



Your 2024 Prescription Drug List

Advantage 4-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, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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

2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **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	4	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	4	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	4	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	4	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	2	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	2	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)
SUBOXONE	E	PA, 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
ZIMHI	2	QL
ZUBSOLV	2	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	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL
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	3	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	

Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet 20 mg	1	
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	4	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
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 oral capsule 150 mg, 75 mg	2	QL
ELIQUIS	2	QL

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Drug Name	Drug Tier	Requirements & Limits
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	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		
APTOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	PA
LAMICTAL ORAL TABLET	4	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	4	PA
NEURONTIN ORAL TABLET	4	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral	1	
TRILEPTAL ORAL TABLET	4	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	4	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	3	QL
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	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
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	4	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	4	
vilazodone hcl	3	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	4	
scopolamine	3	
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	2	
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	2	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	4	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	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	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	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	2	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	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	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	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

Drug Name	Drug Tier	Requirements & Limits
XTANDI	2	PA, QL, SP
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	4	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	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	2	
LATUDA	E	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	4	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	4	QL
ZYPREXA ORAL	E	

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Drug Name	Drug Tier	Requirements & Limits
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	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	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	4	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	4	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

Drug Name	Drug Tier	Requirements & Limits
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
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
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENICAR HCT	E		irbesartan	1	
bisoprolol fumarate oral	1		irbesartan-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1		isosorbide mononitrate er	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	4		labetalol hcl oral	1	
CARDIZEM CD	E		LASIX	4	
CARDURA	4		LIPITOR	E	
cartia xt	2		lisinopril oral	1	
carvedilol	1		lisinopril-hydrochlorothiazide	1	
chlorthalidone	1		LOPID	4	
clonidine hcl oral	1		LOPRESSOR	4	
COREG	E		losartan potassium oral	1	
CORLANOR	3	PA, QL	losartan potassium-hctz	1	
COZAAR	E		LOTENSIN	4	
CRESTOR	E		LOTREL	E	
diltiazem hcl er coated beads	2		lovastatin oral	1	H
DIOVAN	E		LOVAZA	E	
DIOVAN HCT	E		MAXZIDE	4	
doxazosin mesylate oral	1		MAXZIDE-25	4	
enalapril maleate oral tablet	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
ENTRESTO	4	PA, QL	metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
EXFORGE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
ezetimibe	2		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
fenofibrate oral tablet 120 mg, 40 mg	E		MICARDIS	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2		MINIPRESS	4	
FENOGLIDE	E		minoxidil oral	1	
flecainide acetate	1		MULTAQ	4	PA
FUROSCIX	4	PA, QL	NEXLETOL	2	PA, ST, QL
furosemide oral tablet	1		NEXLIZET	2	PA, ST, QL
gemfibrozil oral	1		nifedipine er	1	
guanfacine hcl	1		nifedipine er osmotic release	1	
HEMANGEOL	3		nitroglycerin sublingual	1	
hydralazine hcl oral	1		NITROSTAT	4	
hydrochlorothiazide oral	1		NORLIQVA	4	PA
HYZAAR	E		NORVASC	E	
INDERAL LA	E				

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Drug Name	Drug Tier	Requirements & Limits
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	E	
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	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	2	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	PA, QL
ZESTORETIC	E	

Drug Name	Drug Tier	Requirements & Limits
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
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	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
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

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Drug Name	Drug Tier	Requirements & Limits
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
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	2	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL
RELEXXII	E	QL
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	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
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	4	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

Drug Name	Drug Tier	Requirements & Limits
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	4	PA
pregabalin oral capsule	2	
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	4	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	3	

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Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(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
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	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
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	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	E	

Drug Name	Drug Tier	Requirements & Limits
OPZELURA	4	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
SANTYL	3	QL
SOOLANTRA	4	QL
TACLONEX SUSPENSION	3	QL
tacrolimus external	2	QL
TEMOVATE EXTERNAL CREAM 0.05 %	4	QL
TEMOVATE EXTERNAL OINTMENT 0.05 %	4	QL
TOLAK	E	
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	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
tritocin external ointment 0.05 %	E	
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	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	

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Drug Name	Drug Tier	Requirements & Limits
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	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	QL
CONTOUR NEXT EZ KIT W/ DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/ DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits
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
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	

Drug Name	Drug Tier	Requirements & Limits
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
TECHLITE PEN NEEDLES	2	(ARKRAY), QL

