



Your 2024 Prescription Drug List

Traditional 3-Tier

Effective September 1, 2024



**United
Healthcare**

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

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

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.

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

Drug list information

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

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) ³ —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. ⁴
QL	Quantity Limits ⁵ —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁶ —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. ⁵

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

4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL TABLET	3	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE ORAL TABLET 5 MG	E	QL
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	1	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	E	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
TIVORBEX ORAL CAPSULE 20 MG	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL (includes Narcan OTC)

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
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefдинир	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	3	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL

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
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	PA
LAMICTAL ORAL TABLET	3	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	3	PA
NEURONTIN ORAL TABLET	3	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral	1	
TRILEPTAL ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements & Limits
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	3	PA
ZONEGRAN	3	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	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL

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Drug Name	Drug Tier	Requirements & Limits
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-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

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	1	
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
COTELLIC	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	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	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VOSEVI	2	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	E	

Drug Name	Drug Tier	Requirements & Limits
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements & Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	3	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
PROCARDIA XL	E	
propranolol hcl er	1	
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	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral tablet	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
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	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL

Drug Name	Drug Tier	Requirements & Limits
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexafetamine dimesylate	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL

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Drug Name	Drug Tier	Requirements & Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 72 MG	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	E	
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

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
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	QL, SP
AUSTEDO XR PATIENT TITRATION	2	QL, SP
LYRICA ORAL CAPSULE	3	PA

Drug Name	Drug Tier	Requirements & Limits
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	

Dermatological Agents - Drugs for Skin Conditions

AKLIEF	3	PA, QL
ala-cort	E	
AMZEEQ	3	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL

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Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA, QL
NORITATE	E	
OPZELURA	3	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
rosadan external cream 0.75 %	1	
SANTYL	3	QL
SOOLANTRA	1	QL
TACLONEX EXTERNAL SUSPENSION	1	QL
tacrolimus external	1	QL
TEMOVATE EXTERNAL CREAM 0.05 %	3	QL
TEMOVATE EXTERNAL OINTMENT 0.05 %	3	QL
TOLAK	E	
tretinoin external cream	1	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	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
tritocin external ointment 0.05 %	E	
VTAMA	3	PA, QL
XEPI	3	QL
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM	3	PA, 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 METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK MULTICLIX LANCETS	1		CONTOUR TEST STRIPS	E	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CVS ADVANCED GLUCOSE TEST	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1		CVS GLUCOSE METER TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1		D-CARE BLOOD GLUCOSE	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		D-CARE GLUCOMETER	E	
ACCUTREND GLUCOSE	E	QL	DEXCOM G6 RECEIVER	3	PA, QL
AQINJECT PEN NEEDLE	2	QL	DEXCOM G6 SENSOR	3	PA, QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL	DEXCOM G6 TRANSMITTER	3	PA, QL
BD ULTRA-FINE insulin syringes	2	QL	DEXCOM G7 RECEIVER	3	PA, QL
BD ULTRA-FINE PEN NEEDLES	2	QL	DEXCOM G7 SENSOR	3	PA, QL
BD ULTRA-FINE U-500 insulin syringes	2	QL	EASY TOUCH HEALTHPRO GLUCOSE	E	
BD ULTRA-FINE VEO insulin syringes	2	QL	EASY TOUCH TEST	E	QL
BIOTEL CARE TEST STRIPS	E	QL	EASYGLUCO	E	
BLOOD GLUCOSE TEST STRIPS	E	QL	EASYMAX 15 TEST	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL	EASYMAX NG BLOOD GLUCOSE KIT	E	
CARETOUCH MONITOR SYSTEM	E		EMBRACE BLOOD GLUCOSE TEST	E	QL
CARETOUCH TEST	E	QL	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR MONITOR KIT W/ DEVICE	E		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	QL	EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT EZ KIT W/ DEVICE	E		FORA 6 CONNECT/GTEL TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT	E		FORTISCARE G1 TEST STRIP	E	QL
CONTOUR NEXT GEN TEST STRIPS	2	QL	FORTISCARE TEST	E	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
CONTOUR NEXT MONITOR KIT W/ DEVICE	2		FREESTYLE LIBRE 3 SENSOR	3	PA, QL
CONTOUR NEXT ONE DEVICE	E		FREESTYLE PRECISION NEO SYSTEM	E	
CONTOUR NEXT ONE KIT	2		FREESTYLE PRECISION NEO TEST	E	QL
			FREESTYLE TEST	E	QL
			GLUCOCARD EXPRESSION TEST	E	QL
			GLUCOCARD SHINE TEST	E	QL
			GLUCOCARD VITAL TEST	E	QL
			GUARDIAN 4 GLUCOSE SENSOR	3	PA

