformin hcl er (osm)	20	microgestin 1/20	24
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	9	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	microgestin 1.5/30	24
LUMAKRAS	11	metformin hcl oral tablet 625 mg	20	microgestin 24 fe	24
LUMIGAN	29	methimazole oral	26	microgestin fe 1/20	24
LUMRYZ	31	methocarbamol oral tablet 1000 mg	31	microgestin fe 1.5/30	24
LUNESTA	31	methocarbamol oral tablet 500 mg, 750 mg	31	mili	24
LUPKYNIS	27	methotrexate sodium oral	27	MINILINK REAL-TIME TRANSMITTER	18
lurasidone hcl	12	methylphenidate hcl er (cd)	15	MINIMED 630G GUARDIAN PRESS	18
lutera	24	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINIPRESS	14
lyleq	24	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MINIVELLE	23, 24
lyllana	24	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15	minocycline hcl oral capsule	9
LYNPARZA	11	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	minoxidil oral	14
LYRICA ORAL CAPSULE	15	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	mirtazapine oral tablet	10
LYUMJEV KWIKPEN	19	methylphenidate hcl er (osm) oral tablet extended release 72 mg	15	MIRVASO	16
LYUMJEV TEMPO PEN	19	methylphenidate hcl er (xr)	15	misoprostol oral	21
LYUMJEV VIAL	19			MITIGARE	11
lyza	24			MM EASY TOUCH GLUCOSE METER	18
				modafinil	31
				mondoxyne nl	9
				mono-linyah	24
				montelukast sodium oral tablet	30
				montelukast sodium oral tablet chewable	30

M

MACROBID	9				
MACRODANTIN	9				
marlissa	24				
MAVENCLAD	15				
MAVYRET ORAL PACKET	12				
MAXALT	11				



morphine sulfate er oral tablet extended release	8	nifedipine er	14	NOVOLIN R RELION	19
MOTTEGRITY	22	nifedipine er osmotic release	14	NOVOLIN R VIAL	19
MOUNJARO	20	nikki	24	NOVOTWIST PEN NEEDLE	18
MOVIPREP	22	nitrofurantoin macrocrystal	9	np thyroid	26
MOXEZA	28	nitrofurantoin monohydrate macrocrystals	9	NUBEQA	11
moxifloxacin hcl (2x day)	28	nitroglycerin sublingual	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
moxifloxacin hcl ophthalmic	28	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30
MS CONTIN	8	NIVA THYROID	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	30
MULPLETA	21	NOCDURNA	25	NUCYNTA	8
MULTAQ	14	nora-be	24	NUCYNTA ER	8
mupirocin external	9	NORDITROPIN FLEXPEN	25	NURTEC ODT	11
mycophenolate mofetil oral tablet	27	norethin ace-eth estrad-fe oral tablet	24	NUTROPIN AQ NUSPIN 10	25
MYFEMBREE	24	norethindrone acet-ethinyl est	24	NUTROPIN AQ NUSPIN 20	25
N					
na sulfate-k sulfate-mg sulf.	22	norethindrone acetate oral	24	NUTROPIN AQ NUSPIN 5	25
nabumetone oral	8	norethindrone oral	24	NUVARING	24
NALOCET	8	norgestimate-eth estradiol	24	NUVESSA	9
naloxone hcl injection solution prefilled syringe	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	24	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
naloxone hcl nasal	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	24	NUWIQ INTRAVENOUS KIT 1500 UNIT	21
naltrexone hcl oral	8	NORITATE	16	NUZYRA ORAL	9
NAPROSYN ORAL TABLET	8	NORLIQVA	14	nymyo	24
naproxen oral tablet	8	norlyroc	24	nystatin external cream	11
NARCAN	8	nortriptyline hcl oral capsule	10	nystatin mouth/throat	11
NASCOBAL	21	NORVASC	14	O	
NATAZIA	24	NOURIANZ	12	ocella	24
NATESTO	25	NOVAREL	28	OCUFLOX	28
NAYZILAM	10	NOVOEIGHT	21	ODOMZO	11
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE AUTOCOVER PEN NEEDLE	18	OFEV	31
neomycin-polymyxin-hc otic suspension	29	NOVOFINE PEN NEEDLE	18	ofloxacin ophthalmic	28
NESINA	20	NOVOFINE PLUS PEN NEEDLE	18	ofloxacin otic	29
NEULASTA	21	NOVOLIN 70/30 FLEXPEN	19	olanzapine oral tablet	12
NEUPRO	12	NOVOLIN 70/30 FLEXPEN RELION	19	olmesartan medoxomil oral	14
NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 RELION	19	olmesartan medoxomil-hctz	14
NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 VIAL	19	OLUMIANT ORAL TABLET	27
NEUTEK 2TEK TEST	18	NOVOLIN N FLEXPEN	19	OMECLAMOX-PAK	21
NEVANAC	28	NOVOLIN N FLEXPEN RELION	19	omega-3-acid ethyl esters	14
NEXLETOL	14	NOVOLIN N RELION	19		
NEXLIZET	14	NOVOLIN N VIAL	19		
NGENLA	25	NOVOLIN R FLEXPEN	19		
		NOVOLIN R FLEXPEN RELION	19		