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Drug Name	Drug Tier	Requirements & Limits
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUE TRACK TEST	E	QL
UNISTRIPI1 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

Drug Name	Drug Tier	Requirements & Limits
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
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	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	

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Drug Name	Drug Tier	Requirements & Limits
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
glimepiride	1	
glipizide er	1	
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	4	
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, QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

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

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Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	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	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DODEX	4	
DRISDOL	4	
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	

Drug Name	Drug Tier	Requirements & Limits
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	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
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	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	ST, QL
VOQUEZNA TRIPLE PAK	E	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
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
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	4	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	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	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST

Drug Name	Drug Tier	Requirements & Limits
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	
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	2	
oxybutynin chloride oral tablet 2.5 mg	3	
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
tiopronin	3	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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
altavera	1	H	enilloring	1	H
ANNOVERA	3	QL	enskyce	1	H
apri	1	H	errin	1	H
aubra eq	1	H	estarylla	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H	ESTRACE	E	
aurovela 1.5/30	1	H	estradiol oral	1	
aurovela 1/20	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
aurovela 24 fe	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
aurovela fe 1.5/30	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	4	QL
aurovela fe 1/20	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
aviane	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
AYGESTIN ORAL TABLET 5 MG	4		estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
ayuna	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
BIJUVA	3		estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
blisovi 24 fe	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
blisovi fe 1.5/30	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
blisovi fe 1/20	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
camila	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
chateal eq	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
chateal oral tablet 0.15-30 mg-mcg	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
CLIMARA	E	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
CLIMARA PRO	3	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
cyred eq	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
cyred oral tablet 0.15-30 mg-mcg	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
deblitane	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
delyla	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DEPO-SUBQ PROVERA 104	2	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	3	
DIVIGEL	3		estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Climara), QL
dotti	2	QL	estradiol vaginal cream	3	
drospirenone-ethinyl estradiol	3		estradiol vaginal tablet	2	
DUAVEE	3	QL	ESTRING	2	QL
ELESTRIN	3		ESTROGEL	3	QL
eluryng	1	H			
emoquette oral tablet 0.15-30 mg-mcg	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
etonogestrel-ethinyl estradiol	1	H	loryna	3	
EVAMIST	2		lo-zumandimine	3	
falmina	1	H	luteria	1	H
femynor oral tablet 0.25-35 mg-mcg	1	H	lyleq	1	H
hailey 1.5/30	1	H	lyllana	2	QL
hailey 24 fe	1	H	lyza	1	H
hailey fe 1.5/30	1	H	marlissa	1	H
hailey fe 1/20	1	H	medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
haloette	1	H	medroxyprogesterone acetate oral	1	
heather	1	H	MENOSTAR	3	QL
incassia	1	H	microgestin 1.5/30	1	H
isibloom	1	H	microgestin 1/20	1	H
jasmiel	3		microgestin 24 fe	1	H
jencycla	1	H	microgestin fe 1.5/30	1	H
juleber	1	H	microgestin fe 1/20	1	H
junel 1.5/30	1	H	mili	1	H
junel 1/20	1	H	MINIVELLE	E	QL
junel fe 1.5/30	1	H	mono-lynyah	1	H
junel fe 1/20	1	H	MYFEMBREE	2	PA, QL
junel fe 24	1	H	NATAZIA	1	
kalliga	1	H	nikki	3	
kurvelo	1	H	nora-be	1	H
larin 1.5/30	1	H	norelgestromin-eth estradiol	3	H
larin 1/20	1	H	norethin ace-eth estrad-fe oral tablet	1	H
larin 24 fe	1	H	norethindrone acetate oral	1	
larin fe 1.5/30	1	H	norethindrone acet-ethinyl est	1	H
larin fe 1/20	1	H	norethindrone oral	1	H
larissia oral tablet 0.1-20 mg-mcg	1	H	norgestimate-eth estradiol	1	H
lessina	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
levora 0.15/30 (28)	1	H	norlyda	1	H
lillow oral tablet 0.15-30 mg-mcg	1	H	norlyroc	1	H
LO LOESTRIN FE	1	H	NUVARING	E	
LOESTRIN 1.5/30 (21)	E				
LOESTRIN 1/20 (21)	E				
LOESTRIN FE 1.5/30	E				
LOESTRIN FE 1/20	E				

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Drug Name	Drug Tier	Requirements & Limits
nymyo	1	H
ocella	3	
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	2	
PROMETRIUM	E	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	3	
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-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-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	2	
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
vestura	3	
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
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	3	
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	4	
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	4	

