



# Your 2024 Prescription Drug List

## Louisiana 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 Louisiana. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Drug list information

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

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

# Reading your PDL (continued)

## Coverage details

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **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
<b>Analgesics - Drugs for Pain</b>		
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
<b>Analgesics - Drugs for Pain and Inflammation</b>		
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	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
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
<b>Antibacterials - Drugs for Infections</b>		
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	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide 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	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
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	
<b>Antifungals - Drugs for Fungal Infections</b>		
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
<b>Antigout Agents - Drugs for Gout</b>		
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	
<b>Antimigraine Agents - Drugs for Migraines</b>		
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
<b>Antineoplastics - Drugs for Cancer</b>		
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
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	NF	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP
KYNMOBI	4	PA, QL, SP
NEUPRO	NF	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	NF	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
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	
<b>Antivirals - Drugs for Viral Infections</b>		
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
<b>Anxiolytics - Drugs for Anxiety</b>		
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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
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
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
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
<b>Central Nervous System Agents - Miscellaneous</b>		
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
<b>Diabetes - Glucose Monitoring and Supplies</b>		
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
<b>Diabetes - Insulin</b>		
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
<b>Diabetes - Non-Insulin Agents</b>		
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
<b>Drugs for Blood Disorders</b>		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, 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	
<b>Drugs for Sexual Dysfunction</b>		
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
<b>Electrolytes / Vitamins</b>		
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	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
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	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
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/ascorbic acid	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
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
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	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
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	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	NF	
PROSCAR	NF	
tamsulosin hcl	1	
UROXATRAL	NF	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
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	
<b>Hormonal Agents - Oral Steroids</b>		
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	
<b>Hormonal Agents - Other</b>		
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
<b>Hormonal Agents - Testosterone Replacement</b>		
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
<b>Hormonal Agents - Thyroid</b>		
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	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
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	
<b>Immunological Agents - Drugs for Vaccination</b>		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
<b>Infertility Agents</b>		
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
<b>Inflammatory Bowel Disease Agents</b>		
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	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
teriparatide inj	NF	PA, ST, SP
TYMLOS	NF	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	NF	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
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	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
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
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
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
<b>Otic Agents - Drugs for Ear Conditions</b>		
ciprofloxacin-dexamethasone	4	
neomycin-polymyxin-hc otic suspension	1	

Drug Name	Drug Tier	Requirements & Limits
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	NF	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
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
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#### 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
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See page 6, 7 for coverage details.



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ESGIC ORAL TABLET. . . . .	8	flecainide acetate . . . . .	13	FREESTYLE LIBRE 3 SENSOR . . . . .	18
estarylla . . . . .	23	FLOMAX. . . . .	22	FREESTYLE PRECISION NEO SYSTEM . . . . .	18
ESTRACE. . . . .	23	FLOVENT HFA. . . . .	30	FREESTYLE PRECISION NEO TEST . . . . .	18
estradiol oral . . . . .	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. . . . .	27	FREESTYLE TEST. . . . .	18
estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	23	fluconazole oral tablet. . . . .	11	FUROSCIX . . . . .	13
estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	23	FLUOROPLEX . . . . .	16	furosemide oral tablet. . . . .	13
estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	23	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	16	FYCOMPA SUSPENSION. . . . .	10
estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	23	fluorouracil external cream 5 % . . . . .	16	FYCOMPA TAB . . . . .	10
estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	23	fluoxetine hcl oral capsule . . . . .	10	fyremadel . . . . .	27
estradiol transdermal gel . . . . .	23	fluoxetine hcl oral tablet 10 mg . . . . .	10		
estradiol transdermal patch weekly. . . . .	23	fluoxetine hcl oral tablet 20 mg . . . . .	10	<b>G</b>	
estradiol vaginal cream. . . . .	23	fluoxetine hcl oral tablet 60 mg . . . . .	10	gabapentin oral capsule . . . . .	10
estradiol vaginal tablet . . . . .	23	FLUTICASONE FUROATE- VILANTEROL . . . . .	30	gabapentin oral tablet 600 mg, 800 mg . . . . .	10
ESTRING . . . . .	23	FLUTICASONE PROPIONATE HFA . . . . .	30	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous . . . . .	27, 28
ESTROGEL . . . . .	23	fluticasone propionate nasal . . . . .	29	gavilyte-c . . . . .	22
eszopiclone . . . . .	31	FLUTICASONE-SALMETEROL INHALATION AEROSOL. . . . .	30	gavilyte-g . . . . .	22
etonogestrel-ethinyl estradiol. . . . .	23	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act . . . . .	30	GAVRETO. . . . .	11
EUCRISA . . . . .	16	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	30	gemfibrozil oral . . . . .	13
euthyrox . . . . .	26	fluvoxamine maleate . . . . .	10	GEN7T EXTERNAL PATCH . . . . .	8
EVAMIST . . . . .	23			GILENYA. . . . .	15
EXFORGE. . . . .	13			glatiramer acetate . . . . .	15
EXKIVITY . . . . .	11			glatopa . . . . .	15
EXTAVIA . . . . .	15			glimepiride . . . . .	20
EYSUVIS. . . . .	28			glipizide er . . . . .	20
ezetimibe . . . . .	13			glipizide oral tablet 10 mg, 5 mg . . . . .	20
				glipizide oral tablet 2.5 mg . . . . .	20
				glipizide xl. . . . .	20







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
<b>N</b>					
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	<b>O</b>	
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	<b>S</b>	
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
<b>Q</b>		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 REDHALER . . . . .	30	RISPERDAL ORAL TABLET . . . . .	12	SKYTROFA . . . . .	25
		risperidone oral tablet . . . . .	12	SOANZ . . . . .	14
<b>R</b>		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 HANDHALER . . . . .	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
<b>T</b>					
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	<b>V</b>			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	<b>W</b>		
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	VALTREX	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	<b>X</b>		
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	
<b>U</b>		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
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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
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ZETIA . . . . .	15
ZETONNA . . . . .	29
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ZIMHI . . . . .	8
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ZITHROMAX ORAL SUSPENSION RECONSTITUTED . . . . .	9
ZITHROMAX ORAL TABLET . . . . .	9
ZITHROMAX TRI-PAK . . . . .	9
ZITHROMAX Z-PAK . . . . .	9
ZOCOR . . . . .	15
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zolpidem tartrate er . . . . .	31
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ZOMIG NASAL SOLUTION 2.5 MG . .	11
ZOMIG NASAL SOLUTION 5 MG . . .	11
ZONEGRAN . . . . .	10
zonisamide oral . . . . .	10
ZORYVE . . . . .	17
ZTLIDO . . . . .	8
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zumandimine . . . . .	25
ZYLET . . . . .	28
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# Nondiscrimination notice and access to communication services

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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.

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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.

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<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។ សូមទូរស័ព្ទទំនាក់ទំនងលើទូរស័ព្ទឥតគិតថ្លៃ ដល់មាន់លើទូរស័ព្ទសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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