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN 4 TRANSMITTER	3	PA	ONETOUCH ULTRA IN VITRO STRIP	1	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	ONETOUCH ULTRASOFT LANCETS	1	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	ONETOUCH VERIO FLEX SYSTEM KIT	1	
GUARDIAN SENSOR (3)	3	PA, QL	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
GUARDIAN SENSOR 3	3	PA, QL	ONETOUCH VERIO KIT W/DEVICE	1	
GVOKE HYPOPEN 1-PACK	2	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GVOKE HYPOPEN 2-PACK	2	QL	ONETOUCH VERIO TEST STRIPS	1	QL
GVOKE KIT	2		OPTIUMEZ TEST	E	QL
GVOKE PFS	2	QL	PARADIGM REAL-TIME TRANSMITTER	3	PA
HEALTHPRO BLOOD GLUCOSE MONITO	E		PIP BLOOD GLUCOSE TEST STRIP	E	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	PRECISION XTRA	E	
LANCETS	1		PRECISION XTRA BLOOD GLUCOSE	E	QL
MICRODOT TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA	PTS PANELS EGLU TEST	E	QL
MINIMED 630G GUARDIAN PRESS	3	PA	QUINTET AC BLOOD GLUCOSE TEST	E	QL
MM BLULINK GLUCOSE TEST	E	QL	QUINTET BLOOD GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		RELION TRUE MET AIR GLUC METER	E	
NEUTEK 2TEK TEST	E	QL	RELION TRUE METRIX TEST STRIPS	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL	RELION ULTIMA GLUCOSE SYSTEM	E	
NOVOFINE PEN NEEDLE	2	QL	RELION ULTIMA TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	RIGHTEST GT333 GLUCOSE TEST	E	QL
NOVOTWIST PEN NEEDLE	2	QL	TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL	TECHLITE PEN NEEDLES	2	(ARKRAY), QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL	TEMPO REFILL	E	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	TEMPO WELCOME	E	
ON CALL EXPRESS MONITORING SYS	E		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH DELICA PLUS LANCETS	1		TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1				

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Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	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	1	QL

Drug Name	Drug Tier	Requirements & Limits
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, 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
SEMGLEE	E	QL
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	

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Drug Name	Drug Tier	Requirements & Limits
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
ONGLYZA	E	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
saxagliptin hcl	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	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

Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
IDELVION	3	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
UDENYCA	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DODEX	3	
DRISDOL	3	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 15	3	
UROCIT-K 5	3	
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	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	ST, QL
VOQUEZNA TRIPLE PAK	E	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	

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Drug Name	Drug Tier	Requirements & Limits
GOLYTELY	3	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin	1	SP
VELPHORO	2	
VESICARE	E	

Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	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 ORAL TABLET 5 MG	3	
ayuna	1	H

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Drug Name	Drug Tier	Requirements & Limits
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
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
enilloring	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor oral tablet 0.25-35 mg-mcg	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H

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Drug Name	Drug Tier	Requirements & Limits
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
larissia oral tablet 0.1-20 mg-mcg	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
lillow oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H
lyllana	1	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
microgestin 1/20	1	H
microgestin 24 fe	1	H

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

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Drug Name	Drug Tier	Requirements & Limits
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	3	PA, QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	E	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	

Drug Name	Drug Tier	Requirements & Limits
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-FKJP	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA, (AMJEVITA - HIGH CON- CENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CON- CENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CON- CENTRATION), SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA (2 PEN)	2	PA, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP

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

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Drug Name	Drug Tier	Requirements & Limits
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
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		
cetorelix acetate	1	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP

Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	3	QL
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension 0.2 %	1	QL
loteprednol etabonate ophthalmic suspension 0.5 %	1	QL
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	3	
PRED FORTE	E	

Drug Name	Drug Tier	Requirements & Limits
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL	2	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	

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Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	

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	QL

Drug Name	Drug Tier	Requirements & Limits
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 INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL