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Drug Name	Drug Tier	Requirements & Limits
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	2	
LANREOTIDE ACETATE	E	SP
NGENLA	4	PA, QL, SP
NOC DURNA	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
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	4	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	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	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	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)

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Drug Name	Drug Tier	Requirements & Limits
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 CONCENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
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

Drug Name	Drug Tier	Requirements & Limits
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	4	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
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	4	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium oral	1	

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Drug Name	Drug Tier	Requirements & Limits
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, QL
OLUMIANT ORAL TABLET 2 MG	3	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	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	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	
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

Drug Name	Drug Tier	Requirements & Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
Infertility Agents		
cetrorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	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	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	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	2	
mesalamine oral tablet delayed release 800 mg	E	

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Drug Name	Drug Tier	Requirements & Limits
PROCTOFOAM HC	2	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
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	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	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 %	3	QL
loteprednol etabonate ophthalmic suspension 0.5 %	3	QL

Drug Name	Drug Tier	Requirements & Limits
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	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	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVIY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL

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Drug Name	Drug Tier	Requirements & Limits
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	3	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL

Drug Name	Drug Tier	Requirements & Limits
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
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	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	
ciproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 232/14	E	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
AIRDUO RESPICLICK 55/14	E	QL			
AIRSUPRA	3	QL			
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL	ipratropium-albuterol	2	
			LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL	montelukast sodium oral tablet	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL	montelukast sodium oral tablet chewable	1	
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		NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
ANORO ELLIPTA	3	QL	PERFOROMIST	4	QL
ARNUITY ELLIPTA	1	QL	PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
ATROVENT HFA	3	QL	PROVENTIL HFA	E	QL
BEVESPI AEROSPHERE	2	QL	PULMICORT SUSPENSION	E	QL
BREO ELLIPTA	3	QL, RS	QVAR REDHALER	1	QL
breyana	E	QL, RS	SEREVENT DISKUS	2	QL
BREZTRI AEROSPHERE	3	QL, RS	SINGULAIR ORAL TABLET	E	
budesonide inhalation	2	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
budesonide-formoterol fumarate	E	QL, RS	SPIRIVA HANDIHALER	2	QL
COMBIVENT RESPIMAT	3	QL	SPIRIVA RESPIMAT	2	QL
FASENRA PEN	4	PA, QL	STIOLTO RESPIMAT	2	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL	STRIVERDI RESPIMAT	2	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS	SYMBICORT	3	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS	tiotropium bromide monohydrate	E	QL

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Drug Name	Drug Tier	Requirements & Limits
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	3	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
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

Drug Name	Drug Tier	Requirements & Limits
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	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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ARMOUR THYROID	27	AZASITE.	30	bimatoprost ophthalmic	30
ARNUITY ELLIPTA	32	azathioprine oral tablet 100 mg, 75 mg	28	BIOTEL CARE TEST STRIPS	18
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brimonidine tartrate ophthalmic solution 0.2 %	30	carvedilol	14	CLIMARA	24
brimonidine tartrate-timolol	30	cefdinir	9	CLIMARA PRO	24
BRIVIACT ORAL TABLET.	10	cefuroxime axetil	9	clindacin etz external swab	16
BROMFED DM.	31	CELEBREX.	8	clindacin-p	16
BRONCHITOL	33	celecoxib oral.	8	CLINDAGEL	16, 17
BRONCHITOL TOLERANCE TEST	33	CELEXA	10	clindamycin hcl oral	9
budesonide inhalation.	32	CELLCEPT ORAL TABLET.	28	clindamycin phosphate external lotion.	16
budesonide-formoterol fumarate	32	CENTANY EXTERNAL OINTMENT 2 %	9	clindamycin phosphate external solution.	17
buprenorphine hcl sublingual	8	cephalexin oral capsule	9	clindamycin phosphate external swab	17
buprenorphine hcl-naloxone hcl	8	cephalexin oral suspension reconstituted	9	clindamycin phosphate gel 1 % external.	17
bupropion hcl er (sr)	10	CERDELGA	23	CLINDESSE	9
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	10	cetrorelix acetate.	29	clobetasol propionate external cream	17
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG.	10	CETROTIDE	29	clobetasol propionate external ointment	17
bupropion hcl oral	10	chateal eq.	24	clobetasol propionate external solution.	17
buspirone hcl oral	13	chateal oral tablet 0.15-30 mg-mcg	24	CLOMID	29
butalbital-apap-caffeine oral tablet	8	chlorhexidine gluconate mouth/ throat.	16	clomiphene citrate oral tablet 50 mg.	29
BYDUREON BCISE AUTOINJECTOR	21	chlorthalidone	14	clonazepam oral tablet	13
BYETTA 10 MCG PEN.	21	CHORIONIC GONADOTROPIN INTRAMUSCULAR	29	clonidine hcl oral	14
BYETTA 5 MCG PEN.	21	CIALIS.	22	clopidogrel bisulfate oral	12
C		CIBINQO.	16	clotrimazole-betamethasone external cream.	17
cabergoline	27	ciclodan	11	colchicine oral	11
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	14	ciclopirox external solution.	11	COLCRYS ORAL TABLET 0.6 MG.	11
calcitriol oral capsule	30	CILOXAN OPHTHALMIC SOLUTION 0.3 %	30	COMBIGAN	30
CALQUENCE ORAL CAPSULE 100 MG.	11	CIMDUO.	13	COMBIVENT RESPIMAT	32
camila	24	CIMZIA STARTER KIT.	28	CONCERTA	15
CARAC	16	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	28	CONTOUR MONITOR KIT W/DEVICE	18
		CINRYZE	28	CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	18
		CIPRO ORAL TABLET	9		
		CIPRODEX OTIC SUSPENSION 0.3-0.1 %	31		
		ciprofloxacin hcl ophthalmic	30		
		ciprofloxacin hcl oral.	9		