PROCARDIA XL	14	RELAFEN DS	8	ROCKLATAN	29
prochlorperazine maleate oral	10	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	15	ropinirole hcl	12
PROCTOFOAM HC	28	RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	15	rosuvastatin calcium	14
progesterone oral	24	RELION TRUE MET AIR GLUC METER	18	roweepra	10
PROGRAF ORAL CAPSULE	27	RELION TRUE METRIX TEST STRIPS	18	ROXICODONE	8
PROLATE ORAL TABLET	8	RELION ULTIMA GLUCOSE SYSTEM	19	RUCONEST	27
promethazine hcl oral tablet	11	RELION ULTIMA TEST	19	RUKOBIA	12
promethazine-dm	29	RELPAK	11	RYBELSUS	20
PROMETRIUM	24	REMERON	10		
propranolol hcl er	14	REMODULIN	31	S	
propranolol hcl oral tablet	14	REPATHA	14	SANTYL	16
PROSCAR	22	REPATHA PUSHTRONEX SYSTEM	14	saxagliptin hcl	20
PROTONIX ORAL TABLET DELAYED RELEASE	22	REPATHA SURECLICK	14	scopolamine	11
PROVENTIL HFA	30	RESTASIS	29	SEREVENT DISKUS	30
PROVERA	23, 24	RESTASIS MULTIDOSE	29	SEROQUEL	12
PROVIGIL	31	RESTORIL	31	sertraline hcl oral tablet	10
PROZAC	10	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	21	sharobel	24
pseudoephedrine-bromphen-dm	29	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21	SHINGRIX	27
PTS PANELS EGLU TEST	18	RETEVMO ORAL CAPSULE 40 MG	12	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
PULMICORT SUSPENSION	30	RETEVMO ORAL CAPSULE 80 MG	12	sildenafil citrate oral tablet 20 mg	31
PULMOZYME	31	RETIN-A EXTERNAL CREAM	16	SIMPONI	27
PYLERA	22	REVATIO ORAL TABLET	31	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
PYRIDIUM	22	REVLIMID	12	simvastatin oral tablet 80 mg	14
		REXULTI	12	SINGULAIR ORAL TABLET	30
Q		RHOFADE	16	SINGULAIR ORAL TABLET CHEWABLE	30
quetiapine fumarate	12	RHOPRESSA	29	SITAVIG	12
QUINTET AC BLOOD GLUCOSE TEST	18	RIGHTEST GT333 GLUCOSE TEST	19	SKYRIZI PEN	27
QUINTET BLOOD GLUCOSE TEST	18	RINVOQ	27	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27
QVAR REDIHALER	30	RISPERDAL ORAL TABLET	12	SKYTROFA	25
		risperidone oral tablet	12	SOANZ	14
R		RITALIN	15	SODIUM OXYBATE	31
rabeprazole sodium oral tablet delayed release	22	RITALIN LA	15	SOFOSBUVIR-VELPATASVIR	12
RADICAVA ORS	16	rizatriptan benzoate	11	solifenacin succinate	22
RADICAVA ORS STARTER KIT	16	ROBINUL	22	SOLIQUA	20
ramipril	14	ROBINUL-FORTE	22	SOMATULINE DEPOT	25
RASUVO	27	ROCALTROL ORAL CAPSULE	28	SOOLANTRA	16
REBIF	15			SPIRIVA HANDIHALER	30
REBIF TITRATION PACK	15			SPIRIVA RESPIMAT	30
reclipsen	24			spironolactone oral tablet	14
RECOMBINATE	21				
REGLAN	11				