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Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(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 NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFORMIST	3	QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	1	QL
XOPENEX HFA	3	QL
YUPELRI	3	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 NEBULIZER	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tob), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TYVASO	2	PA
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	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	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
DAYVIGO	3	ST, QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
PROVIGIL	E	QL
RESTORIL	3	
SODIUM OXYBATE	3	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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ACCU-CHEK SOFTCLIX LANCET KIT	18	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation.	31, 32	amitriptyline hcl oral.	10
ACCU-CHEK SOFTCLIX LANCET KIT	18	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml.	32	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	27
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amoxicillin-potassium clavulanate		aubra oral tablet 0.1-20 mg-mcg.	23	BD AUTOSHIELD DUO PEN	
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20.25 MG/1.25GM (1.62%),		AUVI-Q.	31	BENICAR.	13
25 MG/2.5GM (1%),		AVALIDE	13	BENICAR HCT	13
40.5 MG/2.5GM (1.62%),		AVAPRO	13	BENLYSTA SUBCUTANEOUS	
50 MG/5GM (1%)	27	aviane	23	SOLUTION AUTO-INJECTOR	27
ANNOVERA	23	avidoxy.	9	benzonatate oral capsule 100 mg,	
ANORO ELLIPTA	32	AVITA EXTERNAL CREAM 0.025 %	16	200 mg.	31
apap-caff-dihydrocodeine oral		AVONEX PEN	16	benzonatate oral capsule 150 mg.	31
capsule	8	AVONEX PREFILLED	16	BESIVANCE	30
apap-caff-dihydrocodeine oral		AYGESTIN ORAL TABLET 5 MG	23	BETASERON.	16
tablet 325-30-16 mg	8	ayuna	23	BETHKIS	32
apri.	23	AZASAN	27	BETIMOL.	30
APRISO	29	AZASITE	30	BEVESPI AEROSPHERE	32
APTENSIO XR.	15	azathioprine oral.	27	BIJUVA	24
APTIOM.	10	azelastrine hcl nasal solution 0.1 %,		BIKTARVY.	13
AQINJECT PEN NEEDLE.	18	137 mcg/spray	31	bimatoprost ophthalmic.	30
ARAKODA	12	azelastrine hcl nasal solution 0.15 %	31	BIOTEL CARE TEST STRIPS	18
ARANESP (ALBUMIN FREE).	21	azithromycin oral suspension		bis subcit-metronid-tetracyc	22
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brimonidine tartrate ophthalmic solution 0.1 %	CARDURA	14	citalopram hydrobromide oral tablet	10
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brimonidine tartrate ophthalmic solution 0.2 %	CARETOUCH TEST	18	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	9
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budesonide-formoterol fumarate	CELEXA	10	CLINDAGEL	16
buprenorphine hcl sublingual	CELLCEPT ORAL TABLET	27	clindamycin hcl oral	9
buprenorphine hcl-naloxone hcl	CENTANY EXTERNAL OINTMENT 2 %	9	clindamycin phosphate external lotion	16
bupropion hcl er (sr)	cephalexin oral capsule	9	clindamycin phosphate external solution	16
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	cephalexin oral suspension reconstituted	9	clindamycin phosphate external swab	16
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	CERDELGA	23	clindamycin phosphate gel 1 % external	16, 17
bupropion hcl oral	cetrorelix acetate	29	CLINDESSE	9
buspiron hcl oral	CETROTIDE	29	clobetasol propionate external cream	17
butalbital-apap-caffeine oral tablet	chateal eq	24	clobetasol propionate external ointment	17
BYDUREON BCISE AUTOINJECTOR	chateal oral tablet 0.15-30 mg-mcg	24	clobetasol propionate external solution	17
BYETTA 10 MCG PEN	chlorhexidine gluconate mouth/ throat	16	CLOMID	29
BYETTA 5 MCG PEN	chlorthalidone	14	clomiphene citrate oral tablet 50 mg	29
	CHORIONIC GONADOTROPIN INTRAMUSCULAR	29	clonazepam oral tablet	13
	CIALIS	22	clonidine hcl oral	14
	CIBINQO	16	clopidogrel bisulfate oral	12
	ciclodan	11	clotrimazole-betamethasone external cream	17
	ciclopirox external solution	11	colchicine oral	11
	CILOXAN OPHTHALMIC SOLUTION 0.3 %	30	COLCRYS ORAL TABLET 0.6 MG	11
	CIMDUO	13		
	CIMZIA STARTER KIT	27		
	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	28		