DRISDOL	22	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.	13	estradiol patch twice weekly 0.025 mg/24hr transdermal	24
drospirenone-ethinyl estradiol	24	emtricitabine-tenofovir df oral tablet 200-300 mg	13	estradiol patch twice weekly 0.0375 mg/24hr transdermal	24
DUAVEE	24	enalapril maleate oral tablet.	14	estradiol patch twice weekly 0.05 mg/24hr transdermal	24
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10	ENBREL	28	estradiol patch twice weekly 0.075 mg/24hr transdermal	24
duloxetine hcl oral capsule delayed release particles 40 mg	10	ENBREL MINI.	28	estradiol patch twice weekly 0.1 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR.	17	ENBREL SURECLICK.	28	estradiol transdermal gel	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.	17	endocet	8	estradiol transdermal patch weekly.	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	17	ENDOMETRIN	29	estradiol vaginal cream.	24
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG.	26	enillorig.	24	estradiol vaginal tablet	24
E		ENLITE GLUCOSE SENSOR	18	ESTRING	24
EASY TOUCH HEALTHPRO GLUCOSE	18	enoxaparin sodium injection solution prefilled syringe.	10	ESTROGEL	24
EASY TOUCH TEST	18	enskyce	24	eszopiclone	33
EASYGLUCO	18	ENSTILAR	17	etonogestrel-ethinyl estradiol.	25
EASYMAX 15 TEST.	18	ENTRESTO.	14	EUCRISA	17
EASYMAX NG BLOOD GLUCOSE KIT.	18	EPCLUSA ORAL TABLET.	13	euthyrox	27
EFFEXOR XR	10	EPIDIOLEX.	10	EVAMIST	25
EFUDEX	17	epinephrine solution auto-injector 0.15 mg/0.15ml injection.	31	EXFORGE.	14
ELESTRIN.	24	epinephrine solution auto-injector 0.15 mg/0.3ml injection.	31	EXKIVITY	12
eletriptan hydrobromide	11	epinephrine solution auto-injector 0.3 mg/0.3ml injection	31	EXTAVIA.	16
ELIQUIS	9, 10	EPIPEN 2-PAK	31	EYSUVIS.	30
ELIQUIS DVT/PE STARTER PACK.	10	EPIPEN JR 2-PAK	31	ezetimibe	14
ELOCTATE	21	EQ BLOOD GLUCOSE TEST	18	F	
eluryng	24	ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	22	falmina	25
EMBRACE BLOOD GLUCOSE TEST	18	ergocalciferol oral capsule.	22	famotidine oral suspension reconstituted	22
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	18	ERIVEDGE	12	FASENRA PEN.	32
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11	ERLEADA ORAL TABLET 240 MG	12	FEMARA.	12
emoquette oral tablet 0.15-30 mg-mcg.	24	ERLEADA ORAL TABLET 60 MG	12	femynor oral tablet 0.25-35 mg-mcg	25
EMPAVELI	21	ERMEZA.	27	fenofibrate oral tablet 120 mg, 40 mg	14
		errin.	24	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	14
		erythromycin ophthalmic	30	FENOGLIDE.	14
		escitalopram oxalate oral tablet.	10	FEXMID.	33
		ESGIC ORAL TABLET.	8	FINACEA EXTERNAL FOAM	17
		estarylla	24	finasteride oral tablet 5 mg.	23
		ESTRACE.	24	fingolimod hcl	16
		estradiol oral	24		