sprintec 28	24	TAKHZYRO	27	TIMOPTIC OCUDOSE	29
sronyx	24	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	tiotropium bromide monohydrate	31
STELARA SUBCUTANEOUS SOLUTION	27	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	TIROSINT-SOL	26
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	TAMIFLU ORAL CAPSULE	12	TIVICAY	12
STENDRA	21	tamoxifen citrate oral tablet 10 mg	12	tizanidine hcl oral tablet	31
STIOLTO RESPIMAT	30	tamoxifen citrate oral tablet 20 mg	12	TOBI NEBULIZER	31
STIVARGA	12	tamsulosin hcl	22	TOBI PODHALER	31
STRATTERA	15	TAPERDEX 12-DAY	25	TOBRADEX ST	28
STRENSIQ	22	TAPERDEX 6-DAY	25	tobramycin inhalation nebulization solution 300 mg/4ml	31
STRIVERDI RESPIMAT	30	TAPERDEX 7-DAY	25	tobramycin nebulization solution 300 mg/5ml inhalation	31
SUBOXONE	8	TARGADOX	9	tobramycin ophthalmic	28
subvenite	10	tarina 24 fe	25	tobramycin-dexamethasone	28
sucralfate oral tablet	22	tarina fe 1/20 eq.	25	TOLAK	16
SUFLAVE	22	TASIGNA	12	TOPAMAX	10
sulfamethoxazole-trimethoprim oral tablet	9	TAVALISSE	21	TOPAMAX SPRINKLES	10
sumatriptan succinate oral	11	TECHLITE INSULIN SYRINGES	19	topiramate oral tablet	10
SUNOSI	31	TECHLITE PEN NEEDLES	19	TOPROL XL	14
SUPREP BOWEL PREP KIT	22	TEGSEDI	22	torse mide	14
SUTAB	22	TEKTURNA	14	TOUJEO MAX SOLOSTAR	19
syeda	25	telmisartan	14	TOUJEO SOLOSTAR	19
SYMBICORT	31	temazepam	31	TRACLEER 62.5 MG, 125 MG	31
SYMFI	12	TEMPO REFILL	19	TRADJENTA	20
SYMFI LO	12	TEMPO WELCOME	19	tramadol hcl oral tablet 100 mg	8
SYMJEPI	29	TENORMIN	14	tramadol hcl oral tablet 50 mg	8
SYMLINPEN 120	20	terbinafine hcl oral	11	TRANSDERM-SCOP	11
SYMLINPEN 60	20	TERIPARATIDE (RECOMBINANT)	28	trazodone hcl oral	10
SYMPAZAN	10	teriparatide inj	28	TRELEGY ELLIPTA	31
SYMPROIC	22	TESTIM	25	TREMFYA	27
SYNJARDY	20	testosterone cypionate intramuscular	26	treprostinil	31
SYNJARDY XR	20	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	31	tretinoin external cream	16
SYNTHROID	26	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	31	TREXALL	27
T					
TABRECTA	12	THALITONE	14	TREZIX	8
TACLONEX EXTERNAL OINTMENT	16	THIOLA	22	tri-estarylla	25
tacrolimus external	16	THIOLA EC	22	tri-lynyah	25
tacrolimus oral	27	THYQUIDITY	26	tri-lo-estarylla	25
tadalafil oral	21	thyroid oral	26	tri-lo-marzia	25
TADLIQ	31	TIGLUTIK	16	tri-lo-mili	25
tafluprost (pf)	29	timolol maleate (once-daily)	29	tri-lo-sprintec	25
TAGRISSO	12	timolol maleate ophthalmic solution	29	tri-mili	25
		timolol maleate pf	29	tri-nymyo	25
				tri-sprintec	25
				tri-vylibra	25
				tri-vylibra lo	25