C

cabergoline	26
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	14



COMBIGAN.	30	CVS ADVANCED GLUCOSE TEST.	18	DESCOVY	13	
COMBIVENT RESPIMAT	32	CVS GLUCOSE METER TEST STRIPS	18	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	24	
CONCERTA.	15	cyanocobalamin injection solution 1000 mcg/ml.	22	desvenlafaxine succinate er	10	
CONTOUR MONITOR KIT W/DEVICE.	18	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	22	DEXABLISS.	26	
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	18	cyanocobalamin nasal	22	dexamethasone oral tablet	26	
CONTOUR NEXT EZ KIT W/DEVICE.	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	33	dexamethasone oral tablet therapy pack.	26	
CONTOUR NEXT GEN MONITOR KIT	18	cyclobenzaprine hcl oral tablet 7.5 mg	33	DEXCOM G6 RECEIVER	18	
CONTOUR NEXT GEN TEST STRIPS	18	CYCLOSPORINE IN KLARITY	31	DEXCOM G6 SENSOR	18	
CONTOUR NEXT LINK KIT W/DEVICE	18	cyclosporine ophthalmic	31	DEXCOM G6 TRANSMITTER	18	
CONTOUR NEXT MONITOR KIT W/DEVICE.	18	CYMBALTA	10	DEXCOM G7 RECEIVER	18	
CONTOUR NEXT ONE DEVICE	18	cyproheptadine hcl oral tablet	31	DEXCOM G7 SENSOR.	18	
CONTOUR NEXT ONE KIT	18	cyred eq.	24	dexmethylphenidate hcl.	15	
CONTOUR TEST STRIPS	18	cyred oral tablet 0.15-30 mg-mcg.	24	dexmethylphenidate hcl er	15	
COPAXONE.	16	CYTOMEL	27	diazepam oral tablet.	13	
COREG	14	CYTOTEC	22	diclofenac sodium oral.	8	
CORLANOR	14	D			dicyclomine hcl oral capsule.	22
CORTEF	26	D-CARE BLOOD GLUCOSE	18	dicyclomine hcl oral tablet.	22	
CORTIFOAM.	29	D-CARE GLUCOMETER	18	DIFICID ORAL TABLET	9	
COSENTYX (300 MG DOSE)	28	dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	9	DIFLUCAN ORAL TABLET	11	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	28	DAYVIGO	33	DILAUDID ORAL TABLET.	8	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	28	deblitane	24	diltiazem hcl er coated beads	14	
COSENTYX SENSOREADY (300 MG)	28	DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	26	DIOVAN	14	
COSENTYX SENSOREADY PEN	28	delyla	24	DIOVAN HCT.	14	
COSENTYX UNOREADY	28	DEPAKOTE	10	DIPENTUM	29	
COSOPT	30	DEPAKOTE ER	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.	23	
COSOPT PF	30	DEPEN TITRATABS	23	divalproex sodium er	10	
COTELLIC	11	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	24	divalproex sodium oral tablet delayed release.	10	
COZAAR	14	DEPO-SUBQ PROVERA 104.	24	DIVIGEL.	24	
CREON	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.	27	DODEX	22	
CRESEMBA ORAL CAPSULE 186 MG	11	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.	27	DOPTELET	21	
CRESTOR	14			dorzolamide hcl-timolol mal	30	
				dorzolamide hcl-timolol mal pf	30	
				dotti	24	
				DOVATO	13	
				doxazosin mesylate oral	14	
				doxepin hcl oral capsule	10	
				doxycycline hyclate oral capsule	9	