FLAREX	30	FREESTYLE LIBRE 2 SENSOR	18	glycopyrrolate oral tablet 1 mg, 2 mg	23
flecainide acetate	14	FREESTYLE LIBRE 3 SENSOR	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG	23
FLOMAX	23	FREESTYLE PRECISION NEO SYSTEM	18	GLYXAMBI	21
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	32	FREESTYLE PRECISION NEO TEST	18	GOLYTELY	23
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29	FREESTYLE TEST	19	GONAL-F	29
fluconazole oral tablet	11	FUROSCIX	14	GONAL-F RFF	29
FLUOROURACIL EXTERNAL CREAM 0.5 %	17	furosemide oral tablet	14	GONAL-F RFF REDIRECT	29
fluorouracil external cream 5 %	17	FYCOMPA ORAL SUSPENSION	10	guanfacine hcl	14, 15
fluoxetine hcl oral capsule	10	FYCOMPA ORAL TABLET	10	guanfacine hcl er	15
fluoxetine hcl oral tablet 10 mg	10	fyremadel	29	GUARDIAN 4 GLUCOSE SENSOR	19
fluoxetine hcl oral tablet 20 mg, 60 mg	10			GUARDIAN 4 TRANSMITTER	19
FLUTICASONE FUROATE- VILANTEROL	32	G		GUARDIAN CONNECT TRANSMITTER	19
FLUTICASONE PROPIONATE HFA	32	gabapentin oral capsule	10	GUARDIAN LINK 3 TRANSMITTER	19
fluticasone propionate nasal	31	gabapentin oral tablet 600 mg, 800 mg	10	GUARDIAN SENSOR (3)	19
FLUTICASONE-SALMETEROL INHALATION AEROSOL	32	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	29	GUARDIAN SENSOR 3	19
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	32	gavilyte-c	23	GVOKE HYOPEN 1-PACK	19
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	32	gavilyte-g	23	GVOKE HYOPEN 2-PACK	19
fluvoxamine maleate	10	GAVRETO	12	GVOKE KIT	19
FOCALIN	15	gemfibrozil oral	14	GVOKE PFS	19
FOCALIN XR	15	GILENYA ORAL CAPSULE 0.25 MG	16	GYNAZOLE-1	11
folic acid oral tablet 1 mg	22	GILENYA ORAL CAPSULE 0.5 MG	16		
FOLLISTIM AQ	29	glatiramer acetate	16	H	
FORA 6 CONNECT/GTEL TEST	18	glatopa	16	HADLIMA	28
FORFIVO XL	10	glimepiride	21	HADLIMA PUSH TOUCH	28
FORTEO	30	glipizide er	21	HAEGARDA	28
FORTESTA	27	glipizide oral tablet 10 mg, 5 mg	21	hailey 1.5/30	25
FORTISCARE G1 TEST STRIP	18	glipizide oral tablet 2.5 mg	21	hailey 24 fe	25
FORTISCARE TEST	18	glipizide xl	21	hailey fe 1/20	25
FOSAMAX	30	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	21	hailey fe 1.5/30	25
FREESTYLE LIBRE 14 DAY SENSOR	18	GLUCOCARD EXPRESSION TEST	19	HALCION	13
		GLUCOCARD SHINE TEST	19	haloette	25
		GLUCOCARD VITAL TEST	19	HARVONI ORAL TABLET	13
		GLUCOTROL XL	21	HEALTHPRO BLOOD GLUCOSE MONITO	19
		GLUMETZA	21	heather	25
		glyburide oral	21	HEMADY	26
		GLYCAT	23	HEMANGEOL	14
				HEMLIBRA	21
				HEMOFIL M	21
				HIDEX 6-DAY	26