triamcinolone acetonide external cream 0.025 %, 0.1 %	16	UDENYCA	21	VISTARIL	13	
triamcinolone acetonide external cream 0.5 %	16	UNISTRIP1 GENERIC	19	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	21	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	16	unithroid	26	VITRAKVI	12	
triamcinolone acetonide external ointment 0.05 %	17	UROCIT-K 10	21	VIVELLE-DOT	23, 25	
triamcinolone in absorbbase	17	UROCIT-K 15	21	VIVJOA	11	
triamterene-hctz	14	UROCIT-K 5	21	VOGELXO	26	
triazolam	13	UROXATRAL	22	VOGELXO PUMP	26	
TRICOR	14	UZEDY	12	VOSEVI	13	
triderm	17	V			VRAYLAR ORAL CAPSULE	12
TRIJARDY XR	20	VAGIFEM	25	VTAMA	17	
TRILEPTAL ORAL TABLET	10	valacyclovir hcl oral	13	VYLEESI	21	
TRINTELLIX	10	VALIUM	13	vylibra	25	
TRIUMEQ	12	valsartan oral tablet	14	VYVANSE	15	
TRUE FOCUS BLOOD GLUCOSE STRIP	19	valsartan-hydrochlorothiazide	14	W		
TRUE METRIX AIR GLUCOSE METER KIT	19	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10	WAKIX	31	
TRUE METRIX BLOOD GLUCOSE TEST	19	VALTRESX	13	warfarin sodium oral	9	
TRUE METRIX GO GLUCOSE METER	19	VANDAZOLE	9	WELLBUTRIN SR	10	
TRUE METRIX METER KIT	19	VASOTEC	14	WELLBUTRIN XL	10	
TRUE METRIX PRO BLOOD GLUCOSE	19	VELPHORO	22	WILATE	21	
TRUETRACK TEST	19	VELTASSA	21	wixela inhub	31	
TRULICITY	20	venlafaxine hcl	10	X		
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	12	venlafaxine hcl er oral capsule extended release 24 hour	10	XACIATO	9	
TRUVADA ORAL TABLET 200-300 MG	13	VENTOLIN HFA	30, 31	XALATAN	29	
TYMLOS	28	VEOZAH	25	XANAX	13	
TYRVAYA	29	verapamil hcl er oral tablet extended release	14	XARELTO	9	
TYVASO	31	VERKAZIA	29	XARELTO STARTER PACK	9	
TYVASO DPI MAINTENANCE KIT	31	VERQUVO	14	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10	
TYVASO DPI TITRATION KIT	31	VERZENIO	12	XELJANZ	27	
TYVASO REFILL	31	VESICARE	22	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27	
TYVASO STARTER	31	vestura	25	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	27	
U		VIAGRA	21	XENLETA ORAL	9	
UBRELVY	11	VIBERZI	22	XEPI	17	
UCERIS	28	VIBRAMYCIN ORAL CAPSULE	9	XIIDRA	29	
		VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	20	XOFLUZA (40 MG DOSE)	13	
		vienva	25	XOFLUZA (80 MG DOSE)	13	
		VIGAMOX	28			
		VIIBRYD	10			
		VIIBRYD STARTER PACK	10			
		vilazodone hcl	10			



XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . .	27
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	27
XOPENEX HFA	31
XTAMPZA ER	8
XTANDI	12
xulane	25
XYWAV	31

Y

YASMIN 28	25
YAZ	25
YUPELRI	31
yuvafem	25

Z

zafemy	25
ZANAFLEX ORAL TABLET	31
ZARXIO	21
ZAVZPRET	11
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	20
ZEJULA	12
ZELBORAF	12
ZELNORM	22
ZENPEP	22
ZEPOSIA	16
ZEPOSIA 7-DAY STARTER PACK . . .	16
ZEPOSIA STARTER KIT	16
ZESTORETIC	14
ZESTRIL	15
ZETIA	15
ZETONNA	29
ZILXI	17
ZIMHI	8
ZIOPTAN	29
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK	9
ZITHROMAX Z-PAK	9
ZOCOR	15
ZOLOFT ORAL TABLET	10

zolpidem tartrate er	31
zolpidem tartrate oral tablet	31
ZOMIG NASAL SOLUTION 2.5 MG . .	11
ZOMIG NASAL SOLUTION 5 MG . . .	11
ZONEGRAN	10
zonisamide oral	10
ZORYVE	17
ZTLIDO	8
ZUBSOLV	8
zumandimine	25
ZYLET	28
ZYPREXA ORAL	12



Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, **1-800-537-7697 (TDD)**

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើកិច្ចការ ដល់មាន់លើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nił'izí bee nééhozinígíí bine'deę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

1/24 ©2024 United HealthCare Services, Inc. All Rights Reserved. WF12058218-L 2024 Prescription Drug List – Texas Essential 4-Tier

**United
Healthcare**