doxycycline hyclate oral tablet 100 mg, 20 mg	9	EMBRACE BLOOD GLUCOSE TEST	18	ERMEZA	27
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	18	errin	24
doxycycline monohydrate oral capsule 100 mg, 50 mg	9	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11	erythromycin ophthalmic	30
doxycycline monohydrate oral capsule 150 mg, 75 mg	9	emoquette oral tablet 0.15-30 mg-mcg	24	escitalopram oxalate oral tablet	10
doxycycline monohydrate oral tablet	9	EMPAVELI	21	ESGIC ORAL TABLET	8
DRISDOL	22	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	13	estarylla	24
drospirenone-ethinyl estradiol	24	emtricitabine-tenofovir df oral tablet 200-300 mg	13	ESTRACE	24
DUAVEE	24	enalapril maleate oral tablet	14	estradiol oral	24
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10	ENBREL	28	estradiol patch twice weekly 0.025 mg/24hr transdermal	24
duloxetine hcl oral capsule delayed release particles 40 mg	10	ENBREL MINI	28	estradiol patch twice weekly 0.0375 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	17	ENBREL SURECLICK	28	estradiol patch twice weekly 0.05 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	17	endocet	8	estradiol patch twice weekly 0.075 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	17	ENDOMETRIN	29	estradiol patch twice weekly 0.1 mg/24hr transdermal	24
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	26	enilloring	24	estradiol transdermal gel	24
E		ENLITE GLUCOSE SENSOR	18	estradiol transdermal patch weekly	24
EASY TOUCH HEALTHPRO GLUCOSE	18	enoxaparin sodium injection solution prefilled syringe	10	estradiol vaginal	24
EASY TOUCH TEST	18	enskyce	24	ESTRING	24
EASYGLUCO	18	ENSTILAR	17	ESTROGEL	24
EASYMAX 15 TEST	18	ENTRESTO	14	eszopiclone	33
EASYMAX NG BLOOD GLUCOSE KIT	18	EPCLUSA ORAL TABLET	13	etonogestrel-ethinyl estradiol	24
EFFEXOR XR	10	EPIDIOLEX	10	EUCRISA	17
EFUDEX	17	epinephrine solution auto-injector 0.15 mg/0.15ml injection	31	euthyrox	27
ELESTRIN	24	epinephrine solution auto-injector 0.15 mg/0.3ml injection	31	EVAMIST	24
eletriptan hydrobromide	11	epinephrine solution auto-injector 0.3 mg/0.3ml injection	31	EXFORGE	14
ELIQUIS	9, 10	EPIPEN 2-PAK	31	EXKIVITY	12
ELIQUIS DVT/PE STARTER PACK	10	EPIPEN JR 2-PAK	31	EXTAVIA	16
ELOCTATE	21	EQ BLOOD GLUCOSE TEST	18	EYSUVIS	30
eluryng	24	ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	22	ezetimibe	14
		ergocalciferol oral capsule	22	F	
		ERIVEDGE	12	falmina	24
		ERLEADA ORAL TABLET 240 MG	12	famotidine oral suspension reconstituted	22
		ERLEADA ORAL TABLET 60 MG	12	FASENRA PEN	32
				FEMARA	12
				femynor oral tablet 0.25-35 mg-mcg	24



fenofibrate oral tablet 120 mg, 40 mg.	14	FOLLISTIM AQ	29	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	21	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.	14	FORA 6 CONNECT/GTEL TEST	18	GLUCOCARD EXPRESSION TEST	18	
FENOGLIDE	14	FORFIVO XL	10	GLUCOCARD SHINE TEST.	18	
FEXMID	33	FORTEO	29	GLUCOCARD VITAL TEST	18	
FINACEA EXTERNAL FOAM.	17	FORTESTA	27	GLUCOTROL XL.	21	
finasteride oral tablet 5 mg	23	FORTISCARE G1 TEST STRIP	18	GLUMETZA.	21	
fingolimod hcl	16	FORTISCARE TEST	18	glyburide oral	21	
FLAREX.	30	FOSAMAX	29	GLYCATE.	22	
flecainide acetate	14	FREESTYLE LIBRE 14 DAY SENSOR	18	glycopyrrolate oral tablet 1 mg, 2 mg.	22	
FLOMAX	23	FREESTYLE LIBRE 2 SENSOR.	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG	22	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	32	FREESTYLE LIBRE 3 SENSOR.	18	GLYXAMBI	21	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29	FREESTYLE PRECISION NEO SYSTEM.	18	GOLYTELY	23	
fluconazole oral tablet	11	FREESTYLE PRECISION NEO TEST	18	GONAL-F.	29	
FLUOROURACIL EXTERNAL CREAM 0.5 %	17	FREESTYLE TEST	18	GONAL-F RFF	29	
fluorouracil external cream 5 %	17	FUROSCIX	14	GONAL-F RFF REDIJECT	29	
fluoxetine hcl oral capsule.	10	furosemide oral tablet	14	guanfacine hcl	14, 15	
fluoxetine hcl oral tablet 10 mg.	10	FYCOMPA ORAL SUSPENSION	10	guanfacine hcl er	15	
fluoxetine hcl oral tablet 20 mg, 60 mg.	10	FYCOMPA ORAL TABLET.	10	GUARDIAN 4 GLUCOSE SENSOR.	18	
FLUTICASONE FUROATE- VILANTEROL	32	fyremadel	29	GUARDIAN 4 TRANSMITTER.	19	
FLUTICASONE PROPIONATE HFA	32	G			GUARDIAN CONNECT TRANSMITTER.	19
fluticasone propionate nasal.	31	gabapentin oral capsule	10	GUARDIAN LINK 3 TRANSMITTER	19	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	32	gabapentin oral tablet 600 mg, 800 mg	10	GUARDIAN SENSOR (3)	19	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	32	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.	29	GUARDIAN SENSOR 3	19	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	32	gavilyte-c	22	GVOKE HYPOPEN 1-PACK.	19	
flvoxamine maleate	10	gavilyte-g	22	GVOKE HYPOPEN 2-PACK.	19	
FOCALIN	15	GAVRETO	12	GVOKE KIT	19	
FOCALIN XR	15	gemfibrozil oral.	14	GVOKE PFS.	19	
folic acid oral tablet 1 mg	22	GILENYA ORAL CAPSULE 0.25 MG	16	GYNAZOLE-1	11	
		GILENYA ORAL CAPSULE 0.5 MG	16	H		
		glatiramer acetate.	16	HADLIMA	28	
		glatopa.	16	HADLIMA PUSH TOUCH	28	
		glimepiride	20	HAEGARDA	28	
		glipizide er.	20	hailey 1.5/30	24	
		glipizide oral tablet 10 mg, 5 mg.	21	hailey 24 fe	24	
		glipizide oral tablet 2.5 mg	21	hailey fe 1/20.	24	
		glipizide xl	21	hailey fe 1.5/30	24	
				HALCION.	13	