HUMALOG INJECTION	20	hydrocortisone oral	26	IMITREX	11
HUMALOG KWIKPEN	20	hydromorphone hcl oral tablet	8	IMPOYZ	17
HUMALOG MIX 50/50 KWIKPEN	20	hydroxychloroquine sulfate oral	12	IMURAN	28
HUMALOG MIX 50/50 VIAL	20	hydroxyzine hcl oral tablet	13	IMVEXXY MAINTENANCE PACK	22
HUMALOG MIX 75/25 KWIKPEN	20	hydroxyzine pamoate oral	13	IMVEXXY STARTER PACK	22
HUMALOG MIX 75/25 VIAL	20	HYFTOR	28	INBRIJA	12
HUMALOG SUBCUTANEOUS	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	28	incassia	25
HUMALOG TEMPO PEN	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	28	INDERAL LA	14
HUMALOG U-100 JUNIOR KWIKPEN	20	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	28	INDOMETHACIN ORAL CAPSULE 20 MG	8
HUMATE-P	21	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	28	indomethacin oral capsule 25 mg, 50 mg	8
HUMIRA (2 PEN)	28	HYRIMOZ-CROHNS/UC STARTER	28	INSULIN GLARGINE	20
HUMIRA (2 SYRINGE)	28	HYRIMOZ-PED<40KG CROHNS STARTER	28	INSULIN GLARGINE MAX SOLOSTAR	20
HUMIRA-CD/UC/HS STARTER	28	HYRIMOZ-PED<40KG CROHN STARTER	28	INSULIN GLARGINE SOLOSTAR	20
HUMIRA-PED<40KG CROHNS STARTER	28	HYRIMOZ-PED>=40KG CROHN START	28	INSULIN LISPRO	20
HUMIRA-PED>=40KG CROHNS START	28	HYRIMOZ-PLAQUE PSORIASIS START	28	INSULIN LISPRO (1 UNIT DIAL)	20
HUMIRA-PED>=40KG UC STARTER	28	HYZAAR	14	INSULIN LISPRO JUNIOR KWIKPEN	20
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	28			INSULIN LISPRO PROT & LISPRO	20
HUMIRA-PSORIASIS/UEVIT STARTER	28			INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	19
HUMULIN 70/30 KWIKPEN	20			INTUNIV	15
HUMULIN 70/30 VIAL	20			INVELTYS	30
HUMULIN N KWIKPEN	20			ipratropium bromide nasal	31
HUMULIN N VIAL	20			ipratropium-albuterol	32
HUMULIN R U-500 KWIKPEN	20			irbesartan	14
HUMULIN R U-500 VIAL	20			irbesartan-hydrochlorothiazide	14
HUMULIN R VIAL	20			isibloom	25
hydralazine hcl oral	14			isosorbide mononitrate er	14
hydrochlorothiazide oral	14			ISTALOL	31
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8			IYUZEH	31
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8				
hydrocortisone external cream 1 %	17				
hydrocortisone external cream 2.5 %	17				
hydrocortisone external ointment 1 %, 2.5 %	17				

I

IBRANCE ORAL CAPSULE	12
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	12
ICLUSIG ORAL TABLET 15 MG, 45 MG	12
IDELVION	21
IDHIFA	12
ILEVRO	30
IMBRUVICA ORAL CAPSULE	12
IMBRUVICA ORAL TABLET 140 MG, 280 MG	12
IMBRUVICA ORAL TABLET 420 MG	12
IMBRUVICA ORAL TABLET 560 MG	12

J

jantoven	10
JARDIANCE	21
jasmiel	25
jencycla	25
JENTADUETO	21
JENTADUETO XR	21
JIVI	21