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 JARDIANCE21
 jasmiel24
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 JENTADUETO21
 JENTADUETO XR21
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 junel 1.5/3025
 junel fe 1/2025
 junel fe 1.5/3025
 junel fe 2425

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 ketorolac tromethamine oral8
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 KITABIS PAK32
 KLISYRI17
 KLONOPIN13
 klor-con 1022
 klor-con m1022
 klor-con m1522
 klor-con m2022
 klor-con oral tablet extended
 release22
 KLOXXADO8
 KOATE21

KOATE-DVI21
 KOGENATE FS21
 KOSELUGO12
 KOVALTRY21
 KRINTAFEL12
 kurvelo25
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 LAMICTAL ORAL TABLET10
 lamotrigine oral tablet10
 LANCETS17-19
 LANREOTIDE ACETATE26
 LANTUS SOLOSTAR20
 LANTUS U-100 VIAL20
 larin 1/2025
 larin 1.5/3025
 larin 24 fe25
 larin fe 1/2025
 larin fe 1.5/3025
 larissia oral tablet 0.1-20 mg-mcg25
 LASIX14
 latanoprost ophthalmic30
 LATUDA12
 LEDIPASVIR-SOFOSBUVIR13
 lenalidomide12
 lessina25
 letrozole oral12
 LEVALBUTEROL HFA INHALATION
 AEROSOL 45 MCG/ACT32
 levetiracetam oral tablet10
 levo-t27
 levocetirizine dihydrochloride oral
 tablet31
 levofloxacin oral tablet9
 levonorgestrel-ethinyl estrad oral
 tablet 0.1-20 mg-mcg,
 0.15-30 mg-mcg25
 levora 0.15/30 (28)25

levothyroxine sodium oral tablet27
 levoxyl27
 LEXAPRO10
 LIALDA29
 lidocaine hcl mouth/throat16
 lidocaine viscous hcl16
 LIKMEZ9
 lillow oral tablet 0.15-30 mg-mcg25
 LINZESS23
 liothyronine sodium oral27
 LIPITOR14
 lisdexamfetamine dimesylate15
 lisinopril oral14
 lisinopril-hydrochlorothiazide14
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 lithium carbonate oral capsule13
 LITHOBID13
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 LOESTRIN FE 1.5/3025
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 lorazepam oral tablet13
 loryna25
 losartan potassium oral14
 losartan potassium-hctz14
 LOTEMAX OPHTHALMIC GEL30
 LOTEMAX OPHTHALMIC
 OINTMENT30
 LOTEMAX OPHTHALMIC
 SUSPENSION30
 LOTEMAX SM30
 LOTENSIN14
 loteprednol etabonate ophthalmic
 gel30
 loteprednol etabonate ophthalmic
 suspension 0.2 %30



loteprednol etabonate ophthalmic suspension 0.5 %	30	MEDROL ORAL TABLET THERAPY PACK	26	methylprednisolone oral tablet therapy pack	26
LOTREL	14	medroxyprogesterone acetate intramuscular suspension prefilled syringe	25	metoclopramide hcl oral tablet	11
lovastatin oral	14	medroxyprogesterone acetate oral	25	metoprolol succinate er	14
LOVAZA	14	meloxicam oral tablet	8	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	10	MENOPUR	29	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
LUMAKRAS	12	MENOSTAR	25	METROCREAM	17
LUMIGAN	30	mesalamine oral tablet delayed release 1.2 gm	29	metronidazole external cream	17
LUMRYZ	33	mesalamine oral tablet delayed release 800 mg	29	metronidazole oral tablet	9
LUNESTA	33	metformin hcl er	21	metronidazole vaginal	9
LUPKYNIS	28	metformin hcl er (mod)	21	MICARDIS	14
lurasidone hcl	12	metformin hcl er (osm)	21	MICRODOT TEST	19
lutera	25	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	21	microgestin 1/20	25
lyleq	25	metformin hcl oral tablet 625 mg	21	microgestin 1.5/30	25
lyllana	25	methimazole oral	27	microgestin 24 fe	25
LYMEPAK ORAL TABLET 100 MG	9	methocarbamol oral tablet 1000 mg	33	microgestin fe 1/20	25
LYNPARZA	12	methocarbamol oral tablet 500 mg, 750 mg	33	microgestin fe 1.5/30	25
LYRICA ORAL CAPSULE	16	methotrexate sodium oral	28	mili	25
LYUMJEV KWIKPEN	20	methylphenidate hcl er (cd)	15	MINILINK REAL-TIME TRANSMITTER	19
LYUMJEV TEMPO PEN	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINIMED 630G GUARDIAN PRESS	19
LYUMJEV VIAL	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MINIPRESS	14
lyza	25	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15	MINIVELLE	24, 25
M					
MACROBID	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	minocycline hcl oral capsule	9
MACRODANTIN	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	minoxidil oral	14
marlissa	25	methylphenidate hcl er (osm) oral tablet extended release 72 mg	15	mirtazapine oral tablet	10
MAVENCLAD	16	methylphenidate hcl er (xr)	15	MIRVASO	17
MAVYRET ORAL PACKET	13	methylphenidate hcl er oral tablet extended release	15	misoprostol oral	22
MAXALT	11	methylphenidate hcl oral tablet	15	MITIGARE	11
MAXALT-MLT	11			MM BLULINK GLUCOSE TEST	19
MAXITROL OPHTHALMIC SUSPENSION	30			MM EASY TOUCH GLUCOSE METER	19
MAXZIDE	14			MOBIC ORAL TABLET 15 MG, 7.5 MG	8
MAXZIDE-25	14			modafinil oral	33
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	16			mondoxylene nl	9
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	16			mono-lynyah	25



morphine sulfate er oral tablet extended release	8	NEVANAC	30	NOVOLIN N FLEXPEN RELION	20
MOTTEGRITY	23	NEXLETOL	14	NOVOLIN N RELION	20
MOTPOLY XR	10	NEXLIZET	14	NOVOLIN N VIAL	20
MOUNJARO	21	NGENLA	26	NOVOLIN R FLEXPEN	20
MOVIPREP	23	nifedipine er	14	NOVOLIN R FLEXPEN RELION	20
MOXEZA OPHTHALMIC SOLUTION 0.5 %	30	nifedipine er osmotic release	14	NOVOLIN R RELION	20
moxifloxacin hcl (2x day)	30	nikki	25	NOVOLIN R VIAL	20
moxifloxacin hcl ophthalmic	30	nitrofurantoin macrocrystal	9	NOVOTWIST PEN NEEDLE	19
MS CONTIN	8	nitrofurantoin monohydrate macrocrystals	9	np thyroid	27
MULPLETA	21	nitroglycerin sublingual	14	NUBEQA	12
MULTAQ	14	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32
mupirocin external	9	NIVA THYROID	27	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	32
mycophenolate mofetil oral tablet	28	NOCDURNA	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	32
MYDAYIS	15	nora-be	25	NUCYNTA	8
MYFEMBREE	25	NORDITROPIN FLEXPRO	26	NUCYNTA ER	8
N					
na sulfate-k sulfate-mg sulf	23	norelgestromin-eth estradiol	25	NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	23
nabumetone oral	8	norethin ace-eth estrad-fe oral tablet	25	NURTEC	11
NALOCET	8	norethindrone acet-ethinyl est	25	NUTROPIN AQ NUSPIN 10	26
naloxone hcl injection solution prefilled syringe	8	norethindrone acetate oral	25	NUTROPIN AQ NUSPIN 20	26
naloxone hcl nasal	8	norethindrone oral	25	NUTROPIN AQ NUSPIN 5	26
naltrexone hcl oral	8	norgestimate-eth estradiol	25	NUVARING	25
NAPROSYN ORAL TABLET	8	norgestimate-ethinyl estradiol triphasic	25	NUVESSA	9
naproxen oral tablet	8	NORITATE	17	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
NARCAN	8	NORLIQVA	14	NUWIQ INTRAVENOUS KIT 1500 UNIT	21
NASCOBAL	22	norlyda	25	NUZYRA ORAL	9
NATAZIA	25	norlyroc	25	nymyo	25
NATESTO	27	nortriptyline hcl oral capsule	10	nystatin external cream	11
NAYZILAM	10	NORVASC	14	nystatin mouth/throat	11
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	30	NOURIANZ	12	O	
neomycin-polymyxin-hc otic suspension	31	NOVAREL	29	ocella	25
NEULASTA	21	NOVOEIGHT	21	OCUFLOX	30
NEUPRO	12	NOVOFINE AUTOCOVER PEN NEEDLE	19	ODOMZO	12
NEURONTIN ORAL CAPSULE	10	NOVOFINE PEN NEEDLE	19		
NEURONTIN ORAL TABLET	10	NOVOFINE PLUS PEN NEEDLE	19		
NEUTEK 2TEK TEST	19	NOVOLIN 70/30 FLEXPEN	20		
		NOVOLIN 70/30 FLEXPEN RELION	20		
		NOVOLIN 70/30 RELION	20		
		NOVOLIN 70/30 VIAL	20		
		NOVOLIN N FLEXPEN	20		