JORNAY PM.....	15	LAGEVRIO.....	13	lisinopril oral.....	14
juleber.....	25	LAMICTAL ORAL TABLET.....	10	lisinopril-hydrochlorothiazide.....	14
JULUCA.....	13	lamotrigine oral tablet.....	10	LITFULO.....	28
junel 1/20.....	25	LANCETS.....	17-19	lithium carbonate er.....	13
junel 1.5/30.....	25	LANREOTIDE ACETATE.....	27	lithium carbonate oral capsule.....	13
junel fe 1/20.....	25	LANTUS SOLOSTAR.....	20	LITHOBID.....	13
junel fe 1.5/30.....	25	LANTUS U-100 VIAL.....	20	LO LOESTRIN FE.....	25
junel fe 24.....	25	larin 1/20.....	25	lo-zumandimine.....	25
K		larin 1.5/30.....	25	LOESTRIN 1/20 (21).....	25
K-TAB.....	22	larin 24 fe.....	25	LOESTRIN 1.5/30 (21).....	25
kalliga.....	25	larin fe 1/20.....	25	LOESTRIN FE 1/20.....	25
KEPPRA ORAL TABLET.....	10	larin fe 1.5/30.....	25	LOESTRIN FE 1.5/30.....	25
KESIMPTA.....	16	larissia oral tablet 0.1-20 mg-mcg...	25	LOKELMA.....	22
ketoconazole external cream.....	11	LASIX.....	14	LOPID.....	14
ketoconazole external shampoo.....	11	latanoprost ophthalmic.....	31	LOPRESSOR.....	14
ketorolac tromethamine oral.....	8	LATUDA.....	12	lorazepam oral tablet.....	13
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	28	LEDIPASVIR-SOFOSBUVIR.....	13	loryna.....	25
KINERET.....	28	lenalidomide.....	12	losartan potassium oral.....	14
KITABIS PAK.....	33	lessina.....	25	losartan potassium-hctz.....	14
KLISYRI.....	17	letrozole oral.....	12	LOTEMAX OPHTHALMIC GEL.....	30
KLONOPIN.....	13	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	32	LOTEMAX OPHTHALMIC OINTMENT.....	30
klor-con 10.....	22	levetiracetam oral tablet.....	10	LOTEMAX OPHTHALMIC SUSPENSION.....	30
klor-con m10.....	22	levo-t.....	27	LOTEMAX SM.....	30
klor-con m15.....	22	levocetirizine dihydrochloride oral tablet.....	31	LOTENSIN.....	14
klor-con m20.....	22	levofloxacin oral tablet.....	9	loteprednol etabonate ophthalmic gel.....	30
klor-con oral tablet extended release.....	22	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	25	loteprednol etabonate ophthalmic suspension 0.2 %.....	30
KLOXXADO.....	8	levora 0.15/30 (28).....	25	loteprednol etabonate ophthalmic suspension 0.5 %.....	30
KOATE.....	21	levothyroxine sodium oral tablet.....	27	LOTREL.....	14
KOATE-DVI.....	21	levoxyl.....	27	lovastatin oral.....	14
KOGENATE FS.....	21	LEXAPRO.....	10	LOVAZA.....	14
KOSELUGO.....	12	LIALDA.....	29	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	10
KOVALTRY.....	21	lidocaine hcl mouth/throat.....	16	LUMAKRAS.....	12
KRINTAFEL.....	12	lidocaine viscous hcl.....	16	LUMIGAN.....	31
kurvelo.....	25	LIKMEZ.....	9	LUMRYZ.....	33
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG.....	12	lillow oral tablet 0.15-30 mg-mcg.....	25	LUNESTA.....	33
L		LINZESS.....	23	LUPKYNIS.....	28
labetalol hcl oral.....	14	liothyronine sodium oral.....	27	lurasidone hcl.....	12
		LIPITOR.....	14	lutera.....	25
		lisdexamfetamine dimesylate.....	15		



lyleq	25
lyllana	25
LYMEPAK ORAL TABLET 100 MG . . .	9
LYNPARZA	12
LYRICA ORAL CAPSULE	16
LYUMJEV KWIKPEN	20
LYUMJEV TEMPO PEN	20
LYUMJEV VIAL	20
lyza	25

M

MACROBID	9
MACRODANTIN	9
marlissa	25
MAVENCLAD	16
MAVYRET ORAL PACKET	13
MAXALT	11
MAXALT-MLT	11
MAXITROL OPHTHALMIC SUSPENSION	30
MAXZIDE	14
MAXZIDE-25	14
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	16
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	16
MEDROL ORAL TABLET THERAPY PACK	26
medroxyprogesterone acetate intramuscular suspension prefilled syringe	25
medroxyprogesterone acetate oral . .	25
meloxicam oral tablet	8
MENOPUR	29
MENOSTAR	25
mesalamine oral tablet delayed release 1.2 gm	29
mesalamine oral tablet delayed release 800 mg	29
metformin hcl er	21
metformin hcl er (mod)	21
metformin hcl er (osm)	21

metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.	21
metformin hcl oral tablet 625 mg. . .	21
methimazole oral	27
methocarbamol oral tablet 1000 mg. .	33
methocarbamol oral tablet 500 mg, 750 mg	33
methotrexate sodium oral	28
methylphenidate hcl er (cd)	15
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	16
methylphenidate hcl er (osm) oral tablet extended release 72 mg.	16
methylphenidate hcl er (xr)	16
methylphenidate hcl er oral tablet extended release.	16
methylphenidate hcl oral tablet	16
methylprednisolone oral tablet therapy pack	26
metoclopramide hcl oral tablet	11
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg.	14
metoprolol succinate er oral tablet extended release 24 hour 25 mg. . . .	14
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
METROCREAM	17
metronidazole external cream	17
metronidazole oral tablet	9
metronidazole vaginal	9
MICARDIS	14
MICRODOT TEST	19
microgestin 1/20	25

microgestin 1.5/30	25
microgestin 24 fe	25
microgestin fe 1/20	25
microgestin fe 1.5/30	25
mili	25
MINILINK REAL-TIME TRANSMITTER	19
MINIMED 630G GUARDIAN PRESS . . .	19
MINIPRESS	14
MINIVELLE	24, 25
minocycline hcl oral capsule	9
minoxidil oral	14
mirtazapine oral tablet	10
MIRVASO	17
misoprostol oral	22
MITIGARE	11
MM BLULINK GLUCOSE TEST	19
MM EASY TOUCH GLUCOSE METER	19
MOBIC ORAL TABLET 15 MG, 7.5 MG	8
modafinil oral	33
mondoxyne nl	9
mono-lynyah	25
montelukast sodium oral tablet	32
montelukast sodium oral tablet chewable	32
morphine sulfate er oral tablet extended release.	8
MOTEGRITY	23
MOTPOLY XR	10
MOUNJARO	21
MOVIPREP	23
MOXEZA OPHTHALMIC SOLUTION 0.5 %	30
moxifloxacin hcl (2x day)	30
moxifloxacin hcl ophthalmic	30
MS CONTIN	8
MULPLETA	21
MULTAQ	14
mupirocin external	9
mycophenolate mofetil oral tablet . .	29
MYDAYIS	16
MYFEMBREE	25



N

na sulfate-k sulfate-mg sulf.	23
nabumetone oral	8
NALOCET.....	8
naloxone hcl injection solution prefilled syringe.....	8
naloxone hcl nasal.....	8
naltrexone hcl oral.....	8
NAPROSYN ORAL TABLET.....	8
naproxen oral tablet	8
NARCAN	8
NASCOBAL	22
NATAZIA.....	25
NATESTO.....	27
NAYZILAM	10
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	30
neomycin-polymyxin-hc otic suspension.....	31
NEULASTA.....	21
NEUPRO.....	12
NEURONTIN ORAL CAPSULE	10
NEURONTIN ORAL TABLET	10
NEUTEK 2TEK TEST.....	19
NEVANAC.....	30
NEXLETOL.....	14
NEXLIZET.....	14
NGENLA.....	27
nifedipine er	14
nifedipine er osmotic release	14
nikki.....	25
nitrofurantoin macrocrystal	9
nitrofurantoin monohydrate macrocrystals	9
nitroglycerin sublingual.....	14
NITROSTAT	14
NIVA THYROID	27
NOC DURNA.....	27
nora-be	25
NORDITROPIN FLEXPEN	27
norelgestromin-eth estradiol	25

norethin ace-eth estrad-fe oral tablet.....	25
norethindrone acet-ethinyl est	25
norethindrone acetate oral	25
norethindrone oral.....	25
norgestimate-eth estradiol	25
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg.....	25
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	25
NORITATE	17
NORLIQVA.....	14
norlyda	25
norlyroc	25
nortriptyline hcl oral capsule	10
NORVASC	14
NOURIANZ.....	12
NOVAREL.....	29
NOVOEIGHT	21
NOVOFINE AUTOCOVER PEN NEEDLE	19
NOVOFINE PEN NEEDLE.....	19
NOVOFINE PLUS PEN NEEDLE	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
NOVOLIN N FLEXPEN RELION.....	20
NOVOLIN N RELION.....	20
NOVOLIN N VIAL.....	20
NOVOLIN R FLEXPEN	20
NOVOLIN R FLEXPEN RELION.....	20
NOVOLIN R RELION.....	20
NOVOLIN R VIAL.....	20
NOVOTWIST PEN NEEDLE	19
np thyroid.....	27
NUBEQA.....	12
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32

NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	32
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	32
NUCYNTA.....	8
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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 ntawm koj daim yuaj cim qhia tus kheej.

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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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