OFEV	33	OPZELURA	17	PAXIL ORAL TABLET	10
ofloxacin ophthalmic	30	ORENCIA CLICKJECT	28	PAXLOVID (150/100)	13
ofloxacin otic	31	ORENCIA SUBCUTANEOUS	28	PAXLOVID (300/100)	13
olanzapine oral tablet	12	ORFADIN ORAL CAPSULE	23	PEDIAPRED	26
olmesartan medoxomil oral	14	ORFADIN ORAL SUSPENSION	23	peg 3350-kcl-na bicarb-nacl	23
olmesartan medoxomil-hctz	14	ORGOVYX	12	peg-3350/electrolytes	23
OLUMIANT ORAL TABLET 1 MG, 4 MG	28	ORIAHNN	26	peg-3350/electrolytes/ascorbat	23
OLUMIANT ORAL TABLET 2 MG	28	ORLISSA	26	peg-kcl-nacl-nasulf-na asc-c	23
OMECLAMOX-PAK	22	orsythia	25	penicillin v potassium oral tablet	9
omega-3-acid ethyl esters	14	oseltamivir phosphate oral capsule	13	PERCOCET	8
omeprazole oral capsule delayed release	22	OSPHERA	22	PERFOROMIST	32
OMNIPOD 5 G6 INTRO (GEN 5)	19	OTEZLA ORAL TABLET	28	PERIDEX	16
OMNIPOD 5 G6 PODS (GEN 5)	19	OTREXUP	28	periogard	16
OMNITROPE	26	OVIDREL	29	PERTZYE	23
OMVOH	28	OXAYDO ORAL TABLET 5 MG, 7.5 MG	8	phenazo oral tablet 200 mg	23
ON CALL EXPRESS BLOOD GLUCOSE	19	oxcarbazepine oral tablet	10	phenazopyridine hcl oral	23
ON CALL EXPRESS MONITORING SYS	19	oxybutynin chloride er	23	pioglitazone hcl	21
ondansetron hcl oral tablet	11	oxybutynin chloride oral tablet	23	PIP BLOOD GLUCOSE TEST STRIP	19
ondansetron odt	11	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PLAQUENIL	12
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ONETOUCH ULTRA 2 KIT W/DEVICE	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PLEGRIDY STARTER PACK	16
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79000 UNIT, 3000-10000 UNIT,
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UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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Room 509F, HHH Building
Washington, D.C. 20201

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

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃទៀតសម្រាប់ការស្រាវជ្រាវ គឺមានសេវាបំប៉នសម្រាប់ស្រាវជ្រាវស្រាវជ្រាវ ដល់មានន័យសម្រាប់ស្រាវជ្រាវសម្រាប់ស្រាវជ្រាវសម្រាប់ស្រាវជ្រាវ

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



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